Comfort Touch®

Massage for the Elderly and the Ill

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For Fred V. Schulerud

Thank you for all your love and support, your comforting touch, and for keeping the refrigerator stocked while I wrote this book. The simple acts of love are the most important.

Preface

Comfort Touch: Massage for the Elderly and the Ill is a textbook designed to inform the caregiver who is interested in bringing the benefits of touch to a broad range of people in need. It will give the reader the confidence to practice massage in a variety of settings, including hospices, hospitals, skilled nursing facilities, and home care. The practitioner can learn techniques that are safe and appropriate for the population for whom conventional massage may cause discomfort or even injury. It is a resource whose time has come after many years of practice, exploration, and refinement. It gives the reader an understanding of the physical and emotional needs of the elderly and those suffering from chronic illness and/or injury.

Background and Development of *Comfort Touch*®

The specific modality of Comfort Touch developed from my work as a massage therapist with HospiceCare of Boulder and Broomfield Counties in Colorado, which began in 1989. Building on my private practice, which included elderly clients and those with chronic illnesses, I adapted techniques derived or influenced by shiatsu, acupressure, integrative massage, and body energy therapies. With input from other massage therapists who worked with hospice, as well as the feedback of hospice staff and caregivers, I developed a training program for those interested in offering massage to patients and their families. Since 1991—in workshops, classes, and in-services held across the United States—thousands of people, including massage therapists and other healthcare professionals (nurses, nursing assistants, physical and occupational therapists), as well as family caregivers, have been introduced to the basic principles and techniques of Comfort Touch.

The guiding principles of Comfort Touch can be summarized by the acronym SCRIBE, which stands for *Slow, Comforting, Respectful, Into Center, Broad,* and *Encompassing*. These words serve as a reminder to the practitioner of Comfort Touch regarding the rhythm, intention, attitudes, and techniques of this modality. Understanding of these principles guides the practitioner in creating a nurturing experience for the client.

Audience

This book is written with the following people in mind:

- **Massage practitioners:** Practicing massage therapists who are interested in working with the elderly and the ill will find this information a useful source of continuing education to broaden their base of practice. Adherence to the concepts presented and use of the techniques illustrated will also serve to enhance the quality of overall effectiveness in their general practice of massage.
- **Massage therapy students:** When introduced as a part of the core curriculum and training in massage therapy, the principles and techniques of Comfort Touch provide a starting place in massage therapy education, allowing students versatility from the beginning of their training.
- **Nursing and allied health professionals:** The information herein provides a valuable complement for health professionals in the fields of medicine, nursing, physical therapy, and occupational therapy. Many have used these concepts and techniques to enhance the effectiveness of the work they do. For example, a few minutes of Comfort Touch practiced on a patient about to undergo a medical procedure can have a calming effect. Use of techniques that are soothing to the patient helps to foster trust in the medical practitioner, thereby contributing to greater patient satisfaction and compliance with treatment plans.

Organization of Content

The first two chapters of the book give necessary background information, leading to the connection with the client in Chapter 3. The fourth and fifth chapters

detail the guiding principles and techniques of *Comfort Touch.* The later chapters provide supporting information for the individual offering massage in a medical setting.

Special Features

- Photographs and illustrations are used throughout to clarify the text and demonstrate the techniques.
- Stories and examples relating to the use of Comfort Touch are included to inspire the reader with the range of possibilities for both the givers and receivers of touch.
- "Hints for Practice" boxes provide important information about the practical application of the content.
- Chapter Summaries highlight the most salient points in each chapter.
- Questions for review are intended to guide the reader toward greater personal awareness and professional growth.
- A glossary of key terms provides definitions of words or phrases that may be unfamiliar to the reader, or of familiar terms that are used in a unique context.
- An annotated bibliography details useful resources to support the practitioner of *Comfort Touch.*

How to Use

Although comprehensive in the material presented, this book is not intended to replace the need for professional-level training and/or supervision. Ideally, it can be used as part of a course on massage in the medical setting. It can be useful to anyone who has the necessary interest and passion to bring comfort to the people most in need of touch. By contributing to the understanding of the physical and psycho-emotional aspects of aging and illness, this text can foster a greater sense of compassion in those who work in a healthcare system.

Read this book with pencil or marker in hand, underlining the words as they speak to you. Make your own notes and comments in the margin. Study the material with other students, giving each other feedback as you learn and practice new skills. Enjoy the journey of discovery opening to you as you share the gift of touch with the elderly, the ill, or anyone in need of a caring touch.

Additional Resources

Comfort Touch: Massage for the Elderly and the Ill includes additional resources for both instructors and students that are available on the book's companion website at thePoint.lww.com/Rose.

Instructors

Approved adopting instructors will be given access to the following additional resources:

- 6-Hour Syllabus
- 16-Hour Syllabus

Students

Students who have purchased *Comfort Touch: Massage for the Elderly and the Ill* have access to the following additional resources:

- Video clips
- CARE notes with and without pain scales
- Intake forms
- Articles and reports

In addition, purchasers of the text can access the searchable Full Text online by going to the *Comfort Touch: Massage for the Elderly and the Ill* website at thePoint.lww.com/Rose. See the inside front cover of this text for more details, including the passcode you will need to gain access to the website.

Acknowledgments

My heartfelt thanks to the many people who contributed to the creation of this book:

Ian Frechette, my son, technical guru, webmaster, and thoughtful advisor. My deepest gratitude for your many hours of expert assistance on this project over the years, and a special thank you for your work in creating the beautiful photograph on the cover.

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Boulder College of Massage Therapy—many thanks to all the students who have participated in the hospice internship program since 1995, and shared your heartfelt stories with me of the joys and challenges of working with people in the most vulnerable times of their lives.

Morgan Community College, Department of Health Professions—many thanks to all the students in my massage classes from 1997–2002, who took Comfort Touch into numerous clinical settings. Your commitment and spirit of adventure continues to inspire me.

Many thanks to those pioneering individuals who have shared their vision of massage for the elderly and the ill and for those in medical settings with me, including: Karen Gibson, Irene Smith, Dawn Nelson, the late Cynthia Myers, Patrick Davis, and the late Dietrich Miesler. A very special thank you to Gayle MacDonald for recommending me to LWW to write this book.

Deepest thanks to the following people for creating opportunities for me to share the work of Comfort Touch with health professionals across the country: Lois Postlewaite and Shirley Sell of HEALTH EDucation Network; Leslie A. Young and Darren Buford, editors extraordinaire; Susun S. Weed, my mentor and friend; and Terry Chase and the entire research team at Craig Hospital.

My unending appreciation to all of the people and their families who allowed me to enter their lives and photograph them in the most tender moments in every phase of life. Your spirits shine through and touch all who hold this book in their hands.

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Contents

Chapter 1 Introduction to Comfort Touch 1

Chapter 2 Understanding Health, Illness, Loss, and Grief 11

Chapter 3 Approaching the Client 23

Chapter 4 The Principles of Comfort Touch: SCRIBE 39

Chapter 5 Techniques of Comfort Touch 55

Chapter 6 Special Considerations in the Use of Comfort Touch 75

Chapter 7 Communication and Documentation in the Healthcare System 97

Chapter 8 Self-Care for the Caregiver 107

Chapter 9 Developing a Comfort Touch Program: Administrative Guidelines 119

Appendix A Infection Control: Standard and Universal Precautions 129

Appendix B Integrating Aroma: Cautions and Considerations 131

Appendix C Recommended Resources: An Annotated List 135

Glossary 139

Index 145

1

Introduction to Comfort Touch

THE POWER AND SIGNIFICANCE OF TOUCH IN HUMAN EXPERIENCE

Touch and Sensation
Perception and Memory

DEFINITION AND DESCRIPTION OF COMFORT TOUCH

Principles of Comfort Touch—SCRIBE
Techniques of Comfort Touch

APPLICATIONS OF COMFORT TOUCH

Who Can Benefit from Comfort Touch?
Where Is Comfort Touch Practiced?

COMFORT TOUCH AND ITS EFFECTS ON BODY TISSUES

BENEFITS OF COMFORT TOUCH

Physical Benefits
Psycho-Emotional Benefits

SOME QUESTIONS FOR GETTING STARTED

Only the touch can tell it true
That I am human and close to you.
—Anne U. White

Comfort Touch is an approach to massage that gives special consideration to the physical and emotional needs of the elderly and the ill. Its primary intention is to provide comfort through techniques that promote deep relaxation and relief from pain. As the practice of therapeutic massage develops in prevalence among the general population, interest grows in extending the benefits of touch to those for whom conventional massage can cause discomfort or even injury. The techniques of Comfort Touch can be safely practiced by massage therapists and other healthcare providers in a variety of settings, including hospices, hospitals, long-term care facilities, and home care. Adherence to the concepts presented will also serve to enhance the quality of overall effectiveness in the general practice of therapeutic massage.

The Power and Significance of Touch in Human Experience

A human baby must be touched to survive. Even before it begins to take nourishment via the mouth and digestive system, it is comforted and nourished by touch. The mother of a newborn instinctively draws her baby to her, embracing it, providing warmth and safety (Figure 1-1).

FIGURE 1-1. Mother and baby. Touch is mutually comforting for a mother and her newborn infant.

The sense of touch is the oldest of the senses. Through the skin the newborn learns about its environment. Even as the other senses—taste, hearing, sight, and smell—develop, touch remains a significant means of communication with the world surrounding the growing child. At the end of life, the process reverses as the individual's abilities to see, hear, and taste diminish. The sense of touch, however, remains as a primary means of connection and communication with the surrounding world (Figure 1-2).

Human beings experience the sense of touch in many ways throughout the course of a lifetime. The sensations and perceptions of the tactile system contribute to the rich diversity of human experience as it informs us about the objects and people in our environment. We are nurtured through touch. Touch is a means of showing care and affection. Touch is an integral part of sports and play. Touch is a means of exerting power and control. Touch is used to assess and diagnose illness, and to assist in healing.

FIGURE 1-2. Hospice patient. Woman comforts her husband near the end of his life.

Attitudes and values concerning touch vary among people of different social, cultural, and religious backgrounds. The expression and experiences of touch within the family shape other relationships as a child matures into an adult. Experiences within the social network of extended family and peer groups further shape the individual's attitudes regarding touch. The sense of touch can bring about both the experiences of pleasure as well as of pain or suffering.

Touch and Sensation

To understand more about the range of the human experience and the sense of touch, it is helpful to understand how touch is felt and perceived by an individual. **Sensation** is a physical feeling derived from input to specialized receptors and sense organs of the nervous system that respond to stimuli or changes in the environment and convert the input into a nerve impulse. The impulse is conducted along a nerve pathway to the brain. A region of the brain translates the impulse into a sensation.

The skin is replete with a rich network of nerve endings and specialized tactile receptors that allow a person to experience pain, pressure, vibration, and temperature (Figure 1-3).

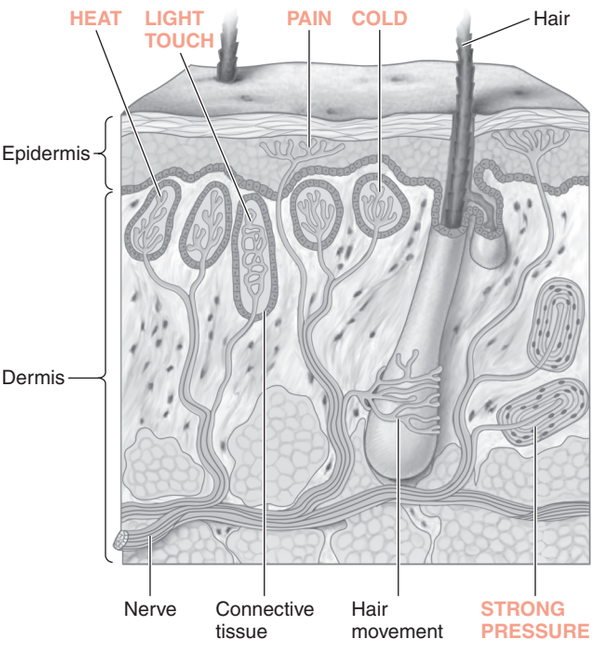

FIGURE 1-3. Tactile receptors in the skin. Specialized receptors for pain, heat and cold, light, and strong pressure are located throughout the skin. Impulses to these receptors are conducted via a nerve pathway to the brain where this input is translated into sensation.

The receptors for pain, called **nociceptors**, are the most abundant and are located throughout the body.

Perception and Memory

Perception refers to the conscious registration of a sensory stimulus. While the sense of touch provides the points of access to the world around us, perception involves complex processes and engages whole body systems, including the brain and nervous system, the endocrine system, and the neurochemical reactions within those systems. Information provided through the sense of touch is important for the safety of the organism. For example, the perception of pain may result in a response that causes one to pull back from the source of injury, such as extreme heat or pressure, that could cause tissue damage.

Memories present in the nervous system, and the ways in which they are interpreted by the brain, contribute to the perception of information received by the tactile receptors. A person's expectations and receptivity to touch influence how that touch is perceived. Memories of past pleasures and/or pain and trauma contribute to a person's current perception. Input through the other senses of sight and hearing also contribute to the perception of touch. For example, soothing words which accompany touch give added meaning to the tactile sensation.

Learning is a process of adapting to new information. Perceptions that are reinforced by subsequent experience become permanent impressions. The more a neural pathway is used in early childhood, the more it becomes **myelinated**, a process by which nerve tissue is insulated, improving electrical conductivity. This is how our basic patterns of perceiving and responding to the world are formed. These patterns—which include our preferences, tastes, fears, and ways of relating to the outside world—are largely formed in childhood. Change is possible in later years by myelinating new pathways, but the initial circuitry remains.

When one person touches another, she or he is accessing the nervous system and memory of that person, affecting it by the input the touch is providing. This new input can reinforce old perceptions, or it can create new perceptions and memories. For example, when a patient in the hospital is touched in a comforting manner, this experience may evoke memories of the nurturing touch she or he received from a parent in childhood. In another example, the comforting touch can help to counteract the negative associations a hospitalized patient has with painful medical procedures. This new input brings the possibilities for a change in the patient's perceptions and sense of well-being.

Stimulus to the nervous system is also known to affect a range of chemical responses in the body. Touch can effect the release of natural chemicals in the body which affect the perception of pleasure or pain. For example, touch can stimulate the production of **endorphins**, which are the body's natural painkillers. Touch can also stimulate the production of **oxytocin,** a hormone associated with feelings of bonding and connection. Conversely, a painful stimulus can produce the release of **epinephrine** from the adrenal gland, which is associated with distress, fear, and anxiety.

Definition and Description of Comfort Touch

Comfort Touch is a nurturing style of massage designed to be safe, appropriate, and effective for the elderly and the ill. It is adaptable to the needs of the client, and may be practiced on the person who is seated in a wheelchair, a regular chair, a recliner, a hospital bed, or a bed in the home. The technique does *not* require the use of lotions or oils, and the client may remain fully clothed.

Principles of Comfort Touch—SCRIBE

The Comfort Touch method of massage can be described by six guiding principles that can be summarized by the acronym SCRIBE, which stands for *Slow, Comforting, Respectful, Into Center, Broad,* and *Encompassing.* These words serve as a reminder to the practitioner of Comfort Touch regarding the rhythm, intention, attitudes, and techniques of this modality of massage.

The rhythm of the work is *slow;* the intention is to be *comforting* while maintaining a *respectful* attitude toward the client. Pressure is applied perpendicularly *into the center* of the part of the body being touched. Comfort Touch techniques generally rely on *broad,* full-hand contact *encompassing* the part of the body being touched. Specific attention is given to the appropriate amount of pressure to ensure a sensation that is calming and soothing. (These principles are further discussed in Chapter 4.)

Techniques of Comfort Touch

The specific techniques used in the practice of Comfort Touch are derived in large part from the Asian bodywork modalities of **Shiatsu** and **acupressure**, with influences from **Integrative Massage** and **body energy therapies.** With respect for an understanding of anatomy, as well as the Asian theories of meridians as pathways of energy in the body, Comfort Touch provides a nurturing form of contact that is safe for the individual. It satisfies the need to be touched gently, yet firmly and deliberately.

The techniques of Swedish massage, which form the basis of most massage school curriculums, may be contraindicated for people of advanced age and those affected by illness or specific physical or emotional sensitivity. For example, effleurage (gliding), petrissage (kneading), and tapotement (percussion) can cause tearing of the skin or bruising of delicate tissues. While derived from acupressure, Comfort Touch does *not* use deep thumb or finger pressure that could be painful or uncomfortable to the client.

From Integrative Massage, Comfort Touch derives the slow, nurturing rhythm of the touch, along with the emphasis on acknowledgement of the wholeness of the individual. Various body energy therapies (eg, Therapeutic Touch, Attunement, Reiki, Polarity Therapy) support the understanding and awareness of subtle energies in the body, and the importance of creating a healing environment for the client through respectful attitude and intention.

Comfort Touch is *not* "light touch" or "noncontact" touch. It is specific and consistent in application to allow the deepest relaxation and the greatest benefit to the recipient. Noncontact modalities of healing can have benefit for the patient, and these will be addressed further in Chapter 5.

Applications of Comfort Touch

Comfort Touch is a modality of massage that can be used for a broad range of people in a variety of settings. Its emphasis on comfort makes it a useful complement to medical care, as well as a primary measure to ease the discomfort of physical and emotional pain. For the elderly and the chronically and terminally ill, the use of Comfort Touch is consistent with the philosophy of **palliative** care. Palliation refers to the intention to alleviate symptoms without the emphasis to cure the underlying disease or injury. It may involve pain management through appropriate use of drugs, as well as using other treatments and services that enhance the quality of life for the individual. Emphasis is on the care of the patients' physical, psychological, social, and spiritual comfort and well-being in an atmosphere of respect and compassion (Figure 1-4).

Who Can Benefit from Comfort Touch?

- **The elderly.** The special needs of the elderly are determined by the loss of function and the associated physiological changes of the natural aging process.
- **The chronically physically ill.** This category includes those who are suffering from, but not limited to, any of the following conditions and illnesses: heart disease, cancer, stroke, diabetes, pulmonary diseases, kidney disease, multiple sclerosis, arthritis, Parkinson's disease, amyotrophic lateral sclerosis (Lou Gehrig disease), HIV/AIDS, and fibromyalgia.[1,2]
- **The terminally ill.** Comfort Touch can provide physical and emotional support for those diagnosed with terminal illness. It can be used throughout the process, and addresses the changing needs of the individual approaching death.
- **People with Alzheimer's disease and other forms of dementia.** Some may be otherwise physically robust, or may have dementia associated with physical illness (eg, vascular dementia).[3]
- **People with acute illness or injury.** Comfort Touch can bring relief to a patient suffering from an acute illness or injury, and helps to facilitate a state of well-being during the period of recovery.

Hints for Practice

Body Ease

When you practice Comfort Touch it is important to be comfortable in your own body. Just as you attend to the needs of your clients, you must pay attention to your own posture, breathing, and efficient use of body mechanics. If you feel awkward or uncomfortable in your own body, your clients may sense that and may be distracted from their own enjoyment of the touch.

Before you begin a hands-on session, take a couple of deep, full breaths. Notice that your back is straight and your shoulders are relaxed, with your elbows resting at your sides. When you are at ease in your own body, this feeling of comfort can be translated to the person you are touching, enhancing the quality of the experience for both of you. (Refer to Body Patterning for the Practitioner in Chapter 3 for more specific suggestions.)

FIGURE 1-4. Palliative care. Comfort touch is a valuable component of palliative care for this elderly woman in a skilled nursing facility.

- **Pre- and postsurgical patients.** Comfort Touch can help to calm a patient before surgery. After surgery, the simple use of touch can help to alleviate pain and contribute to the healing process.
- **People with spinal cord and closed head injuries.** From the acute phase of injury to long-term rehabilitation, Comfort Touch can assist in the treatment plan, addressing issues of pain, insomnia, and emotional support.
- **Pregnant and perinatal patients.** The massage practitioner can use Comfort Touch to adapt to the changing needs of the pregnant woman and provide valuable support during labor and delivery.
- **Newborns and infants.** The simplicity and directness of this modality provide immediate comfort and stimulation to the newborn. Ongoing use of Comfort Touch techniques with the infant provides physical health benefits and emotional bonding when used by the parents or caregivers.
- **Children.** Comfort Touch is a very adaptable form of massage that is useful to share with children. Even a brief session can help to calm a child in distress, or to establish a base of meaningful communication.
- **Trauma patients and those with mental illness.** Comfort Touch has been used as a part of complementary care for those suffering from a range of mental illnesses, including anxiety, depression, bipolar disorder, eating disorders, and posttraumatic stress disorder.
- **Autistic people.** The broad, direct pressure used in Comfort Touch is calming to the oversensitized system of the autistic child or adult.
- **Healthy people.** These principles and techniques can be applied to the general practice of massage used for wellness and stress relief.

Note that Chapter 6 contains information and specific considerations for working with these different populations. It is important to understand that there is often a greater range of functionality between individuals who have been diagnosed with a particular disease than there is between people with differing diagnoses. In this work, *we are always paying attention to the needs of the individual, rather than treating the disease itself.*

Where Is Comfort Touch Practiced?

Comfort Touch can be practiced in many settings. Many of the people who benefit from this approach to massage are unable to travel, so it is customary that the therapist works with them in their own home surroundings. Because this technique requires no special equipment, the client can be in his or her own bed, a hospital bed, a wheelchair, or a recliner. Comfort Touch is practiced in the following settings:

- **Hospitals and medical centers.** Patients may be in different areas of the facility, including pre- and postsurgical units, cardiopulmonary units, cancer treatment centers, perinatal units, etc. Permission may be required from the attending physician or other hospital staff.
- **Hospice care centers.** In-patient facilities use Comfort Touch as part of palliative care of the terminally ill.
- **Hospice home care agencies.** Home care agencies use Comfort Touch as part of palliative care of the terminally ill. These patients are living in their own homes.
- **Home health care agencies.** Home health care agencies that care for people with chronic illnesses can incorporate Comfort Touch into the ongoing care of their patients (Figure 1-5).
- **Skilled nursing and assisted-living facilities.** Residents require varying degrees of assistance from a skilled nursing staff. Massage therapists can be hired by individual residents or may contract to work with the general resident population and/or staff of the facility.
- **Retirement homes.** These homes are adapted to the needs of the elderly who are living independently. Massage therapists can be hired by individual residents.
- **Senior centers.** Usually meeting places in a community, senior centers provide gathering places

FIGURE 1-5. Home health care. An elderly woman with dementia benefits by the comforting touch of a visiting home health care nurse.

for senior men and women to enjoy meals and social, educational, and wellness programs. Massage therapy is sometimes provided in special treatment rooms at the facility.

- **Rehabilitation centers.** These facilities serve people who are recovering from injuries and/or surgery. Comfort Touch can be an adjunct therapy to physical therapy and occupational therapy.

Comfort Touch and Its Effects on Body Tissues

In the elderly and the ill, there is often significant loss of muscle tone or atrophy of muscle tissue. This may be a concern for the massage therapist who is accustomed to thinking about the benefits of massage in terms of muscle tension, and who uses techniques designed to manipulate and/or lengthen the muscles. It is important to understand that this work is not primarily about the manipulation of muscle tissue. Doing so can actually damage fragile tissue.

Rather, the practice of Comfort Touch addresses the interrelationship of all the layers of body tissues, including the structure and function of the **superficial fascia.** Composed of adipose tissue and loose connective tissue, the superficial fascia is located beneath the skin. Varying in thickness, it covers the entire body, providing insulation and protection for the deep fascia, muscles, and organs beneath it. It stores fat and water and provides passageways for nerves and blood and lymph vessels (Figure 1-6).

Skillfully applied Comfort Touch, with its emphasis on broad, encompassing pressure into the center of the body part being touched, gently warms and nurtures the superficial fascia, respecting the fluid nature of its ground substance. The radiant heat from the practitioner's hands is transferred via the fluid of the connective tissue, affecting the circulation of capillary blood and lymph. Not only is this process relaxing to the client, but it engenders a comforting feeling of warmth, ease, and fluidity in the body. The soothing warmth of human touch appeals to an individual's most primal life-affirming instincts.

Another avenue of direct sensation in the use of Comfort Touch is pressure itself. For example, when an infant is held, it is comforted by the consistency of broad, encompassing pressure. This quality of touch defines the boundaries of a safe container, and is commonly expressed as a caring touch or friendly hug between individuals to convey affection or concern. Comfort Touch is the therapeutic and skillful application of touch that respects the value and importance of this basic human need.

The body's tissues do not act independently of one another, but are part of an overall system that is affected

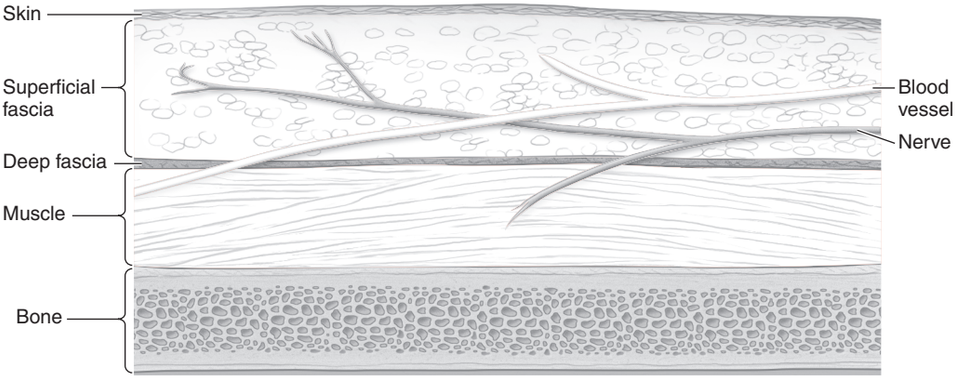

FIGURE 1-6. Tissue layers. The warmth of contact and broad pressure exerted in Comfort Touch affect the skin, superficial fascia, deep fascia, and muscle tissue.

by the input provided through touch. For example, the tension held in muscles may be released, not directly because of mechanical manipulation, but because the nerve receptors in the skin and connective tissues convey impulses to the brain, which interprets the physical contact as desirable. This engages the **parasympathetic nervous system**, eliciting a generalized relaxation response in the body.

Benefits of Comfort Touch

The practice of Comfort Touch is easy to implement from a logistical standpoint, because it does not require the use of special massage tables. The practitioner works on clients in their own homes or in medical settings—wherever they are most comfortable. Also, the client does not need to disrobe, as in conventional massage. This eliminates concerns about modesty, and the logistics of undressing and draping.

Professional medical providers, family caregivers, and recipients have reported numerous benefits, both physical and psycho-emotional, of Comfort Touch as a modality.

Physical Benefits

- **Relaxation.** The recipient of Comfort Touch experiences the enjoyment and restfulness of deep relaxation. This relaxation can occur on many levels, including the physical, emotional, and mental aspects of the person.
- **Pain reduction.** Comfort Touch has a calming, sedating effect on the nervous system, decreasing the perception of pain. It offers a soothing input to the individual, helping to shift one's awareness of the pain to the awareness of pleasure, thereby interrupting the experience and perception of pain.
- **Release of general and/or specific muscle tension.** Specific techniques allow for the release of tension held in the muscles. Tension can be a result of overuse of the muscles, or it can result from the inactivity of a sedentary lifestyle.
- **Increased circulation of blood and lymph.** Massage helps to increase local circulation of blood and lymph, thereby facilitating the process of nourishing the body on a cellular level. This process can help to balance body chemistry and speed healing.
- **Increased flexibility.** Warming of the connective tissues, release of muscular tension, and improved circulation can contribute to better mobility.
- **Easier breathing.** Relaxation of the muscles and calming of the nervous system facilitate easier and deeper breathing. Specific contact pressure points in the hands and feet may help alleviate sinus congestion.
- **Improved appetite and digestion.** Clients may experience better appetite, digestion, and elimination following the mild stimulation of Comfort Touch.
- **Improved quality of sleep.** Release of tension, pain, and anxiety all contribute to better sleep.
- **Increased energy and mental alertness.** While Comfort Touch is relaxing to the body and mind, it often is energizing as well, leading to greater physical and mental alertness.

Psycho-Emotional Benefits

- **Comfort and assurance of human contact.** Touch is a way for one human being to acknowledge the importance of another. Whether in a professional or home setting, touch that is offered with kindness of intention validates this most basic of human needs.
- **Reduction of anxiety/fear/distress.** A comforting touch can bring relief from the various stresses one feels in everyday life. Often, fear and anxiety accompany physical and emotional pain, illness, and distress. Fear itself is often a cause of secondary pain or tension. This pain can lead to more fear and anxiety, which in turn lead to more pain. Comforting touch helps to break this cycle, helping the client to feel more in control of his or her own physical and emotional reality.[4]
- **Improved feelings of safety and confidence.** The consistency of contact and pressure in Comfort Touch contribute to feelings of safety and confidence. Much of the fear that accompanies illness and aging, with its pains and losses, results from the feeling of uncertainty, the fear of the unknown. Knowing what to expect, through the pleasure of touch that is predictably comfortable and nurturing, allows the recipient to relax in the moment with a feeling of confidence.
- **Relief from depression and improved feelings of self-esteem.** The gently stimulating effect of touch can lead the individual to experience a brighter outlook. Clients feel better just knowing that someone cares and is willing to be with them. Touch acknowledges their importance as human beings, contributing to feelings of trust and hope.[4]
- **Communication.** Touch is a significant and valuable way to communicate nonverbally with another person. Often it opens the door to more effective and enjoyable verbal communication as well.

STORY

Be Simple

As the supervisor of the massage therapy program for hospice, I have the opportunity to hear the stories reported to me by the practitioners of Comfort Touch. Ivy was a massage therapy student intern who had just completed her training in Comfort Touch. Her first assignment was to see Juanita, an 85-year-old woman diagnosed with Alzheimer's disease. Initially, Ivy was concerned about her ability to meet the needs of her client, understanding that Juanita had difficulty communicating with her other caregivers.

In her initial visits Ivy used the techniques of Comfort Touch she had learned, applying broad, encompassing pressure, gently but firmly touching the patient's arms and legs while she rested in her recliner. The patient expressed her pleasure, saying, "Perfecto. You are the best." The patient relaxed with Ivy's touch, sometimes falling asleep. During one visit, she said, "You are the best of everyone who comes."

In subsequent visits Ivy felt their communication deepen, knowing that Juanita, though failing physically and mentally, would still respond to her as she was touched. Even so, Ivy still wondered at times if she could be doing more, if she was using the right combination of techniques. On one occasion, as Ivy took her frail arm to massage it, the woman said, "Be simple." Listening to this cue, Ivy responded by taking Juanita's hands and simply holding them in her own. They looked into each other's eyes. Ivy recounted that as she relaxed in her own body, continuing to hold her hands, Juanita said, "Thank you. Thank you."

"That's what I love about hospice," Ivy said to me. "I don't have to try and do anything. I just need to be present. Time passes so quickly." Ivy offered her touch with the clear intention of providing comfort, not trying to fix or change anything. From this patient, Ivy learned the wisdom of those words, "Be simple." (Figure 1-7.)

FIGURE 1-7. Hands. Holding the hand is a simple, yet powerful way to offer comfort.

Some Questions for Getting Started

Following are some questions to ask yourself as you begin to work with Comfort Touch.

1. What is your experience in the field of medicine? As a practitioner? As a patient?
2. What is your experience in the field of massage? As a practitioner? As a client?
3. What is your own experience of touch?
   a. What is the earliest touch you remember? What are your most pleasant memories of touch as a child? As an adult?
   b. Do you have painful memories of touch as a child? As an adult?
   c. How do you learn about the world around you through your sense of touch?
   d. How do you like to be touched? By friends and family? By health professionals?
4. How do you like to be comforted? What do you do to comfort others in your life—other than touch?
5. How much of your time is spent with people who would be considered elderly or ill? What role do you play with these people?
6. In what medical settings have you spent time? In what settings or environments are you most comfortable? Where do you feel most uncomfortable?
7. What do you see as the greatest benefit of Comfort Touch? Physically? Emotionally?
8. Why are you interested in learning Comfort Touch? What do you hope to learn to benefit yourself personally and professionally?

Summary

- From infancy to old age, the sense of touch provides a powerful means of connection and communication to the surrounding world. It is a significant gateway to perception, memory, and relationship to others.
- Comfort Touch is a nurturing style of bodywork designed to be safe, appropriate, and effective, addressing the physical and emotional needs of the

elderly and the ill. The practitioner of Comfort Touch is guided by six principles (SCRIBE) which describe the rhythm, intention, attitudes, and techniques of this modality of massage.

- Comfort Touch provides the benefits of massage to a broad range of people including: the elderly, the chronically and terminally ill, the injured, pregnant and perinatal women, infants and children, as well as those suffering from trauma or mental illness. It is also beneficial to the general population of people who appreciate the value of nurturing touch.
- Comfort Touch can be practiced in a wide variety of settings including; hospitals, hospices, skilled-nursing facilities, and home care. The client can be in a hospital bed, a wheelchair, recliner, or her or his own bed at home.
- The practice of Comfort Touch addresses the interrelationship of all the layers of body tissue. Rather than emphasizing manipulation of muscles, it provides the radiant warmth of contact and broad, encompassing pressure, thereby eliciting the relaxation response.
- Many physical and psycho-emotional benefits have been attributed to the practice of Comfort Touch. These include relaxation, pain reduction, increased local circulation of blood and lymph, improved quality of sleep, reduction of anxiety, and relief from depression.

Review Questions

1. Describe the significance of touch in the development of a human being. For example, how does an infant or child learn about his or her world through the sense of touch?
2. What are the functions of the tactile receptors in the skin?
3. What is the primary intention of Comfort Touch?
4. What are the six principles of Comfort Touch?
5. Who can benefit by receiving Comfort Touch? Give five examples of populations for whom Comfort Touch can be beneficial.
6. Where is Comfort Touch practiced? List four examples of settings where Comfort Touch is appropriate.
7. Briefly describe the effect of Comfort Touch on body tissues.
8. List five physical benefits of Comfort Touch.
9. List three psychosocial benefits of Comfort Touch.

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2

Understanding Health, Illness, Loss, and Grief

CONCEPTS OF HEALTH AND DISEASE

Homeostasis
Disease
Health and Wellness: Adapting to Change

COMFORT TOUCH AND MODELS OF MEDICINE

Healing versus Cure
Definitions of Medicine
Comfort Touch as Complementary Medicine
Comfort Touch as Nourishing Tradition

PHYSICAL AND PSYCHOSOCIAL ISSUES ASSOCIATED WITH ILLNESS AND/OR AGING

Physical Issues Associated with Aging
Physical Issues Associated with Chronic Illness
Psychosocial Issues Associated with Aging and Illness

BEREAVEMENT—DEALING WITH GRIEF AND LOSS

Understanding Grief as a Response to Loss
The Cycle of Grief
Variables in the Expression of Grief
Adaptation to Change

Health is the ability to adapt to change.
—Anonymous

Health refers to a state of wholeness, free from physical, mental, or emotional infirmity. Derived from the same root word for *whole,* health generally describes the condition of an individual who functions optimally without evidence of disease or abnormality. But as most people age, they tend to lose the level of physical and mental ability they had when they were younger. Over time they lose function through specific disease processes, traumatic injuries, or general physiologic decline. Yet there is a wisdom and strength that comes with age and experience, often in spite of deteriorating physical and/or mental capacities. So when referring to these special populations of the elderly and the ill, we may wonder if there is, in fact, an objective definition for what constitutes health.

Concepts of Health and Disease

Throughout history and the development of modern culture, attitudes about health and disease have been diverse, changing as new information informs our understanding of the human body. For example, we take it for granted that blood circulates throughout the body via a system involving the heart, veins, and arteries. This awareness, put forth by William Harvey

in the 1600s, led to the view of the body that is made up of specialized systems that work together, forming the basis of medical knowledge today. An understanding of health also includes an appreciation of the emotional and mental aspects of an individual. Mental health involves the ability to function in society with a sense of well-being, as one interacts with others through work and social relationships.

Homeostasis

The human body is composed of many systems involving a complex of functions and interactions, including movement, metabolism, sensation, circulation, immunity, respiration, reproduction, and elimination. The balanced state of all these systems and the chemical and neurological processes that control them are referred to as **homeostasis**. Change in one part of the body affects the rest of the body, allowing for constant adjustments, enabling the individual to function in the outer world, adjusting to the needs and demands of the physical and social environment. This ability to adapt to change allows the human species to thrive through a rich diversity of experience and expression.

Disease

Whereas health is the state that allows for the normal functioning of the individual, disease is experienced as the disruption of function. Disease may be **acute**, as in the case of a cold or flu, which is a temporary condition; or it may be **chronic**, as in the case of asthma or heart disease. An acute illness or injury may be totally disruptive, necessitating the temporary cessation of everyday activities. In a different way, a chronic disease will cause disruptions, but the individual can adapt, either through medical interventions and/or lifestyle changes, to continue to live a fulfilling life in spite of the illness.

Health and Wellness: Adapting to Change

For many people health is a state they take for granted. They are free from disease and able to pursue interests regarding work and social activities. For others, whose state of health is influenced by a variety of factors—including genetics, pathogens, environmental toxins, or injury—health can seem like an elusive goal, as they seek to cope with the limitations of their condition. Still others, who would generally regard themselves as healthy, ascribe to the notion of wellness in which they consciously make choices to enhance their experience of health, optimizing their mental and/or physical level of function.

The definition of health can vary from one individual to another, intricately tied to one's cultural background, social network, material resources, and personal expectations and aspirations. While we are familiar with the expression "young and healthy," it is less common to refer to someone as "old and healthy," or to talk about a "healthy diabetic." The state of health is not an objective experience. It is subjective, and ultimately refers to a person's ability to adapt to change brought about by age, life circumstance, illness, or injury.

A sense of well-being can be experienced even for the most ill or disabled person if there is sufficient support to help one adapt to her or his situation. The support offered may come from family and friends, the community, or social and medical systems, as they are available. Comfort Touch can be one of the means of assisting someone to experience a state of wellness. For many, it provides a way to affirm their inner resources and value as human beings, in spite of physical disease or debility (Figure 2-1).

Comfort Touch and Models of Medicine

Massage and bodywork as means of healing are ancient in their origins, yet have developed outside of the mainstream of modern scientific medicine. As the current

FIGURE 2-1. Enjoying life. Though living with chronic illness, this 90-year-old woman dons her hat and smiles, conveying her pleasure after receiving a session of Comfort Touch.

world of medicine expands in its understanding of the anatomy and physiology of the human body, providing ever more sophisticated treatments for disease, the general population is also looking for the value offered through alternative and complementary therapies, including therapeutic massage and bodywork. Comfort Touch, with its emphasis on safe, appropriate, and effective techniques for the elderly and the ill, provides a suitable approach to bodywork in the medical setting.

Healing versus Cure

It is crucial for the practitioners of massage and bodywork to understand the difference in intention implied by the words "healing" and "curing." **Curing** connotes the restoration of someone to a state of health, free from disease or ailment. Many resources of society are geared toward the hope of finding cures for the conditions and diseases that plague the population. Research abounds in laboratories and clinics worldwide in the quest for drugs and medical procedures to ease the suffering of patients and/or effect cures for their diseases. Great strides have been made to significantly reduce the impact of many diseases (eg, antibiotics for bacterial infections, vaccinations for contagious diseases). Surgical techniques have greatly impacted the threat of many diseases (eg, cancer, heart disease, orthopedic injuries).

Curative measures can be utilized through appropriate medical interventions, such as surgery to remove a tumor or repair a specific body part. Curing, in this sense, requires a diagnosis and an intervention by the appropriate medical personnel. The intention to cure implies a need to fix or change the circumstance of the patient. While this is appropriate, and certainly desirable when possible, this intention or attitude can be a detriment to the individual who has an incurable disease or condition.

Healing is also defined as the process of making one well or restoring to a state of health or wholeness; but, whereas curing implies the notion of ridding one of disease, healing emphasizes the acknowledgment of the individual as a whole human being, regardless of her or his current condition. The practitioner of Comfort Touch does not need to be concerned about curing someone of infirmity. Rather, the client is seen as a whole human being, in need of nourishment and care (Figure 2-2).

It is *not* the role of the massage therapist to diagnose, fix, or change the client. Rather, it is appropriate to provide the healing experience that comes by offering care that is comforting and nurturing. This allows the person to adapt to change and to feel a sense of well-being in spite of her or his condition or illness. Change *can* and does occur, but the emphasis is on the wholeness of the individual human being, *not* the specific disease or condition.

FIGURE 2-2. Hospice patient. With the caring touch provided by the Comfort Touch practitioner, this elderly woman in a hospice facility is able to rest comfortably.

Definitions of Medicine

The National Institutes of Health (NIH) established the National Center for Complementary and Alternative Medicine (NCCAM) in 1998 to explore complementary and alternative healing practices (CAM), mandating research, training, and education to be made available to professionals and the public. NCCAM defines three categories of medicine:

1. **Conventional Medicine.** This form of medicine is dominant in the developed world and is practiced by holders of MD (Medical Doctor) or DO (Doctor of Osteopathy) degrees, and by allied health professionals such as physical therapists, psychologists, and registered nurses. It involves the use of diagnostic methods and technologies, standards of research or evidence-based practices, and employs the use of pharmaceutical drugs and surgical procedures.
2. **Alternative Medicine.** Defined by NCCAM, alternative medicine is used *in place of* conventional medicine. It consists of many different practices including:
   - **Biological practices.** These include the use of dietary supplements and special diets.
   - **Energy medicine.** These approaches involve practices based on an awareness of energy fields believed to surround and infuse the human body.

- **Bodywork practices.** Techniques involve manipulation or movement of the body.
- **Mind–body medicine.** Techniques are designed to enhance the mind's ability to affect bodily function and symptoms.
- **Whole medical systems.** These include systems derived from other cultural paradigms, such as the ancient systems of traditional Chinese medicine and the Ayurvedic medicine of India.

3. **Complementary Medicine.** This category includes approaches used *together with* conventional medicine, and may involve treatments included in the definition of alternative medicine. Such practices used may include: nutritional diets, energy or spiritual healing, massage, exercise, meditation, and relaxation techniques.

Comfort Touch as Complementary Medicine

Comfort Touch is a valuable complementary therapy for those being treated by conventional medicine. Based on a solid foundation and understanding of the anatomy of the body, it uses techniques which benefit the client who is undergoing medical treatment. Inherent in the intention of Comfort Touch is an appreciation of the fragility of the client, and a respect for the challenges faced by someone undergoing treatment for either acute or chronic illness. Rather than focus on contraindications to conventional massage (ie, Swedish massage), the practitioner of Comfort Touch looks at the needs of the client and finds a safe and appropriate way to offer the benefits of touch.

During a Comfort Touch session the patient remains in the position of her or his own greatest comfort. This may be in a hospital bed, regular bed, wheelchair, or recliner. This ensures the safety and comfort of the patient, and eliminates the necessity of using a massage table. The therapist adjusts her or his own body mechanics to work most easily and efficiently.

The practitioner of Comfort Touch learns to work cooperatively as part of the health care team providing services to the patient. Often she or he is in a position to offer helpful insight to other caregivers. Communication with staff is a two-way street enhancing the effectiveness of care for the patient, as changes in the patient's health status are shared between medical staff and massage therapist.

Comfort Touch as Nourishing Tradition

While Comfort Touch takes its place as a complementary therapy in the medical setting, or in practice with the elderly and the ill, it also holds merit for *any* individual in need of nurturing touch. The intention of this modality of bodywork resonates with the most basic of human experiences—the bonding that comes with human contact. The therapeutic value of Comfort Touch lies in the specific use of techniques which optimize the relaxation response, enhancing the recipient's sense of well-being.

The general principles and specific techniques of Comfort Touch can be used by anyone who wishes to provide a therapeutic experience of touch. Without the need to diagnose, fix, or change the "problems" of the client, the practitioner can focus on the true experience of healing which comes about by being truly present with another human being. From the place of deep, nurturing connection, Comfort Touch also provides a starting point for working deeper into the layers of the body's tissues (eg, the muscles and deep fascia). The broad, encompassing contact of Comfort Touch warms the tissues, allowing changes on a deep level, without the manipulative and sometimes painful processes of other approaches to bodywork.

Physical and Psychosocial Issues Associated with Illness and/or Aging

Aging is a process involving growth, maturation, and change from childhood, puberty, young adulthood, through middle and late age. It involves biological changes in the body, psychological and mental development, and adaptation to life circumstances. The life span of Americans has been increasing over the past century, owing in part to decreases in infant mortality. Other factors that influence longevity are heredity, greater access to medical care, and lifestyle. More and more older people are enjoying healthy, productive lives well beyond middle age and the demands of raising a family, engaging in full-time employment, etc.

In the United States there is a growing percentage of the population over age 65, with a growing number of the population living over 85 years of age. People aged 65 and over represented 12.4% of the population in the year 2005, but are expected to grow to be 20% of the population by 2030. According to the U.S. Department of Health and Human Services' Administration on Aging, the population over the age 65 will increase from 35 million in 2000 to 40 million in 2010 (a 15% increase), and then to 55 million in 2010 (a 36% increase for that decade). The population over the age of 85 is projected to increase from 4.2 million in 2000 to 6.1 million in 2010 (a 40% increase), and then to 7.3 million in 2020 (a 44% increase for that decade).[1]

Physical Issues Associated with Aging

There are physical issues associated with aging itself, as well as physiological processes involved with a myriad of acute and chronic illnesses. Even without a specific diagnosis of disease, aging involves a process called **senescence.** This is the process by which the capacity for cell division, growth, and function is lost over time, ultimately leading to death. Along with this natural course of change, many individuals also suffer from specific acute or chronic diseases, which affect the functioning of organs and systems in the body.

Aging itself is not a disease, but any of the following changes can be observed in the older person. Note that individuals of any age vary tremendously from one another in their physical condition.

- **Skin and Connective Tissue.** Loss of elasticity; decrease in lubricating secretions; skin may be dry and itchy; small capillaries increase in fragility, leading to greater vulnerability to bruising; full hydration of skin may become more difficult.
- **Muscular/Skeletal System.** Changes in bone density (osteoporosis); stiffness or pain in joints (arthritis); reduced elasticity and flexibility of tendons and ligaments; weakness or spasm in muscles; decreased range of motion.
- **Cardiovascular System.** Weakness or changes in the heart muscle; decreased elasticity of blood vessels, changes in thickness of blood vessels (arteriosclerosis); changes in blood pressure; impaired circulation of blood and lymph, particularly to the extremities.
- **Respiratory System.** Decline in lung capacity and effectiveness of breathing.
- **Immune System.** Decline in resistance to infection.
- **Gastrointestinal System.** Decrease in motility and rate or effectiveness of digestion and elimination; decrease in production of digestive juices, increase in insulin resistance; changes in appetite.
- **Genitourinary System.** Decrease in muscle tone of bladder and muscles controlling urination; enlargement of prostate gland in males; changes in genital tissue and functions.
- **Endocrine System.** Changes in secretions of endocrine glands affecting many systems in the body (eg, thyroid hormone, insulin, sex hormones).
- **Neurologic System.** Changes in mental function, memory, or cognition; loss of fine motor control; changes in patterns of sleep.

Other physical issues associated with aging involve changing levels of function with the special senses. These changes affect the way people experience the world around them. Here are some examples:

- **Vision.** Changes in elasticity of the eye, affecting vision; increased sensitivity to light; other changes affecting vision (eg, cataracts, glaucoma, macular degeneration).
- **Hearing.** Gradual loss of hearing or sensitivity to pitch and background noises; slower processing of auditory information.
- **Taste and Smell.** Decline in number of taste buds and deterioration of the sense of smell; loss of appetite.
- **Touch.** Increased or decreased sensitivity to touch.

Physical Issues Associated with Chronic Illness

Any of the issues associated with aging can be seen in those people who are dealing with illness. For example, a person of any age with lung disease may experience difficulty breathing. No matter what the disease or disability, there are two factors which are important to consider when working with people challenged by illness or age. These are **functionality** and **pain.**

Functionality refers to the person's ability to function using the physiologic functions of the body in a normal state or in healthy adaptation to changes. For example, can the person move freely to accomplish daily tasks? If movement is impaired, can she or he get around with the assistance of a cane or walker? Examples of other physiological functions include bladder control, vision, and hearing. Medical care in the form of medications, surgery, nursing care, or other procedures can influence the functionality of the patient, even though disease or age has brought about decline from her or his original level of function.

Pain is the subjective and unpleasant experience derived from sensory stimuli, resulting from immediate damage to the tissues or from long-term functional impairment. It is associated with illness and disease, and has many causes. The sensation of pain may be modified by many factors, including memory, association, and expectation. Treatment of the underlying causes of pain, for example, through surgery or use of drugs, may alleviate pain. However, many people continue to experience chronic pain, which often accompanies loss of function.

There are other physical issues associated with illness and aging that are secondary to the original loss of function:

- **Impaired wound healing.** The aging individual, as well as those suffering from chronic

conditions, may experience a slower rate of wound healing.

- **Overuse syndromes.** Loss of physical function of one area may cause overuse of another. For example, a person who uses a wheelchair may have increased pain in the arms and shoulders.
- **Adverse reactions to medications.** Many people experience adverse effects as a result of taking the medications they require to treat the illness. For example, some medications result in dry mouth, nausea, drowsiness, or other unpleasant effects.

Psychosocial Issues Associated with Aging and Illness

Loss of function and physical pain are themselves significant contributors to the psychological issues associated with aging and illness. Loss of physical function in the body leads to other changes for the individual. For example, heart or pulmonary disease may necessitate reduction of physical activities that were once part of an active lifestyle. Debilitating arthritis may force one to give up a pleasant hobby such as knitting or playing the piano. Whereas certain adaptations to changing circumstances may be gradual and easily accepted, others can bring feelings of grief and loss with attendant frustration, sadness, and/or depression.

In addition to the discomfort caused by physical pain, it often contributes to other emotions, such as anxiety and depression. Sometimes the mental and emotional energy consumed in coping with pain leaves the individual fatigued and feeling hopeless. The response to pain can be complex and varied, according to the personality or experience of the individual. For example, the original pain may be the result of tissue damage, but fear of pain leads to increased muscle tension and production of stress hormones, resulting in more pain.

Other psychosocial issues associated with aging and illness include:

- **Loss of mobility.** The individual may find it more difficult to participate in familiar activities. They may lose the ability to drive an automobile and the freedom that comes with it.
- **Changing identity and roles.** Changes in health status are often accompanied by changes in relationships with family, friends, and community. The person may grapple with loss of self-esteem as their self-image and identity undergo change. For example, the person who has enjoyed and taken pride in her or his job or role within a family, finds that she or he can no longer perform the job or play the familiar role. This is a significant loss for many individuals, which can be either heightened or accommodated, depending on the responses of other people in their lives.
- **Feelings of failure and disappointment.** Individuals may feel disappointed in themselves for failure to "be cured" of their disease. Likewise, they may feel guilt over disappointing others, if they can't seem to recover function. Their sense of self-worth that is attached to achievements and/or goals can suffer as they experience progressive loss of function. Sometimes they display an apologetic attitude to their caregivers based on their level of function or need.
- **Changes of residence.** Often changes in physical functioning necessitate a change of residence. The challenges brought about by aging and illness force the individual to move into a new living situation, which can involve moving into a new home or a new community. It may require adjusting to living with relatives or new caregivers, or becoming part of an assisted living community. While these changes can provide greater safety, better standards of care, and new opportunities for friendship, they also involve letting go of one's past and the feelings of self-determination.
- **Financial concerns.** Generally, as people age, their ability to earn ceases or diminishes, so they are dependent on social security benefits, pensions, or personal savings. The costs of medicine, medical treatments, and personal care become areas of great concern. Circumstances vary widely in the US regarding access to safe and appropriate housing and medical care. Worry and anxiety about paying the bills can greatly affect a person's quality of life.
- **Spiritual issues.** The onset of a major illness, at any age, can challenge a person's core values and beliefs. For example, people who have spent their whole life committed to a healthy lifestyle can be devastated by a diagnosis of a life-threatening illness. "Why me?" they ask. "What did I do wrong? I thought that if I ate well and lived a good life, I could be spared the suffering of this disease." Or they may feel guilty, attributing their illness to mistakes made earlier in their life. They may seek to find blame with other people, government policy, or religious attitudes.
- **Loneliness and isolation.** The loss of function, changing roles, and change of residence can all contribute to feelings of loneliness. People may feel abandoned by friends who once related to them as younger and/or healthy, but now have little time for them. The patient may chose isolation over the fear of rejection by friends or

Hints for Practice

Professional Referrals

It is important for the Comfort Touch practitioner to know when to refer clients to other health care professionals. The medical, psychological, and social issues involved in aging and illness add to the complexity of the physical issues and concerns of the client. Familiarize yourself with the roles of other health care professionals so that you can confer with them and/or refer your clients to them when appropriate. In most medical organizations, including hospices, hospitals, and skilled nursing facilities, patients have access to the expertise of various professionals including: medical specialists, social workers, psychologists, psychiatrists, physical therapists, and chaplains. Remember that as a practitioner of Comfort Touch, you must work only within the limits for which you are adequately trained and/or licensed.

others in their community. Loss of mobility, sight, hearing, and mental cognition all affect the way an individual interacts with others socially (Figure 2-3).

- **Uncertainty, unpredictability, loss of control.** These are other issues faced by the elderly and the ill. Fear of the unknown and the unpredictable nature of aging, as well as the course of many illnesses, have a depressing effect on many. Some individuals state that loss of control is the biggest challenge they face, frequently a fear greater than death itself. Some have described the uncertainty they feel as "living on borrowed time."

The physical, mental, and emotional facets of the individual can be regarded as inseparable. Care and concern for the person requires respect for the full range of the individual's experience. The practitioner of Comfort Touch is in a position to acknowledge these issues when she or he is a client. For the individual who experiences isolation brought about by loss of function, touch remains an invaluable avenue of connection, easing her or his loneliness, fear, and anxiety.

FIGURE 2-3. Resident of a skilled nursing facility. This elderly man, once physically strong and active, displays a look of bewilderment at the changes in his life.

STORY

Hazel

I am inspired by the resilient spirit I observe in the elderly with whom I work, even as they are challenged by illness, disability, and the changing circumstances of their lives. Hazel was 90 years old when her daughter contacted me. She was hoping that massage could help alleviate the chronic pain her mother experienced as a result of an injury and subsequent surgery to her hip.

Over the next 4 years until the end of her life, I visited Hazel regularly in her home to give her massage. Usually I worked with her lying supine in her bed, making ample use of pillows to help her get comfortable. Sometimes she sat back in her reclining chair, and I pulled up a stool beside her as I worked.

She never remembered my name and often seemed confused about why I had come to her home, but once I began the hands-on session, Hazel responded to my touch as if it were familiar. I felt her sense of trust, as she smiled faintly and closed her watery blue eyes. I noticed the steady quality of her breath as she relaxed, letting go of tension in her body. Her daughter reported that she walked more easily in the days following a massage.

Sometimes, during a session, she drifted in and out of sleep. Other times she recalled stories or sang songs from her childhood. When touching her I could feel a

quality in her body's tissues that spoke to me of her many years of hard work on the family farm. Even as I comforted her with soothing touch, I could appreciate the love and care she had provided for so many others in her long and full life.

She seldom commented on the therapy itself, but one day as I held her hand to massage it, she said, "That sure does feel good. Why, I believe I could play the piano."

I looked at her a little surprised and replied, "Hazel, I didn't know you played the piano."

She laughed. "Oh, I never could before!"

Bereavement—Dealing with Grief and Loss

Bereavement is the process of reacting to loss. The word *bereave* derives from root words meaning "to break or rend apart; to rob." The bereaved individual feels robbed or deprived of someone or something familiar and valuable. **Grief** is the suffering or distress experienced because of a loss. Derived from Latin words meaning "to burden" or "heavy," grief involves a complex set of emotions, including sadness, fear, regret, and yearning for what was lost. The person experiencing grief is affected physically, emotionally, and mentally (Figure 2-4).

FIGURE 2-4. Comforting hug. A brother and sister comfort each other as they mourn the death of their father.

Understanding Grief as a Response to Loss

Bereavement is most often thought of as the mourning associated with losses caused by death, but the process of grieving can be applied to many other life-changing events, including disability, divorce, job loss, financial loss, or other changes in physical circumstances or relationships. Aging itself is a process involving many changes, including losses for which a person may grieve. A person living with chronic illness or disability may undergo an extensive process of grieving over the loss of health or function.

Whether a loss is sudden and specific, as with a death, or prolonged, as with a gradual loss of function owing to illness, it is normal for the individual to move through a range of responses and reactions. While Sigmund Freud pioneered the study of bereavement in his essay "Mourning and Melancholia," written in 1917, it was psychiatrist Elizabeth Kubler-Ross who advanced the study of bereavement in relation to the dying process. In her groundbreaking book "On Death and Dying," published in 1969, she proposed five psychological stages of dying: denial, anger, bargaining, depression, and, finally, acceptance. Her passionate commitment to ease the psychological as well as physical suffering of the ill and dying compelled her to work to bring about awareness of these issues within the mainstream of medicine and psychology. Her work paralleled the growing hospice movement, which sought to bring compassion and dignity to the terminally ill.

British psychiatrist John Bowlby's study of attachment behavior in children contributed to the understanding of bereavement. His theory of attachment, presented in the 1960s, provided an explanation for the common human tendency to develop strong affectional bonds. Grief is an instinctive universal response to separation.[2] Together with psychiatrist Colin Parkes in their study of adult grieving, they described four phases of grief, which involved the experiences of numbness with intermittent anger; yearning; disorganization and despair; and organization.[3]

Understanding of the grieving process has continued to expand as it applies not only to death and dying, but also to the broader range of human experience. Grieving is *not* a simple linear process. It applies not only to losses incurred as a result of death or the anticipation of death, but also to other kinds of losses. For example, grief can be experienced when someone is diagnosed with a life-threatening and/or debilitating disease. The physical and psychosocial issues involved with aging and illness also contribute to the complexity of the bereavement process for many individuals.

More recent advances in the understanding of grief theory include the dual process model developed by

Margaret Stroebe and Henk Schut.[4] While previous models focus on stages and phases of grieving, the dual-process model recognizes a dynamic in which the bereaved individual alternates between focusing on the loss—with all of the associated reactions and responses—and avoiding focusing on the loss in order to cope with the stresses and requirements of everyday life. In this model it is recognized that both expressing and controlling emotion have value for the individual who is dealing with loss. The bereaved person is able to take time off from the intensity of emotional response to the loss in order to deal with the life changes brought about by the loss.

The Cycle of Grief

How individuals respond to loss depends on many factors, including their personal belief systems, social and cultural conditioning, practical coping skills, and their existing familial and social support networks. While people experience grief in many possible ways, there are general patterns of emotions and reactions that occur at various stages after the loss. The Cycle of Grief pictured here is a useful image for individuals to understand their own responses to loss. For the practitioners of Comfort Touch it is also a helpful way to understand the psychosocial experiences of their clients, as they move from the initial reactions to loss through a myriad of possible reactions and emotions, toward a healthy adaptation to change (Figure 2-5).

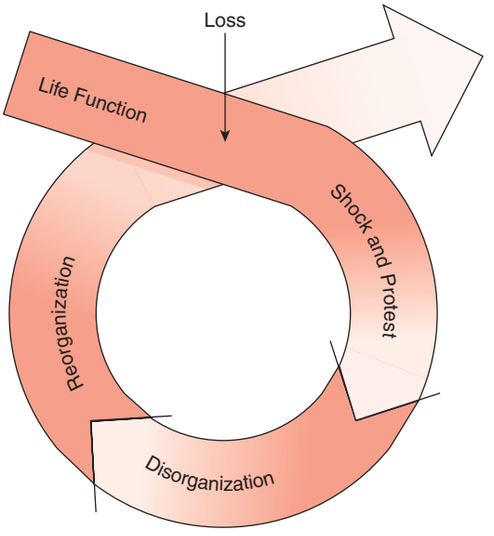

FIGURE 2-5. The cycle of grief. This image provides a helpful way to understand the experiences of grieving individuals as they move through a myriad of possible reactions and responses to the loss, toward adaptation to change.

Consistent with the understanding of the dual-process model of grieving, keep in mind that even as people exhibit the range of reactions and responses shown in the cycle of grief, they may also "take time off" from feeling in order to respond to their practical needs in everyday life. For example, someone who has lost a loved one might still need to care for young children in the family, so will set aside her or his own feelings in order to attend to the needs of others. They may also take a break from the intensity of emotion through other self-care measures that can include nutrition, rest, exercise, massage, and/or social interaction.

Shock, Protest

The first stage following a loss is characterized by *shock* and *protest.* In the initial hours, days, or weeks following a loss, the individual may experience *numbness* or actively protest the reality of the loss. *Denial* is a way that many people protect themselves from the painful reality of their new situation. They may feel *anxiety* and *fear,* with attendant feelings of uncertainty or confusion. *Sadness, loneliness,* and intense *yearning* for whom or what was lost are common experiences.

The bereaved individual may also experience *relief* if, for example, the death of a loved one occurred after a long and painful illness. *Joy* may be felt where death is believed to be a release into a freer or happier state of being. Other kinds of loss can bring a feeling a relief, because the uncertainty of waiting has ended.

Another common reaction is *anger,* which may be a feeling of frustration directed toward oneself or others. *Guilt* may be present for some, as often occurs when death is by accident or suicide, and the survivors wonder what they could have done to prevent it. *Regret* is another feeling that occurs when the individual wishes she or he had made different choices earlier in her or his life. For example, someone who has suffered from a debilitating accident or been diagnosed with a major illness may wish they had made different lifestyle choices.

The bereaved may try to "*bargain*" their way out of the loss. In other words, they may promise to change their ways to regain what was lost, whether that loss was a change in their own health status, a change in a relationship, or the loss through death of a loved one.

Some individuals *idealize* whom or what they have lost, refusing to acknowledge the full reality of the person or their prior situation. Conversely, some people *demonize* whom or what they have lost, as is sometimes the case with people as they go through the process of separation or divorce.

Physical reactions and symptoms may include *insomnia, crying, muscle weakness, nausea,* and/or *loss of appetite.* Some people experience *difficulty breathing.*

Grief itself can be experienced as *physical pain* and has been described in many ways, including the following words applied to various parts of the body: dull, aching, stinging, biting, sharp, pressure, contracted, or constricted. Any or all of these reactions are considered a normal part of grieving. Just as people are distinct in how they respond to everyday stresses and challenges of life, so will they respond in different ways to loss. Some feelings or reactions may be fleeting; others will be of persistent intensity.

The Comfort Touch practitioner best serves grieving individuals by allowing them to be present with their feelings. It is not necessary to diagnose bereaved people or judge their process; rather is it most respectful to simply be present and listen, acknowledging the significance of their experiences. If the client seems to be exhibiting reactions or behaviors outside of a normal range, it is wise to refer her or him for further evaluation and/or counseling with a mental health professional.

Disorganization

The next stage in the cycle of grief is characterized by *disorganization.* The loss has occurred and the initial shock has begun to wear off, but now the individual is left to cope with a reality that is different. Life is not organized the way it was before. The sense of disorganization occurs on different levels.

Disorganization often involves practical concerns, which may include financial and legal issues. Mentally, the individual can feel disoriented and overwhelmed with decisions to make. Sometimes even the simplest decision seems to take an inordinate amount of energy. They may experience *forgetfulness,* or in some cases, become obsessive in their behavior, thinking, or feeling.

Emotionally, some feelings may persist or intensify from the first phase. Some feelings may shift and change, giving way to others. The range of emotions that might be felt during this time includes *anger, sadness, depression, despair, anguish,* and *low self-esteem. Physical exhaustion* tends to intensify many of these feelings.

Socially, the person who is grieving may feel *detached, withdrawn, apathetic,* or *anti-social.* Some may feel very needy and afraid to be alone. Disorganization also occurs within the family or social network of the bereaved individual. Differences in the way people communicate and deal with loss within the social group may vary, contributing added pressures and distress to the individual.

Periods of grief are difficult times for people. In its intensity, grieving may last for several weeks or months, sometimes years. Whereas people often have the support of family and friends soon after a loss, they are often alone in their grief as time goes on. Typically, our culture does not give people time to grieve. Furthermore, it is not customary to talk about our most significant losses or share our feelings with the people we work with or interact with socially. Without adequate support during this time, bereaved people feel further alienation and the added burden of suffering their grief alone. In this time, Comfort Touch can provide much needed support, providing a steady and nurturing presence.

Reorganization

With time, the acute pain of loss begins to subside, and the bereaved individual begins to *reorganize* their life. Painful emotions do carry over into this phase, but the intensity or duration of the feeling is usually less than in the previous phases. One begins to accept or understand that the loss is permanent, and begins to adapt to a new life, integrating the reality of the changes into their present life.

The process of reorganization involves changes and adaptations on many levels. When the loss involves the death of a loved one, the survivor learns to reorganize his or her life physically, emotionally, and mentally without the presence of that special person. When the loss involves illness or disability, the person learns to adjust their physical surroundings, lifestyle, and health care to the current situation.

Loss of one kind—either of person, place, or quality of life—involves changes in other activities and relationships. For example, the person who is injured in a debilitating accident may find it difficult or impossible to participate in once-enjoyable activities such as hiking or skiing. As they reorganize their life, they might find other activities they enjoy that are less physically demanding. Or if they regularly participated in activities with a loved one who has now left or died, they can adapt by finding other people with whom to enjoy social activities.

Reorganization and adaptation also involve an appreciation of the pleasant and/or valued memories of the past, while accepting the reality of the present circumstance. It becomes easier to celebrate and remember the past without feeling intense sadness. Many people learn the value of compassion, while opening to new possibilities for social connection with others who have suffered similar losses.

As the bereaved individual adapts to the change, they may begin to feel improved self-esteem and mental clarity. It becomes easier to make decisions and engage with others socially. Physical exhaustion gives way to renewed energy and confidence.

Variables in the Expression of Grief

While the grief cycle is portrayed here as one phase that occurs after another, it is *not* a fixed process, either in length of time, intensity, or sequence of emotional expression. The cycle shows the range of experience of people going through the normal process of grieving. Not only do people vary in their responses to loss, but they may react differently to different losses. Multiple losses complicate the picture. A person may be in one phase with one loss and in another phase with another loss. Or the experience of one loss may trigger unresolved feelings of a prior loss. The individual may think they have come through the cycle only to experience an upsurge of anguished feelings, sometimes around an anniversary, birthday, or holiday.

Adaptation to Change

As the individual moves through the process of grieving, he or she may realize that loss is neither good nor bad, right nor wrong. Change and loss are inevitable aspects of human experience. The pain of loss may never fully go away, but the individual learns to adapt to change. Helen Keller said, "What we have once enjoyed we can never lose. All we love deeply becomes a part of us." Her words illustrate the concept of healthy adaptation to change and loss. It is our role as practitioners of Comfort Touch to provide a safe, open-hearted, nonjudgmental, and reassuring atmosphere to the bereaved individual.

Summary

- While health generally refers to a state of wholeness, free of physical, mental, or emotional infirmity, the concept of health also refers to the ability of the individual to adapt to the changes brought about by age, life circumstance, illness, or injury.
- The intention to cure implies a need to fix or change the circumstance of the patient. The intention to heal emphasizes the acknowledgment of the individual as a whole human being, regardless of her or his current condition or diagnosis.
- The National Center for Complementary and Alternative Medicine (NCCAM) defines three categories of medicine: conventional medicine, alternative medicine, and complementary medicine.
- Comfort Touch is a valuable complement to conventional medicine as well as a therapeutic model of massage, grounded in a tradition of nurturing touch.
- Physical issues of aging and/or illness involve changes and/or loss of function to the various tissues, organs, and systems of the body. Pain is a serious issue for many affected by age, illness, and injury.
- Losses of function and/or physical pain are significant contributors to the psychosocial issues associated with aging and illness. Other issues include depression, anxiety, financial concerns, isolation, and loneliness.
- Bereavement is the process of dealing with losses associated with change including: death, divorce, financial loss, or changes in physical circumstances and relationships.
- The Cycle of Grief describes the range of emotions and responses a person may have in reaction to loss. The primary phases are characterized by shock and protest, disorganization, and reorganization.
- People vary in their expressions of grief and their ability to adapt to changes brought about by aging, illness, and other losses in life. Comfort Touch offers a respectful and nurturing therapy to assist others to experience a sense of well-being in the midst of life challenges.

Review Questions

1. What qualities characterize physical, mental, or emotional health? How do you define health?
2. What is the difference between acute illness and chronic illness? Give examples of each.
3. What is the difference between healing and curing?
4. Describe the three categories of medicine defined by the National Center for Complementary and Alternative Medicine (NCCAM). Give an example of each.
5. How is Comfort Touch used as a complement to conventional medicine?
6. List five or more physical changes that occur with aging. For example, what are the effects of aging on the skin, the cardiovascular system, the respiratory system, etc.?
7. Give examples of changes in functionality experienced by those with chronic illness.
8. List five or more psychosocial issues associated with aging and illness.
9. List five examples of loss for which a person might grieve. What have been the most significant losses in your own life?
10. What are the three primary phases of the Cycle of Grief?

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3

Approaching the Client

ROLES AND RESPONSIBILITIES FOR COMFORT TOUCH PRACTITIONERS

BEFORE THE SESSION

Medical Intake and Client Information
Introduction and Communication
Precautions in the Use of Touch
Creating a Safe and Healing Environment

DURING THE SESSION

Positioning the Client
Body Patterning for the Practitioner
Considerations Regarding Clothing and Draping
Use of Lotions and Oils
Listening and Adjusting to the Client's Needs and Feedback
Length of Session

AFTER THE SESSION

Closure
Safety
Communication and Documentation
Personal Growth and Change

For an hour I felt like I was the most important person in the world.
—Brenda Swede, Comfort Touch client

A Comfort Touch session provides the client with the opportunity to receive special attention that can enhance the quality of her or his health and well-being. The practitioner of this therapy needs to have an understanding of the physical and emotional needs of the client, along with skill in appropriate hands-on technique. This chapter will focus on factors that contribute to an enjoyable and rewarding experience for both the client and practitioner. These include adherence to specific protocols for hygiene, communication with the client, and creation of a safe and healing atmosphere. Documentation of the session will also be discussed.

The practitioner of Comfort Touch instills confidence in the client by adherence to professional standards of conduct, as well as attention to details that make clients feel safe, comfortable, and acknowledged for their value as human beings. The offering of touch to the elderly or the ill is based on the desire of the health care provider to communicate caring and compassion for the person receiving it. Figure 3-1 shows how a comforting touch at the beginning of social worker's visit can be used to convey concern for the client and place him at ease.

Roles and Responsibilities for Comfort Touch Practitioners

The roles and responsibilities of practitioners of Comfort Touch will vary somewhat, depending on the setting in

FIGURE 3-1. Caring Touch. A hospice social worker establishes rapport with her patient, placing him at ease as she gently touches his arm.

FIGURE 3-2. Scope of practice. This physical therapist uses techniques of Comfort Touch to help a patient relax before beginning therapeutic exercises on her shoulder.

which they work and the professional **scope of practice** to which they are bound. The following are general guidelines to follow.

- **Trainings.** Complete all training and orientation required for the setting in which you work, whether as a regular member of the staff or as a part-time or contract employee. Training requirements for certification and/or licensing for massage therapists vary from state to state, so check to make sure you are in compliance with local regulations. Also complete the necessary training in Comfort Touch technique before beginning to practice it.
- **Scope of Practice.** Observe the scope of practice of your profession. For example, if you are a massage therapist, you may *not* diagnose medical conditions or prescribe medical treatments. Be aware that different medical settings and/or organizations will specify which practices suit your training. For example, in a hospital setting, a massage therapist usually requires the assistance of nursing staff to reposition a patient, particularly if lifting of the patient is involved. Professions such as nursing or physical therapy do involve touching a patient, so Comfort Touch can easily be incorporated into their scope of practice. Figure 3-2 shows a physical therapist who uses Comfort Touch to help a client relax before beginning a session of therapeutic exercises.
- **Hygiene and Universal Precautions.** Understand and observe all rules of hygiene. Wash your hands and forearms thoroughly, using soap and running water, before and after touching the patient. Make sure that your fingernails are clean and short. Avoid wearing rings, bracelets, or watches during the hands-on session. Understand and observe rules of **Standard** and **Universal Precautions.** These are precautions set forth by the Centers for Disease Control and Prevention which are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals and other medical settings. They involve the use of protective barriers such as gloves, gowns, masks, or protective eyewear to reduce the risk of exposure of the health care worker's skin or mucous membranes to potentially infectious materials. See Appendix A.
- **Tuberculosis testing and infectious diseases.** Health care workers are required to show proof of tuberculosis testing. Do not work if you know you have an infectious illness; for example, a cold or influenza. Some facilities require proof of other immunizations.
- **Professionalism.** Wear clean and appropriate attire. Refrain from using alcohol or drugs. Act in a respectful manner at all times.
- **Timeliness.** Be on time for all appointments or scheduled times of work. Be prompt in returning phone calls when arranging schedules with staff or clients.
- **Confidentiality.** To protect the privacy of your clients, observe strict rules of confidentiality. Conversations about the client as well as written records are to be shared only with authorized people who are directly involved in the patient's care. Written notes need to be kept in a safe place where they are protected from anyone else's view. Breaching of confidentiality is an unethical behavior and a serious violation of a person's privacy.

- **Insurance.** You may be required to carry personal professional liability insurance. Provide documentation, if necessary.
- **Documentation.** Complete all required documentation of the session for the setting in which you work. (See Chapter 7, Communication and Documentation in the Healthcare System.)
- **Self-Care.** It is the responsibility of the practitioner to be mindful of her or his own self-care in terms of matters of health and wellness. For example, pay attention to your own needs relative to good nutrition, exercise and rest, and management of stress. Your attitude about self-care imparts a sense of confidence to the client.
- **Personal mental preparation and grounding.** It is helpful to take a few moments before beginning a session to mentally prepare to be with the client. The concept of *grounding* is helpful, as you envision yourself connected to the earth beneath you. Grounding is a state of being in which the individual is confident in her or his skills, and carries a sense of stability and connection to the earth. When you are well-grounded, you have a greater ability to tune into the world around you, and still maintain a focus to work and communicate clearly with others. Grounding helps you to establish and maintain rapport with your clients. If you are personally grounded, you inspire a sense of confidence and groundedness in others. (See Chapter 8 for specific self-care and grounding exercises.)

Before the Session

Before beginning the hands-on session, it is important to have authorization to touch the client. If the client is in a medical setting, you will usually need to check in with the supervising nurse or other administrator before the session. Also, you must have adequate information regarding the patient's physical health and state of mind, if you are to work safely and appropriately. The following are guidelines for approaching the client, and include intake and assessment, communication skills, precautions in the use of touch, and factors that contribute to a healing environment.

Medical Intake and Client Information

If you are working in a medical setting (ie, hospice, hospital, skilled nursing facility, or rehabilitation center), you may have direct access to the medical records of a patient. If so, consult the patient's chart to see her or his age, medical diagnosis, and other relevant information.

If you are working with a private client, you will take your own client information. Client intake includes relevant personal contact information, medical history, and a listing of current health concerns. It contains a listing of medications being taken, and other therapies being utilized by the patient, such as physical therapy or occupational therapy. It also contains the stated reason for receiving the massage. Refer to Figure 7-1 for a sample of a Client Information form.

The Client Information form may be filled out in one of the following three ways:

1. **The client fills out the form.** In a general massage practice, the client may fill out the form before a massage session. If so, the therapist should look it over and verify the information with the individual. Notice what is relevant to the session, and ask additional questions to clarify or elaborate on any of the information.
2. **The massage therapist completes the form during an interview with the client.** As the client responds to the questions, the massage therapist records these answers, gathering the information necessary to offer a safe and appropriate session. By asking the questions in a clear and direct manner, the therapist helps to build rapport with the client.
3. **A health care provider or patient caregiver completes the form.** If the client is a hospital or hospice patient, much of the information will have been recorded in the patient's chart by their health care providers. The massage therapist can add relevant information to the chart, as necessary. Follow-up by asking the patient to verify the information. In some instances, the patient will not be able to speak or communicate clearly, so it is up to the therapist to get all relevant information from the health care provider (eg, a nurse) or family member. This would be the case, for example, with the patient who has dementia or another debilitating condition, such as stroke or Parkinson's disease that affects the ability to communicate.

You can use the form provided in Chapter 7 (Figure 7-1) to record patient information, or use it as a guide and adapt it to the setting and situation in which you are working. There are three primary components to gathering information before beginning hands-on work:

1. **Contact information.** This includes the client's name, address, phone number, and date of birth. If the individual is in a medical setting other than her or his own home, record both home address and the room number for the facility where the person is currently staying.

You may also need to record the name and address of a responsible family member, if you are also communicating with her or him.

2. **Medical history.** This includes a listing and summary of illnesses, injuries, surgeries, and other medical conditions or concerns. A medical history includes both past and current conditions, as well as medical requirements for treatments and medications. For example, it may include "Chronic Obstructive Pulmonary Disease (COPD), requiring regular use of oxygen." It also includes notations about the client's level of activity and mobility; for example, "The client has limited mobility, requiring the use of a wheelchair; needs assistance for positioning in bed." Note the client's ability to communicate and the condition of the special senses of sight and hearing. A medical history also lists current medications and other treatments being used, such as physical therapy.
3. **Needs for massage therapy.** Whether the patient is self-referred or referred by another health care professional or family member, the client information form will record the reasons for requesting massage therapy or Comfort Touch. These reasons include, but are not limited to the following: general relaxation; pain relief; general or specific muscular tension; relief from loneliness, depression, or anxiety; and/or general health maintenance.

Introduction and Communication

Your initial introduction to the client sets the tone for the session to come. It will precede the taking of the client information if you are interviewing the client directly. In working with the elderly and the ill, special sensitivity is required in communication. Be mindful that many people may be affected by visual or auditory impairment. It is helpful to enter the room slowly, allowing them time to adjust to your presence. Walk up to the individual and introduce yourself. For example: "Hello, my name is Sarah. I am the massage therapist here with hospice." Give the patient a moment to take in that information. "I am here to give you a Comfort Touch session. Is that okay with you now?" With these few words you (1) introduce yourself, (2) state your intention in offering touch, and (3) ask for the patient's consent to be touched. The massage therapist shown in Figure 3-3 greets her client who lives in a skilled nursing facility.

Here are some tips on communication with the elderly and/or the ill:

- **Speak slowly and clearly, looking directly at the person.** Speaking slowly gives the individual time to adjust to your presence, as well as to process the words you are speaking.
- **Speak loudly enough.** Remember that many elderly people have some degree of hearing loss.
- **Use individuals' names when addressing them.** The common practice is to use their first names, but you may ask how they prefer to be addressed. For example, Anne Smith, may prefer to be addressed as "Mrs. Smith," "Anne," or "Annie." Avoid terms of endearment, such as "dear." Respectfully using a person's name of choice gets her attention, and assures the greatest level of response from her in the moment.
- **Do not make assumptions about what they do or do not understand.** Just because someone does not answer you directly does not mean that she or he do not understand what you are saying.
- Introduce yourself even if the person appears to be asleep or incoherent. You will be surprised at how often she or he respond, and are glad that you have come.
- **Give the person time to respond, before continuing to speak.** Remember that the person affected by age, disease processes, or medication may need more time to mentally process what you have said, and to formulate a verbal or nonverbal response.
- **Choose language appropriately.** Be mindful to use language that is familiar to the client. Avoid using slang, jargon, or overcomplicated explana-

FIGURE 3-3. Greeting the client. The massage therapist greets Helen, aged 99, a regular client accustomed to receiving Comfort Touch while sitting in her recliner in a skilled nursing facility. The therapist establishes eye contact as she asks Helen what she needs from the session. The client has set aside her crocheting project while voicing her interest in receiving some pain relief for her hands.

tions of what you are doing. Many older people will reject an offer of "massage," but will be open to an offer of "comfort touch," or a "foot rub." There are still many who associate negative connotations with the word "massage."

Precautions in the Use of Touch

With proper training and supervision, Comfort Touch techniques can be used even with the most fragile or seriously ill patient. Using the principles described herein, the practitioner will find a way to touch the individual who is open to receiving the benefits of touch. The contact can be very simple. For example, it might involve holding the hand, or gently holding and encompassing the feet.

There are some conditions, however, where touch is *not* recommended for specific areas or parts of the body. Avoid touching:

- The site of tumors or lumps
- The site of a recent surgery
- **Deep vein thrombosis** (This is a blood clot that develops in a deep vein, usually in the leg. Because of the potential of DVTs to develop after surgery, it is advised to avoid massage below the waist, unless cleared by a physician.)
- Phlebitis (inflammation of a vein)
- Fractures
- Burns, rashes, undiagnosed or contagious skin problems, or areas of skin irritation
- Open sore or injuries
- Areas of infection or inflammation
- *Any* area that is painful to the touch
- Areas of acute pain, or pain of unknown origin

Use caution in working with people with the following conditions. In these situations, it is best to have further training and/or the guidance of a qualified health professional, who can assess the situation. The client is often able to tell you if touch is helpful. For example, for a client with arthritic hands, it may be helpful for the therapist to hold the hands, letting the warmth of contact bring relief, while avoiding pressure which could contribute to more pain.

- Arthritis
- Headaches
- Dizziness
- Nausea
- Fever
- Edema

The following are a few other important considerations requiring awareness and caution:

- **Be especially careful with massage of the neck.** Use particular caution when working on the neck, using only broad contact. Do *not* use specific pressure into the neck itself. The bony structures of the neck—the spinous and transverse processes—and the blood vessels are too vulnerable to warrant working into them without specific training. Most often, patients who report pain in the neck will find relief of that pain if the therapist uses Comfort Touch techniques (*broad encompassing contact pressure* and *contact circling*) on the trapezius muscles, with particular attention to the belly of the trapezius. Also, *contact pressure* and *contact circling* along the occipital ridge are safe and effective ways to alleviate neck pain.
- **Avoid the prone (face down) position.** Most often, massage of the elderly and the ill is performed in the supine (face up), side-lying, or seated positions. The prone position is difficult because of a client's a) lack of flexibility in the neck, b) impaired breathing, c) impaired circulation in the neck, and d) greater difficulty to communicate feedback to the therapist. (Even in healthy individuals, the use of the prone position on a massage table contributes to respiratory congestion and impaired breathing. The use of a face cradle often makes this condition worse.)
- **Respect a patient's wishes regarding touch.** If the client does not want to be touched in a particular place, respect that request. If the person's condition has markedly changed since your last visit, talk to the health care provider (physician, nurse, or nurse's aide) or family caregiver before proceeding with the massage. Sometimes the client will not want to be touched at all. At other times, the client will be grateful to be touched, if only to have a hand held, or to receive a simple foot massage.
- **Use caution in the use of scents.** Be aware of reasons to avoid the use of scents in both massage lotions and in aerial sprays. Many body care products contain chemicals that can cause irritation and/or allergic reactions. These may be synthetic chemicals or natural essential oils. Strong scents that are enjoyed by one person may be unpleasant to another, so avoid making assumptions. Remember that the techniques of Comfort Touch do not require the use of lotion or oil on the skin. For more information on this subject see Appendix B.

Creating a Safe and Healing Environment

Before beginning the hands-on part of a Comfort Touch massage session, it is important to assess the setting. Whether the session takes place in a medical or a

home-care setting, there are a number of factors to consider that will contribute to the experience of safety and the atmosphere of healing for the patient.

The Physical Setting

When entering the client's room, be attentive to factors involving the safety or comfort of the client:

- **Electrical and/or medical equipment.** Look around the room. Are there electrical cords in sight for lamps or medical equipment? Is there tubing for oxygen tanks, or tubing for other medical devices such as intravenous drips, catheters, or emergency buttons? Are there pads on the floor for safety? (In some skilled nursing facilities, the hospital beds are lowered to within a foot of floor level and foam pads are used beside the bed, in order to avoid the use of safety rails.)
- **The bed or chair for the client.** Comfort Touch is often given to the patient who is in her or his own bed, which may be a regular bed or a hospital bed. The client may also be in a recliner or a comfortable chair.
- **Massage tables.** For the safety and comfort of the client, it is generally advised *not* to use a massage table. Getting on a table can be difficult, even dangerous, to the medically fragile client, and the typical massage table is much too narrow and hard to be comfortable. Sometimes it is feasible for a client in initial sessions to get onto a massage table, only to find it increasingly difficult to negotiate as their illness or disability progresses. So it is best to avoid this potential association of massage with a table, as it creates another sense of loss for the individual as they lose mobility.
- **Other furniture.** The comfort of patients is paramount. As the therapist, you will learn how to adjust to their situation *without* compromising your own comfort. You might need to move small tables or other furniture to allow easier access to the client. It is advisable to use a small stool to allow you to sit close to the patient's bed or chair. A stool like the one pictured in Figure 3-4 is lightweight, stable, and easy to move around. It can fit in close quarters in a patient's home or in the medical setting. A footstool can also be utilized; it is helpful when sitting at the foot of the bed to massage the client's feet.

FIGURE 3-4. Lightweight, folding metal stool. An inexpensive but valuable tool, a small folding metal stool can be a great help to the Comfort Touch practitioner who works in homecare and medical settings. It can be purchased at hardware stores and home centers.

The Atmosphere and Intention of Healing

Before beginning the hands-on part of a session, be attentive to factors that contribute to a healing atmosphere. Respect the wishes of clients about their preferences. Here are some things to consider:

- **The temperature of the room.** Make thermostatic adjustments according to the patient's need. Add blankets to the bed if needed for warmth.
- **Air flow.** Notice if there is a comfortable degree of circulating air. Open or close windows and doors or adjust fans, as needed.
- **Lighting.** Indirect lighting is preferable to overhead lighting as it is more conducive to relaxation. Illumination should be adequate to ensure the physical and psychological safety of both the client and the therapist. Windows can provide pleasant, natural lighting, as well as a view to the outside world. Be aware, however, that patients with certain medical conditions may be extremely sensitive to light.
- **Music.** Some clients enjoy having music played during their Comfort Touch session. They may have their own audio equipment and CDs or audiocassettes, or you may provide them. Some clients who are used to playing the radio or television may wish to leave it on, or they may prefer to turn it off. Let this choice be the

prerogative of the client. For some the familiarity of sounds is comforting; for others, it is a distraction. Those with hearing impairment might even find the sound of music to be annoying.

- **Scent.** Notice the smells in the room. Does it smell clean? Your sense of smell can alert you to hygiene issues that need to be addressed. If you are working in a medical facility, you may need to check with staff to see that the patient's personal hygienic needs are addressed before beginning the massage.

  Use scents, in lotion or in the air, only with extreme caution, in order to avoid irritation to the client's skin, mucous membranes, eyes, or respiratory passages and lungs. Sometimes a simple scent, such as a few fresh flowers (eg, rose, carnation, stock, lavender) can add to the beauty and enjoyment of the setting. Notice the client's response to anything new that you introduce to the setting.
- **Candles.** Avoid the use of candles. They present an unnecessary safety hazard around medical equipment and normal household or bedside items. Many candles produce toxic fumes when burned.

During the Session

During a Comfort Touch session, there are a number of factors that complement the quality of the hands-on work. These include concerns about the appropriate positioning of the patient, body patterning for the therapist, ongoing communication, and other pertinent details regarding draping, use of lotions, and the length of the session. Remember that the Comfort Touch approach is *client-centered,* whereby the needs of the client are acknowledged and, whenever possible, should influence treatment and communication choices made by the therapist. For example, the client chooses the position for the massage session, and the therapist adapts to that choice. Likewise, conversation is focused primarily on the needs and interests of the client, not those of the therapist.

Positioning the Client

Comfort Touch can be offered to the client who is lying in a standard bed, or a hospital bed. The client might also be in a chair, wheelchair, or recliner. Each of these options presents particular advantages and

Hints for Practice

Establishing Rapport

In a typical massage practice the client comes into the therapist's office, who gets to know the person by asking questions of her or him in an intake interview. When working with the elderly and/or the chronically ill, there can be limitations to the client's ability to communicate, so the practitioner of Comfort Touch is often challenged to establish rapport in other ways.

One way to get to know clients is by observing their surroundings, whether they are in a private home or a room in a residential care facility, a hospice, or other medical setting. Notice photographs or greeting cards that are in the room that can tell you something about the person and her or his life. Your comment about a photo that you see can evoke a fond memory for the client about a special loved one, or a particularly happy time.

As you observe the photos, artworks or special objects in a client's room, you develop a greater appreciation for the wholeness of the person's life. Your words of interest or appreciation about what you see lets her or him know that you see the person beyond the frail individual she or he now appears to be. For example, when I commented to one elderly woman about a photo of a sailboat on her wall, she began to tell me about her deceased husband, and all the happy times they and their children had shared in that boat.

In one skilled nursing facility, I worked with an elderly man with Parkinson's disease. He had limited ability to speak, and seemed distant and uncommunicative. I noticed that he had a single framed photograph on the wall. It was of a young man hiking on a trail in steep mountainous terrain. When I asked if that was him in the photo, he smiled and nodded his head, indicating that it was. The photo helped me to see him as a whole person, one who carried that memory and experience of the wilderness into the present. As I shared my love of the mountains with him, he listened attentively, grateful to be seen and acknowledged.

challenges. The therapist must always be attentive to the safety and comfort of patients, and be flexible in adapting to their needs in order to provide the most effective work. Be sensitive to the varying degrees of mobility of the clients and allow them to move any part of their body to be most comfortable. Your attitude is important—you want them to feel encouraged about what they can do, not discouraged about their limitations.

The following are considerations for positioning the client for a massage session.

Hospital Bed—Supine Position

The hospital bed offers a number of advantages for both the client and the therapist. It allows for a number of adjustments that can be made for the client's comfort, as well as offering easy access for the practitioner. Hospital beds vary in the way they function, so it is always advisable to have a caregiver of the client or other staff member assist you in working with the bed. Most often the client will be in the supine position, that is, *face up* in the bed. Adjustments can be made to elevate the head and upper body of the patient, as well as to elevate the legs. The bed may also have height adjustments. Side rails can be lowered during a session. Foot boards can often be removed to allow for easier access to massage the feet. Figure 3-5 shows a patient receiving Comfort Touch in a hospital bed.

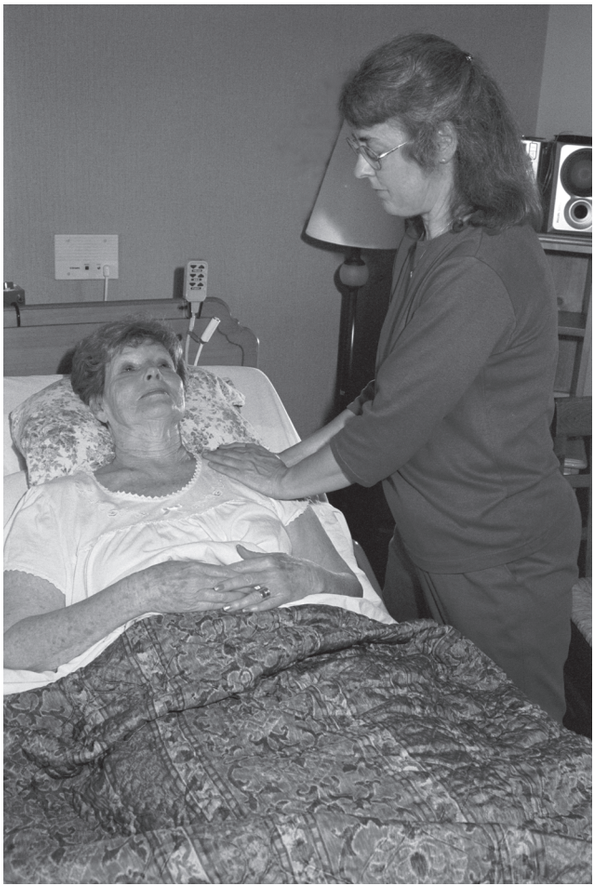

FIGURE 3-5. Client in hospital bed. The head of the bed has been elevated to accommodate the comfort of the client. Notice that the side rails have been lowered. If they are up before the Comfort Touch session, they must be returned to that position following the session.

Standard Bed—Supine Position

A standard bed can be adapted for the patient's comfort, as shown in Figure 3-6. For the client who benefits by having the head and upper body elevated (ie, someone with impaired breathing), two or three pillows can be used as props on the bed. When elevating the upper body, make sure that the head remains in correct alignment with the back. A small towel, such as the one shown in Figure 3-7 can be used to support the neck.

Pillows that are placed under the knees allow greater comfort for the client's back, prevent hyperextension of the knees, and contribute to relaxation of the legs. Small towels may be rolled and used under the client's ankles to make sure that the heel bones are not rubbing on the bed and causing pressure sores. Additionally, small towels or pillows can be used under the arms to provide support or comfort.

Hospital or Standard Bed—Side-Lying Position

The side-lying position is sometimes preferred, as it allows easy access to the back, and can be an especially comforting position for the client. Figure 3-8 illustrates this positioning. Make sure the bed is level before a client moves into this position. If they can move on their own, you can help provide support in positioning, but do not attempt to move the client by yourself. A pillow is placed under the head, ensuring that the head is in alignment with the back. A pillow is placed between the legs, to ease strain on the low back and hip. The client may hug a pillow for support. Sometimes a small towel is placed under the waist if support is needed there.

Variations on the Side-Lying Position

Variations to the basic side-lying position may be adopted, according to the needs and preferences of the client. The client may roll *forward* onto a soft pillow toward more of a prone position. Or she or he may roll *backward* onto a pillow toward a more supine position. The legs can both be bent at the knees, or one may be straight, the other bent. Any of these variations arise

FIGURE 3-6. Client in standard double bed. Notice the use of pillows (minimum 2–3) to elevate the upper body. A neck roll made of a small towel is optional and is used if the pillows available are not soft enough to comfortably support the curve of the client's neck. Pillows are used to elevate the knees. This relieves stress on the lower back, prevents hyperextension of the knees and helps to relax the legs. Another option is to use a small towel that can be rolled and placed under the ankles. This prevents the heels of the client from rubbing on the bed, causing discomfort or pressure sores.

from the client's own particular situation. Notice what seems natural and comfortable to clients, making suggestions to enhance their comfort. With this population, it is usual to only have patients lie on one side only—the side of their choice—rather than rolling from one side to the other.

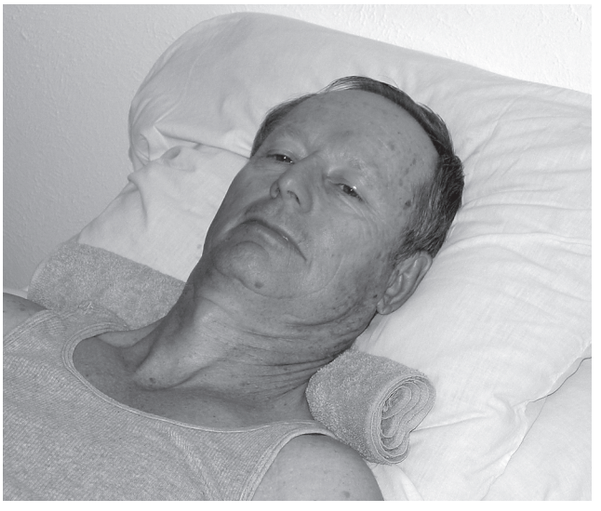

FIGURE 3-7. Neck support. A small towel can be rolled to support the neck. Check with the client for feedback and make sure it is not too thick.

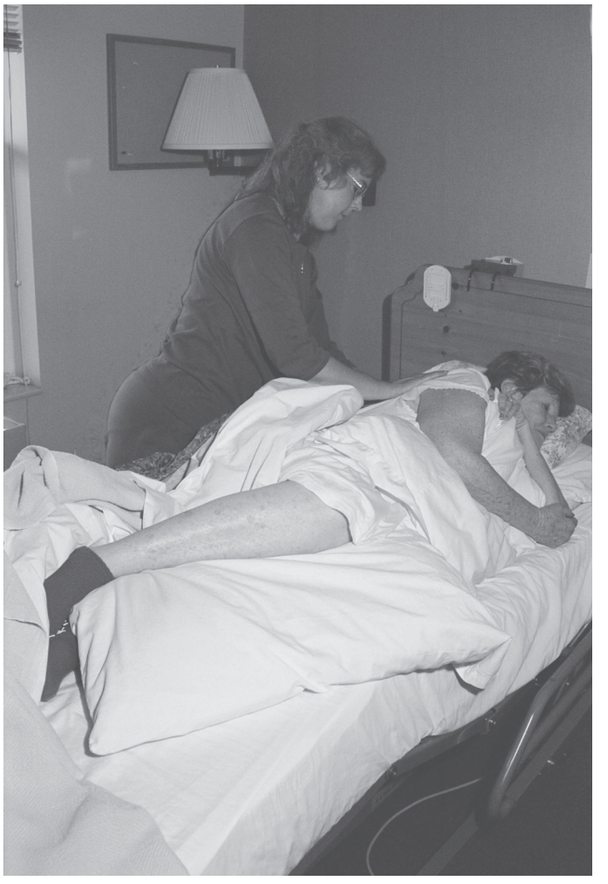

FIGURE 3-8. Side-lying position. Notice the placement of the pillows in the side-lying position. There is a pillow under the client's head, while another is placed between her legs to support the hips in a neutral position and provide cushioning between the bony surfaces of the knees and ankles. The client leans into or hugs a third pillow placed in the front of her chest.

Wheelchair

Use of the wheelchair for Comfort Touch offers a number of advantages. It allows the client to remain where they are during the day, without the logistical challenges of moving to a bed. The seated position allows him or her to breathe fully and deeply, as it opens up the respiratory passages. In the seated position the therapist is able to assess the posture of the client and facilitate a more erect and life-affirming posture. In the seated position, as shown in Figure 3-9, it is easy to work on the client's shoulders.

Always lock the brakes on the wheels of the chair when working, and make sure that the footrests are in a comfortable position for the client. With a client in the seated position, either in a wheelchair or a regular chair, place a towel over the back of a chair to support the client's upright posture. This also allows the therapist to

FIGURE 3-9. Seated position in a wheelchair. With the client seated in a wheelchair, it is easy to work on the shoulders, arms, and hands. A towel is placed over the back of the chair to give the client additional support and to facilitate a relaxed upright posture. Towels can also be placed on the armrests of the chair to pad the client's arms; or the armrests can be removed during a session, making it easier to access the arms and hands of the client.

use the back of the chair for leverage in applying pressure to the back, using various techniques of Comfort Touch, including *contact pressure,* along the erector spinae muscles on either side of the spine. In the seated position it is also easy to access the arms, hands, legs, and feet of the client.

Recliner

Many elderly people and those with limited mobility have reclining chairs that are comfortable to them. The use of these familiar chairs for Comfort Touch sessions offers all the advantages stated above for the seated position. Additionally, the clients have the extended back of the chair on which to rest their heads. The

FIGURE 3-10. Seated position in recliner. The therapist sits beside her client and is able to reach under the client's upper back and shoulder to exert pressure there, using the back of the recliner for leverage. She can also work on the arms and hands of the client.

woman in Figure 3-10 receives the benefits of Comfort Touch while sitting in her own recliner. The therapist is able to sit beside her and reach the client's upper back and shoulder. She can also work on the arms and hands of the client.

While sitting in a recliner, the client's legs can rest on the elevated leg lift, and the whole chair can be adjusted to accommodate the client in a supine position. Occasionally, an additional pillow or towel may be used to facilitate the greatest resting position for the client. The therapist in Figure 3-11 gives a comforting foot massage to the client in her recliner.

FIGURE 3-11. Foot massage in recliner. The therapist gives a comforting foot massage to the client in her recliner.

Massage Table

Generally, Comfort Touch is practiced with the patient using one of the above options for positioning, but there are times where the use of a massage table is appropriate. If so, be sure that the table is set to a low enough height that the client can get onto it without difficulty. If this is lower than the customary height at which you work on a table, you can use a stool and sit for more of the session. The recommendations for working supine on a bed apply, with ample use of pillows under the upper body and beneath the knees.

Remember that the elderly or those with various medical conditions may easily become dizzy or disoriented upon sitting up after lying supine. *Do not leave the elderly or fragile client alone to get on or off the table.* For liability reasons, some medical organizations (eg, hospice or home care) do not allow the use of massage tables for their patients. If a patient associates Comfort Touch of massage therapy only with the use of a massage table, they might think that they will not be able to receive this bodywork if they can't get on a table. Therefore, for the frail individual it is generally best to avoid using a massage table in favor of the other options discussed above in this section.

Body Patterning for the Practitioner

While it is important to ensure the safety and comfort of the client, the practitioner of Comfort Touch must also be attentive to one's own safety and comfort. The therapist needs to use good principles of biomechanics to be most effective in her or his work. Pay attention to your patterns of movement as you approach this work. Because working with the elderly and the ill requires adapting to the special needs of the client, it can take real flexibility and creativity to find comfortable ways of using your body as you touch the client.

Remember that it is *not* required to put yourself in an awkward or uncomfortable position to do this work. If you are uncomfortable, chances are that the client will sense your discomfort. Rather, you need to find different ways of using your body along with the use of helpful props, such as a stool or chair.

The following are some tips on body patterning.

Appropriate Clothing and Accessories

While clothing should be clean and professional-looking, it also needs to be comfortable, so that you can maneuver easily around the client and her or his chair or bed. Sometimes, you may need to sit on the bed or on the floor, so it is helpful to wear shoes that you can easily slip off. Before beginning a session, remove your wristwatch and jewelry from your hands and fingers. You may even want to change into clean socks, to ensure safety and proper hygiene for you and your client.

Spinal Alignment

Before you begin the hands-on work, be mindful of your own posture. Throughout the session, maintain awareness of proper spinal alignment. Balancing one major body mass over another, keep the head and shoulders upright and supported by your back, which in turn should rest on your pelvis, and your pelvis is on your legs. Don't strain forward with the head and neck or slump over the client's bed. Avoid bending and twisting your back.

Awareness of Breathing

Full, deep breathing helps you to be aware of your body, assisting you to sense instinctively how to move or position yourself in a healthy way. Full, relaxed breathing opens up your chest and abdomen, contributing to healthy spinal alignment. Ask yourself, "Am I comfortable? What could I do to get more comfortable?"

Get Close to the Client

Stand close to the client, or sit on a stool or chair placed close to the bed as you work, as shown in Figure 3-12. Avoid reaching too far out from your center of gravity, as your unsupported arms will tire quickly. Sometimes, you may sit on the bed itself, as illustrated in Figure 3-13. Before sitting on the bed, first check to make sure that it is okay with the client. If it does not seem appropriate to

FIGURE 3-12. Therapist sitting on stool. The therapist sits on the folding metal stool in order to get close to the patient's bed. From this position she is able to press into the palm of the patient's hand.

FIGURE 3-13. Massage therapist sits on bed. The therapist is sitting comfortably on the edge of the bed as she massages the patient's feet.

sit on the bed, simply work on the parts of the client's body that are most accessible. Or you may use the bed (or the wheelchair) to your advantage as you lean against it and let it support you. Be careful that you do not bump or jiggle the bed.

Move Slowly

Allow yourself time to move from one position to the next. It may take some time to ensure comfortable positioning of your client, as well as to figure out comfortable patterning for yourself. Moving slowly contributes to the atmosphere of safety and relaxation for the client.

Begin Where Access to the Client's Body Is the Easiest

Begin the hands-on session by working on the most accessible part of the client's body, usually the hands, the arms, or the feet. Approach the client from the side that is easiest to reach. This gives the client a chance to get familiar and comfortable with your touch. You can sit on a chair or stool to massage one hand, and then sit on the bed to massage the other hand. To work on the feet, sit at the foot of the bed, on a stool, or on the floor.

Face the Direction of your Work

If you are standing, face your client and step forward. One foot will be in front of the other in a relaxed and naturally aligned base of support. Movement educator Mary Ann Foster refers to this natural alignment of the body in performing massage as the "human stance."[1] From this stance, you can gently rock forward over your base of support, in the same way that you rock forward to take a step.

When you are sitting, lean forward from your base of support. Your hips and buttocks press into the seat of the stool and your feet press into the floor, as they would if you were standing. You can rock at the hips. Note that even as you are sitting, you will be most comfortable and effective if one foot is placed ahead of the other, rather than side to side. This patterning prevents strain to the low back.

If occasionally you are unable to face your hands and need to twist, make sure to lightly contract the deep lower abdominal muscles to stabilize your back and protect it from rotational injuries.

Press Through Your Feet As You Press Through Your Hands

When pressing into the client's body, also press into your own feet. This distributes the compressive forces through the core of your body, preventing strain and injury to the wrists and hands. Because this is a very cohesive and efficient way to use your body, it also gives an even, consistent, comforting pressure to the client. This awareness of your feet also keeps you grounded and focused, more fully aware of your own body, even as you pay attention to the needs of the client.

Keep the Wrists in a Neutral Position

Avoid sharp angles in the wrists and let your arms and hands extend naturally in from of you. You can imagine the energy of the earth coming up into your body from the soles of your feet, rising up through your torso, and radiating out through your hands.

Maintain a Natural Fluid Posture

Feel free to move your body as you work. Take advantage of the body's natural tendency to move in a subtle rocking motion which allows the body to continually rebalance itself around its vertical axis. By giving massage from a dynamic postural sway, both our movements and touch are more fluid and relaxed and our clients can feel the difference.[1]

The offering of Comfort Touch becomes a gentle dance as connection is made between the therapist and the client. Enjoy the subtlety of movement and easy exchange of energy. As you touch and press into each part of the client's body, feel the fullness of that part of the body as it returns into your hands.

Considerations Regarding Clothing and Draping

The techniques of Comfort Touch are based on the use of direct broad pressure and contact, so they do not require the use of lotions or oils on the skin. This sim-

plifies the issue of clothing and draping, which is customary when offering the gliding and kneading strokes of conventional Swedish massage. For a Comfort Touch session the client can be fully clothed or dressed to their level of comfort. This also simplifies the logistics before beginning a massage with someone who has limited mobility. For this work the client may be wearing pajamas, a nightgown, or other comfortable clothes.

Sheets and blankets are still used, however, to ensure warmth and comfort for the client. Some clients will prefer to wear less clothing, in which case the sheet is also used to ensure modesty, as in conventional massage.

Use of Lotions and Oils

Massage oil or lotion is not necessary for most of the Comfort Touch techniques. Besides being unnecessary, there are specific reasons to avoid the use of these lubricants on the skin:

- **Petroleum-based oils.** Skin products which have a petroleum base (mineral oil) clog pores of the skin. One function of the skin is to eliminate wastes from the body, so it is important to keep the skin clean and free of barriers to this elimination. Skin care products may also have ingredients that can cause allergic reactions.
- **Vegetable-based oils.** These oils have limited shelf life, so they can become rancid. They are also difficult for the elderly or bedridden client to wash off. Preservatives and essential oils which are added to them can cause allergic reactions. They also tend to stain bed linens.

There are times when the use of a lotion or oil is appropriate. In these cases you may use an unscented moisturizing lotion or something that is familiar to the client:

- **Moisturize the skin.** Lotion can be used to moisturize the client's skin. This works well if the session is scheduled after a patient's bath time. Or you might use lotion on the hands and feet of the client, especially if the skin is dry. Remember that most Comfort Touch techniques do not require the use of lotion, so be careful when using lotion that you do not fall into familiar habits of using deep gliding strokes of conventional massage, which can tear or bruise the tissues.
- **Preference of client.** Some people enjoy the pleasurable sensation of having a good quality lotion smoothed on their skin. For the patient who is mostly clothed, lotion applied only to the hands and feet can satisfy this preference.

Ultimately, remember that the quality of touch is more important than any lubricant used. Many massage therapists find that when they don't use oil or lotion, or use it sparingly, it forces them to slow down and really connect with the client.

Listening and Adjusting to the Client's Needs and Feedback

Communication during the session follows the tone and intention established before beginning the hands-on work. You will continue to ask for the client's feedback throughout the session. This is especially important on the first visit while you establish rapport and adjust to the needs of this individual. You may need to restate that "This should be comfortable. If anything I am doing is uncomfortable please let me know." *Do not assume that you know how the patient feels.*

Here is a tip to help you in getting honest feedback from your clients. Instead of asking an open-ended question such as, "Is this okay?" or "How does this feel?" ask "What do you prefer—this amount of pressure? or this amount of pressure?" The first questions usually elicit a response of "It's okay," or "fine," leaving you unsure if the individual really is satisfied. The question, "What do you prefer—this? or this?" gives clients permission to be more specific in their feedback. It gives them a choice and helps them to feel in control.

Experiment with different ways of asking for feedback, as many people are hesitant to sound critical. They may be used to receiving unpleasant medical treatments and need assurance that this touch is meant to feel pleasurable, and that they are in control of what feels right for them.

Comfort Touch involves the knowledge and practice of a range of skills, guided by specific principles. It is also an art that makes use of the practitioner's intelligence, intuition, and creativity in adapting to an individual's needs. Remember that intuition involves full use of your senses, as you make decisions and adjustments based on the messages coming via those senses. Nonverbal communication is as important as verbal communication. Notice other ways in which people convey pleasure or displeasure with your touch. Use all your senses as you pay attention to the following clues:

- **What do you *see?*** Does the client grimace, or furrow her or his brows, or look away?
- **What do you *feel?*** Does the client flinch or tense up as you apply too much pressure? Do you feel her or him pull away?
- **What do you *hear?*** Does the client's breath change? Does she or he make sighs or moans indicating satisfaction, or other sounds indicating displeasure?

Whether through touch, words, or intention, effective communication involves a genuine desire to connect with the other person. Touch itself is a form of communication and affords a special opportunity to convey caring and compassion. As one elderly woman stated while receiving Comfort Touch, "This feels like communication."

Length of Session

All of the time you spend with a client is important. Maintain a respectful attitude when you are setting up before the massage, as well as after the session. The hands-on part of the session may be 30 to 50 minutes long, depending on the condition of the client and the feedback you receive. *Never work more than 1 hour.* Working too long can be too stimulating, or even tiring for the client. Initially you may want to work a shorter time, especially if the client has never had massage before. This will give you the chance to assess the person's response to your touch in the following hours and days.

If your time is limited, even 10 to 15 minutes can be beneficial. If you are the primary caregiver, or a nurse or nurse's aid, know that just a few minutes of comforting touch during the course of your other work can truly make a difference in the client's day.

STORY

Make Someone Happy

"Hello, Gracie. My name is Mary Rose. I am the massage therapist here," I said, introducing myself to the 93-year-old woman as she sat on the couch in the hospice care center where she was a patient. Sitting down beside her, I looked in her bright blue eyes, and took her hand in mine, as I said, "Would you be interested in receiving some Comfort Touch?"

Without objecting to the fact that I was holding her hand and gently touching her shoulder, she said, "Well, no. I don't believe in that stuff. I come from a medical family. My father was a doctor and we just don't go for that sort of thing." Still she seemed comfortable with my touch and leaned ever so slightly closer to me as I gently squeezed her shoulder, arm, and hand.

She continued to talk, chatting easily and commenting about the good care she was receiving in the care center. I held her hand for another moment between my hands and said, "Well, okay, Gracie, I'll be on my way now. You take care." She was smiling as I left the room.

A week later, I visited Gracie, introducing myself again. This time I had a student massage therapist with me whom I also introduced to her. Gracie said to me, "You look familiar. Don't I know you?" As I answered that I was the massage therapist, I took her left hand in mine. She said, "Oh my—your hands are so warm!" I affirmed that her hand did feel a little cold. So I continued to massage her hand, and then proceeded to using encompassing touch on her shoulder and arm.

"My other hand is cold, too," she said, as she offered me her right hand. So I repeated the Comfort Touch sequence on that side, as well. Taking my cue, the student spoke, "Gracie, would you like some Comfort Touch on your feet?" "Oh yes, they might be cold too." I continued to sit there as the student sat down on the floor and used encompassing contact pressure on her feet and lower legs.

"That feels good. I wonder what else on my body needs warming up!" Gracie exclaimed with delight. We both touched her a few more moments; then I said, "Gracie, we have to go now. Thank you for letting us spend this time with you."

She said. "Okay. You go and make someone else happy now."

After the Session

After the hands-on part of the session, you will want to pay attention to issues of closure and communication, safety concerns, and follow-up documentation.

Closure

Verbal communication and closure are very important aspects of the Comfort Touch session. While the words spoken can be simple, they do convey your caring and professionalism. For people coping with the challenges of age, infirmity, and terminal illness, simple kindness means a great deal. Offering massage within the hospice context particularly teaches you the importance of closure. For example, you learn that the time you have with clients may be your last. Your words of "goodbye" may be the last words they hear from you. The smile or look of contentment you see on their faces as you depart may be the last expression you see of them.

Close the hands-on part of the session in a gentle but deliberate manner that lets the client know that you are finished. You may hold your hands still for a few moments in the last position you touch. Then lift your hands a few inches away from the client's body, and hold for a few more moments before bringing your hands completely away. This allows a transition

for the client from experiencing being touched to feeling the wholeness of her or his own body again.

This closing sequence can be accompanied by a few simple words that seem natural and appropriate. Examples include: "That's all for today." "Is there anything else you need before I go?" Or simply, "Thank you."

Safety

Before you leave, check with clients to see if they need anything rearranged to ensure their continued comfort and safety. You may need to adjust the pillows or linens on the bed. If you have elevated the height of a hospital bed, *be sure to lower it back to its previous lower level.* Return safety railings to their upright positions. Rearrange any furniture you may have moved, and take care that any medical equipment is safely in place and operating correctly. In some settings, there are foam pads that are placed on the floor beside the patient's bed for safety. Be sure they are in the proper place.

After the hands-on session, you will also want to thoroughly wash your hands and forearms again, using warm soapy water. Not only is this important from the standpoint of hygiene, but washing in warm water helps to relax your hands and arms, and gives you the opportunity to let go of the mental and emotional focus you held during the session.

Before leaving, check with the patients and/or their caregivers to make sure everything is okay. For example, you might check the room temperature again, or adjust a window opening or covering. Offer water to clients, and make sure they have personal items they need within easy reach, such as eyeglasses, a water glass, or tissues.

Communication and Documentation

Following the session, you will need to take a few minutes to write up your notes on the session. If you are in a facility, simply go to another room or waiting area to fill out your notes. If you have just visited a client at home, you can go sit in your car to document the session while it is still fresh in your mind. Use the CARE Note format detailed in Chapter 7. This system, compatible with the nursing documentation used in medical facilities, is easy to learn and use. Very simply, it asks the therapist to record the client's *condition* (C), the *action* taken (A), the client's *response* to the work (R), and her or his *evaluation* of the client's further needs for massage (E).

The first part of the CARE Note chart—the patient's condition—is a summary of the information you included in your intake form, with specific reference to her or his present condition. The action taken refers to the actual hands-on work you performed. The client's response refers to any noticeable reactions or physiological responses to the work you did. The evaluation of the session is a place for you to record information that can help you in the next session in meeting the client's needs. It may also include any recommendation or information that may assist other caregivers of the patient.

Specific forms, like the sample in Chapter 7, can be used, or your charting can be written in narrative format within the nursing chart of the patient. This will depend on the policies and procedures of the setting within which you are working.

Proper documentation is important for the safety and well-being of the client. In a medical setting it allows communication between various caregivers of the patient. When visiting a patient in hospice or home care, you may be required to leave a phone message for the nursing case manager after each session. If there is information affecting the safety of the client, don't hesitate to call the patient's caregiver and share your observations with someone in charge. For example, report any bleeding, sudden changes in heart or respiratory rate, agitation, or complaints of pain by the patient. Sometimes the massage therapist is in a position to notice pressure sores, rashes, or bruises that may have been overlooked by others. If it is a serious situation, do not leave the patient until you know the issue has been addressed.

Remember the importance of confidentiality. Only authorized members of the patient's health care team should read the patient's chart. Do not share details of the patient's physical and mental condition, personal life, and family circumstance outside of the patient's authorized care team. CARE Notes need to be kept in a safe place out of view of all others. Follow your organization's rules about turning in notes to supervisors and/or disposing of outdated notes. Remember that a good therapeutic relationship is based on trust. The privacy of the patient and her or his family must be respected at all times.

Personal Growth and Change

Practicing massage with the elderly and the ill is a learning process. Over time you will hone your technical skills and become more comfortable with communication skills. It can be valuable to also keep a personal journal to record your thoughts, feelings, and questions. Different from a medical chart, this can be a place to focus on what you are learning and discovering as you do this work.

Practicing Comfort Touch, you have the opportunity to grow in compassion as an individual, meeting the challenges presented by association with those in need of your services. You have the opportunity to make a difference in the life of someone challenged by age, illness, injury, or loss. Your attitude, intention, and the skills you bring as you approach each session will be returned with gratitude as you make each person "feel like the most important person in the world."

Summary

- The roles and responsibilities of the Comfort Touch practitioners include adherence to the appropriate scope of practice of their profession; observance of specific protocols for hygiene; communication with clients and staff; and creation of a safe and healing environment.
- The Comfort Touch practitioner gathers pertinent information about the client prior to a session either directly from the client or indirectly through the client's caregivers. This includes the individual's contact information, a summary of her or his medical history and current health concerns, and a statement of their needs for Comfort Touch.
- While Comfort Touch techniques can be used even with the frailest client, there are precautions in the use of touch. For example, it is advised not to touch specific areas of tumors, sites of recent surgeries, inflammation, rashes, etc.
- The practitioner of Comfort Touch must be attentive to factors involving the safety or comfort of the client, paying attention to medical equipment, the positioning of the bed, temperature, lighting, etc.
- Comfort Touch is practiced with clients who may be in a standard bed, a hospital bed, a wheelchair, or a recliner. The supine, seated, and side-lying positions are used, according to the needs and preferences of the client. The prone position is avoided with this population.
- The practitioners of Comfort Touch must be attentive to their own safety and comfort, following the principles of biomechanics to be most effective in their work. This involves a number of factors including, but not limited to, awareness of spinal alignment, breathing, fluid movement, and body patterning in relation to the client.
- The practice of Comfort Touch is client-centered; therefore, the practitioner needs to be able to adjust to the client's needs and feedback, responding to verbal and non-verbal cues.
- Communication and documentation of a Comfort Touch session involves use of the CARE Note system of documentation. The therapist records the client's *condition* (C), the *action* taken (A), the client's *response* to the work (R), and *evaluation* of the client's further needs for massage (E).

Review Questions

1. Define *scope of practice*. What practices are included in a massage therapist's scope of practice? What practices are not?
2. What are the basic rules of hygiene for a massage therapist? What is the purpose of observing Universal Precautions?
3. Why is it important to observe rules of confidentiality?
4. Explain the concept of grounding.
5. What are the three primary components of a medical intake form?
6. List three tips for communicating effectively with the elderly and/or individual.
7. List five precautions in the use of touch.
8. Before beginning a Comfort Touch session, what are three of the factors that you need to address in order to create a safe and healing environment?
9. What is an advantage of the supine position for performing Comfort Touch? What is an advantage the seated position?
10. Explain three of the components of body patterning when practicing Comfort Touch. What do you anticipate to be your greatest challenges in doing this work?
11. Explain how you might evoke feedback from a Comfort Touch client? How do you respond to verbal and nonverbal feedback?
12. What are some important safety concerns to address after finishing the hands-on portion of a Comfort Touch session?
13. Why is it important to document the Comfort Touch session?

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