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The Principles of Comfort Touch: SCRIBE

OVERVIEW OF THE SIX GUIDING PRINCIPLES OF COMFORT TOUCH: SCRIBE

SIX PRINCIPLES OF COMFORT TOUCH AND HOW THEY RELATE TO TECHNIQUE

Slow
Comforting
Respectful
Into Center
Broad
Encompassing

The river is flowing down to the sea
O mother comfort me; your child I'll always be
O mother carry me down to the sea.
—From a song by Diana Hildebrand-Hull

Working with the elderly or with people who are critically ill requires special sensitivity to their physical and emotional needs. On the one hand, Comfort Touch is very simple and instinctual—as natural as a mother's touch to comfort a child who is ill or has been injured. It arises from the basic human need to show care and concern for another human being who longs for connection. Yet many people lack the knowledge or confidence to offer touch that is safe, appropriate, and effective. Even the most experienced massage therapist or health professional can feel unsure about how to touch the medically fragile individual.

The style of massage known as Comfort Touch evolved out of the need to provide the benefits of

touch to people whose physical conditions require an alternative to commonly practiced methods of massage. Techniques of conventional Swedish massage—effleurage, petrissage, vibration, friction, and tapotement—can be damaging to the fragile tissues of people of advanced age or infirmity. Most massage therapists learn the contraindications to the techniques they are taught for people with specific condition, but they do not learn how they *can* touch those people who are frail, elderly, or affected by chronic illness.

This chapter provides basic information to help the caregiver safely offer touch to those in need. It provides the following information:

- The six guiding principles of Comfort Touch.
- The relationship of these principles to the specific techniques of Comfort Touch.
- Exercises to assist practitioners of Comfort Touch to develop their awareness and understanding of these principles.



Overview of the Six Guiding Principles of Comfort Touch: SCRIBE

By following the guiding principles of Comfort Touch, the individual practitioner can apply the specific techniques of this style of bodywork with an understanding of their intention and purpose. There are six principles that form the foundation upon which to approach a session with a client. The word SCRIBE is used as a way to remember these principles.

The following words *describe* the general principles of Comfort Touch. Comfort Touch is:

- **SLOW.** The rhythm is slow, which creates a restful atmosphere. Pay attention to your own breath; let it be full and deep. Working at a slow pace allows you the opportunity to carefully assess in the moment what is safe and appropriate for the client, as well as to take care of your own body.
- **COMFORTING.** The intention is to offer comfort. Make the person comfortable and offer a soothing, comforting touch. Do not try to cure or fix the person. The word “comfort” literally means “with strength.” To give comfort one must come from a place of inner personal strength and share that strength and support with the person who needs it.
- **RESPECTFUL.** Always maintain a respectful attitude toward your client, appreciating the vulnerability one may feel when being touched. A respectful attitude is compassionate and non-judgmental, and contributes to a safe and healing atmosphere. Be sensitive in every moment to the verbal and nonverbal feedback of the client.
- **INTO CENTER.** The direction of pressure in Comfort Touch is *in* to the center of the particular part of the body you are touching. Pressure is applied perpendicularly to the surface of the skin and layers of body tissues, thereby preventing tearing of the skin or bruising of the tissues. The focus of intention is *into* the core or central axis of the part of the body being touched. This specific direction of pressure and focusing inward of intention allows for a penetrating touch, even with light to moderate pressure. Both the giver and receiver of touch can experience a profound sense of connection.
- **BROAD.** In general, all strokes are applied with a broad, even pressure. This contributes to a feeling of soothing comfort and connection. While the pressure may be firm, the broadness of contact prevents the likelihood of injury or

discomfort. Let the entire surface of your hand make uniform contact with the part of the client’s body you are touching. Imagine that your hand is melting into the person’s body.

- **ENCOMPASSING.** Let your touch surround the part of the person’s body you are contacting. Be aware of the relationship between your two hands and the energetic field that exists between them. Hold the person in this space. Encompassing touch contributes to a feeling of wholeness, of being cared for, and being acknowledged as a worthwhile human being.

The principles of Comfort Touch also become a guide in your life as you let the meaning of each word influence your actions and attitudes throughout the day. These words can guide you to live a more meaningful life, mindful in each moment of the healing affect you exert on the world around you.



Six Principles of Comfort Touch and How They Relate to Technique

Let us explore these principles in greater depth and look at the rationales for their use. We will also see how they relate to the specific application of technique. Following the descriptions of each principle are experiential exercises designed to help the practitioner develop an understanding of the principle.

Slow

The first principle of Comfort Touch is *slow*. This principle is an important one to follow, because it contributes to the relaxing quality of the session and helps to establish an atmosphere of safety and trust. This refers to the rhythm and pace of the contact, but it also refers to the internal rhythm and quality of presence of the therapist.

Relaxing Quality of the Session

The techniques of Comfort Touch are practiced slowly, in a relaxed manner. In other styles of massage, by contrast, some techniques are done briskly. For example, some of the strokes of Swedish massage (petrissage, tapotement, vibration) can be performed quickly, with the intention of stimulating circulation or manipulating muscle tissues. But in this work, where the previously mentioned strokes are contraindicated, something else is required. The slowness of pace is calming and sedating to the client, and helps promote deep relaxation and relief from pain.

Safety and Trust

The slow pace of the work establishes an atmosphere of safety and trust. The therapist takes the time to tune into and carefully assess the needs of the client. The client does not feel overwhelmed or surprised with an unexpected touch. The slow pace at which the techniques are performed allows ample time for clear communication between the therapist and the client.

Rhythm of the Contact

While Comfort Touch is performed slowly, it is not static. There is a rhythm to this work. Think of the analogy of music. Generally, music that is played at a slower rhythm is more relaxing to the listener. When performing the specific techniques of *contact pressure* or *encompassing* (see Chapter 5), for example, each placement of the hands will be held for about 1 ½ seconds before moving on to the next placement. This slow, consistent pace imparts a trance-like quality, which is very sedating to the nervous system. While it has consistency, it also has variety. Like a well-crafted piece of music, there are moments of quicker tempo; for example, while gently pressing the palms of the hands or the fingers. There are also times to simply hold for several seconds; for example, while encompassing a joint like the shoulder or the knee.

The general rhythm established in this work is calming and comforting because of its sedating effect on the nervous system. This in turn affects the endocrine system, stimulating hormones which affect body chemistry and feelings of well-being. Studies have also been done that indicate that oxytocin is produced in the body in response to slow rhythmic touch.¹ Oxytocin is a hormone produced throughout the body but primarily in the pituitary gland, which, among other functions (eg, uterine contractions during childbirth), is associated with the phenomenon of bonding and feelings of connection.

Internal Rhythm of the Therapist

The living human body contains within it many rhythms operating throughout its various systems. These include the circulation of blood and lymph; the rhythm of the cerebrospinal fluid; the rates of digestion, metabolism, and respiration; the impulses of the nervous system; and the secretions from organs and glands. These separate yet interdependent internal rhythms operate without our conscious awareness, whether we are awake or asleep. However, we can also have an effect on these processes when we bring awareness to our breathing.

We can speed up or slow down our respiratory rate simply by bringing attention to it. When giving

massage it can be very helpful to be conscious of the breath, inhaling and exhaling fully and deeply. This helps facilitate a sense of connection and relaxation within your own body, which in turn can be sensed by the client.

Exercise

CONSCIOUS BREATHING

Before beginning a session with a client, it is useful to take a few moments to become conscious of your own breathing. Conscious breathing is a way of *letting go* of your own physical discomforts or mental distractions and it is a way of *taking in* the life force necessary to nourish your body and enhance your sense of well-being.

To become aware of your breath:

1. Place your right hand on your abdomen, just below the navel, and let your belly expand as you inhale to allow for a deep and full breath.
2. Let the abdomen flatten as you relax and exhale.
3. Place your left hand on your upper chest over the sternum. Feel your ribcage expand and contract as you inhale and exhale.
4. Repeat several times.

You can practice this exercise anywhere, any time of the day. Even a breath or two taken consciously can shift your awareness and allow a change of perspective.

Exercise

CONNECT WITH A PARTNER'S BREATH

Practice this exercise with a partner, as you will be able to use it later when you work with a client. Have your partner sit in a straight-backed chair. You can place a folded towel behind her or his upper back to ensure that the back is in a straight posture.

1. Stand behind the person and place your hands on her or his shoulders. The palms should rest lightly on the thickest part of the trapezius muscle directly down below the ears.
2. Maintain this contact, noticing the movement in the body created by the person's inhalations and exhalations. Imagine that you are listening to the breath with the palms of your hands, lightening your contact with the inhalation and adding some pressure with the exhalation. (If you have difficulty feeling the movement created by your partner's breath, make sure that you are breathing fully yourself. Inevitably, this will allow you to feel the person's breath. It is *not* necessary to ask the person to take a breath.) Maintain this

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connection through 3–4 cycles of the breath. The person being touched will realize, albeit subconsciously, that you are listening and paying attention to her or him in a profound way.

3. Bring your hands away from the person's shoulders, holding them about an inch away from the body. Hold this position through another cycle of her or his breathing, again noticing the movement in the body.
4. Bring your hands away and down to the side of your body.

This exercise provides an easy way to help someone to relax very quickly. It helps both the giver and receiver of touch breathe more efficiently, without the necessity of speaking or trying to manipulate the breath. It is a good way to begin a session of Comfort Touch with a client who is in the seated position, as seen in Figure 4-1.

Comforting

The second principle of Comfort Touch is *comforting*. It is the intention of this work to offer physical and emotional support through the use of proper positioning, appropriate techniques, and skillful communication. It is not the intention to try to fix, change, or cure the



FIGURE 4-1. Connect with the client's breath. The therapist places her hands on the shoulders of the client. Having tuned into her own breath, she is able to tune into the breath of the client, feeling the subtle movement of her inhalations and exhalations. This allows the client to feel a sense of trust and connection with the therapist.

individual. Healing and change may occur, but that is secondary to the purpose of being present with the individual in the moment.

Definition of Comfort

The word *comfort* is derived from the Latin prefix *com*, meaning “with,” and *fortis*, meaning “strong.” Etymologically, the word *comfort* means to “make someone stronger,” and its original English usage meant “to encourage or support.” Through our touch we offer encouragement, helping people feel stronger in their ability to cope with the physical, mental, and emotional challenges they face.

Intention to Comfort

The intention of Comfort Touch is to offer comfort to enhance the quality of life for those in physical and/or emotional pain, discomfort, or distress. This idea is consistent with the universal and ancient traditions of healing by which the caregiver offers nurturing to the one in need. It is *not* necessary to try to fix or change the person. To give comfort one must come from a place of inner personal strength and share that strength and support with the person who needs it. The caregiver is *with* the client, supporting them where they are, physically and emotionally. The way in which touch is offered is assuring to the client, and provides a calming cloak of comfort. The client who is suffering with stress and discomfort can experience this influence as a welcome and soothing balm for her or his pain. Comfort *is* the antidote to discomfort.

The intention to comfort is also consistent with the basic premises of **palliative** medicine, which emphasizes the alleviation of symptoms without curing the underlying cause. In this growing medical specialty, health care providers—including physicians and nursing staff—strive to alleviate the severity of symptoms, thereby helping to improve the overall quality of life for people suffering with injury or illness. While this discipline grew out of the hospice movement and its work with the terminally ill, it has now expanded to include patients with serious chronic medical conditions, and can be seen as part of an integrated approach to medical care.² The practitioner of Comfort Touch can be seen as a complementary part of the health care team in the practice of palliative medicine.

Occasionally, otherwise well-meaning therapists or caregivers have the misguided notion that they are present to effect a cure for the one who is seriously ill, or—in the extreme—that they are sent on a mission “to assist the patient to die.” In other words, they have an agenda. This is *not* the purpose of Comfort Touch. It is truly humbling to do this work—to be with people in what is

often their most vulnerable time of life. But we cannot presume to know the outcome of someone's illness.

We are truly most helpful when we let go of our own agendas and offer support to people as they are. And yes, as we offer the gift of touch without concern for results, things can and do change. But it is not up to us to become attached to how that change should look. Often the greatest healing comes when we let go of concepts about outcomes, and enjoy the interaction and experience in the present moment.

Make the Client Comfortable

Position the client to optimize her or his comfort. In working with those who are elderly or medically fragile, it is the job of the therapist to adapt to the clients' situations and ensure that they are in the most comfortable positions possible. Whether they are in a wheelchair, hospital bed, recliner, or regular bed at home, the therapist learns to figure out how to make them most comfortable. It is *not* necessary, or even desirable, to transfer the client to a massage table to offer Comfort Touch effectively. Make generous use of pillows and/or towels to help support the individual (Figure 4-2).

The Therapist Should Be Comfortable

When practicing Comfort Touch it is important that the therapist also be comfortable. The individual receiving touch will feel it—whether consciously or unconsciously—if the therapist is uncomfortable or in a compromising position. The therapist must use good body patterning, and can often benefit by using small stools and/or chairs to get into a comfortable position.



FIGURE 4-2. Position the client comfortably. The caregiver adjusts the position of the bed and the pillows and bedding before beginning the Comfort Touch session.

Comfort and Communication

The client will be comforted as you follow the guidelines offered through these principles and use the specific techniques of Comfort Touch. But your care and concern are also conveyed through the words you speak and the tone of voice you use. One client put it this way: "It's always so comforting to hear your voice." You can speak your intention to the client by saying, "I'm here to offer comfort. Let me know how I can help you."

Use words that acknowledge the experience of the client. "Yes, I understand that you are in pain." "Let me know what is helpful to you." To comfort also means to acknowledge the individual's inner strengths and resources. Speak in a manner that is uplifting. Just as the touch itself offers a pleasurable alternative to discomfort, so can your words. Sometimes it can be helpful to speak of something that is pleasant or meaningful to the individual. For example, it can be cheering to mention the beauty of a flower or some object in the room, or a blue sky that can be seen from the window. You might comment on a photo the client has in the room of a loved one.

Exercise

AWARENESS OF COMFORT

You may have a friend read this exercise to you, taking ample time after each question. Or you may do it by yourself, reading each question one at a time, tuning in for the answer to each question, and then writing it down.

1. Sit comfortably on a chair or lie on a mat on the floor, letting your body rest into your chosen position. Let your breath be full and deep.
2. Picture yourself as a child and remember a time that you were hurt or ill, and someone came to comfort you. What did you feel?
3. How did this person comfort you? Did she or he touch you? Did she or he speak? Did she or he offer something to you (eg, food, warmth)?
4. What happened after you were comforted? Did anything change? What was most helpful? What would have made it a better experience? For what were you most grateful?
5. Now remember a time when you were hurt—physically or emotionally—and no one was there to comfort you. What did you feel? What did you want or need?
6. Picture that situation now and imagine that someone comes to comfort you. Let yourself be comforted. Who comes? How does she or he comfort you? Does she or he touch you? Does she or he speak? Does she or he give you anything?

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7. What happened after you were comforted? Did anything change? What was most helpful? What would make it a better experience? For what are you most grateful?

Take note of your experiences with this exercise. What does it tell you about how you like to be comforted? Do you want to be touched? If so, how do you want to be touched? Do you want to be spoken to? Do you resist being comforted? You can repeat this exercise, tuning into any part of your life, whether it be a physical or emotional trauma or discomfort. How do you comfort yourself?

Exercise

GETTING COMFORTABLE

Practice this exercise with a partner. You will need a flat surface—a bed, massage table, or mat on the floor. You will also need a variety of pillows, towels, and a blanket.

1. Have your partner lie down on her back. Notice if she appears to be comfortable to you. Ask her if she is comfortable, and let your partner make any necessary adjustments in positioning.
2. Next, offer her the option of having a pillow under her knees. Ask “Is this more comfortable or less comfortable?”
3. Try several other options: a pillow under the head; a rolled up hand towel under the head; pillows or towels under the arms; a blanket for added warmth; the repositioning of the legs or arms; dimming the lights; playing or adjusting the volume of music. With each option, ask, “Is this more comfortable or less comfortable?”

Often people will say they are comfortable, but when given more options, they discover something that is *more* comfortable for them. This is especially true of someone who is suffering from illness or is bedridden. For example, people who have difficulty breathing may be much more comfortable if their heads and backs are elevated in an incline using two or three pillows. Repeat the previous exercise with your partner in the side-lying position.

Exercise

INTENTION OF COMFORT

This exercise is practiced with three people. One person, “A,” sits in a chair or lies down. The other two people will be touching “A.” Out of earshot of

the “A,” they will agree to play one of two roles: “B” will touch the person with the intention of fixing her problem or curing the symptom. “C” will touch the person with the intention to offer comfort. Do not convey this to “A,” but take turns touching this client staying with your agreed upon intention.

1. Before you touch “A,” ask if there is anything bothering her that may need attention. Does she have a particular area of pain or discomfort?
2. Taking her words into consideration, proceed to touch her while staying with your agreed upon intention. “B” or “C” will work for several minutes, followed by the other. You may repeat.
3. Have “A” report on the experience. What did “A” notice as “B” worked on her? What did “A” notice when “C” worked on her?

You can all take turns playing the roles of “A,” “B,” or “C.” Talk about your experiences. What did you learn? Did you have a preference? Might the intention of “B” or “C” be appropriate in different contexts or at different times?

You can do this exercise using the techniques of Comfort Touch or any other technique, with the intention being the variable.

Respectful

The third principle of Comfort Touch is *respectful*, which characterizes the attitude one maintains when offering touch. An attitude of respect allows the client to feel honored, and acknowledges the uniqueness and wholeness of the person. Your manner should be nonjudgmental and compassionate, contributing to a safe and healing atmosphere for the client.

Definition of Respect

The word *respect* is derived from the Latin prefix *re* meaning “again” and *spec*, meaning “look.” Therefore, the word *respect* literally means “to look again.” When we have a respectful attitude toward someone, we are free to “look again” in each moment as we interact with the person and not be limited by our first impressions. A respectful attitude conveys politeness, honor, and esteem.

Respect and Honor

When we touch another person, we are not merely touching a body; we are touching the person’s mental and emotional reality as well. The experiences of a

Hints for Practice

Empathy

An important aspect of practicing Comfort Touch is attention to the positioning of the client, to ensure that he or she is in the most comfortable position possible. The options presented in Chapter 3 show you different ways of working with the client (eg, in the seated, supine, or side-lying positions), making the client more comfortable with the use of pillows and towels. But how do you know what is the best option for the client, or what options you might suggest to the client?

Here is what I do. I look at the client who is sitting in a wheelchair or recliner and ask myself, "Would I be comfortable sitting like that?" I imagine my body sitting in the same position as the client. For example, I notice that if my back were in that position, it would exaggerate the curvature of my thoracic spine, causing pain, and wonder to myself, "What could I do to alleviate that?" Upon reflection, I decide that a soft pillow or towel behind the back might help to support it to have better alignment, thereby easing the discomfort. So I try that with the client,

and ask, "Is this more comfortable or less comfortable?" and listen to the answer.

With a client who is lying supine, I notice the alignment of the spine. I imagine myself in that position, and ask myself, "Would my neck be comfortable or feel supported in that position?" or "How could I breathe in this position, if I had limitations to my breathing?" I can try placing a different pillow under the head and neck, or placing a small rolled up hand towel under the neck. Again, I ask the client, "Is this more comfortable or less comfortable?" and listen to the answer. I might notice the position of the client's legs, and ask "How would my knees or lower back feel in this position?" You can offer to place a pillow under the knees to flex the client's knee and hip joints, alleviating strain in the client's low back. Again, ask the client for feedback.

This process involves (1) observing the client, (2) imagining how it would feel in your own body, and (3) suggesting ways to make adjustments. It is a useful way to build empathy with the client. With practice, you will notice that you feel better in your own body as soon as you make adjustments for the client.

lifetime are recorded in the nervous system of the body. We contact that reservoir of sensation when we connect through touch, acknowledging the wholeness of one's being. One woman spoke these words after receiving Comfort Touch: "During that hour I felt like I was the most important person in the world." What a gift it is to let her know that she is important and deserving of respect and honor.

Healing is the process of creating and acknowledging the experience of wholeness. As practitioners of Comfort Touch it is not our intention to effect a cure with our clients; rather, we are involved in a process that respects the totality of the individual being. A healthy individual is not necessarily someone who is free of disease, but rather someone who knows she or he is whole, no matter what her or his immediate physical, mental, and emotional circumstances may be.

Nonjudgmental Attitude

We do not comfort people by judging them. A respectful attitude involves accepting people as they are, without criticizing them or blaming them for their circumstances. For example, if you touch someone who is ill, and you are thinking or saying, "What did you do

to create this situation for yourself?" you are blaming that individual for having the illness or injury. If the client internalizes that question, they might think, "What *did* I do? There must be something wrong or bad about me." The thoughts and questions may not even be conscious, but they may evoke uncomfortable feelings in the individual.

Here is another example: You begin to massage a person's shoulder and comment "Wow, you are really tight here! You need to let me work this out." You may be well-intentioned, but you might also be conveying the message, "You are not okay the way you are. I need to fix you." The client may even agree with you, but you have not empowered them. You are not comforting them. You may be reinforcing her or his self-judgment.

However, it is natural to notice what you will, and let your attention—and the client's—focus on the body part being touched. Rather than tell the person what you notice, you could ask, "What do *you* notice here?" It is okay to ask clients about their experience and solicit their feedback to your touch. This allows them to remain in control of their own experience. As your contact embraces the muscle, let it soften or release if it is ready.

Remember that the meaning of respect is "to look again." You may see the individual and form an opinion

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or judgment about them. In itself, that is not a problem. Most of us have the habit of forming judgments, but it is presumptuous to tell another person what she or he are experiencing. The important practice is simply to notice the judgment and release it. Look again.

A respectful, nonjudgmental attitude also contributes to a more satisfying experience for the therapist. Freed of the need to judge, analyze, or fix the client, therapists can focus their attention on being fully present with the client, allowing the power of touch to comfort in the moment, as illustrated in Figure 4-3.

A Place of Refuge

Your respectful attitude establishes an atmosphere of trust and creates a place of safety and refuge for the client. It is important to appreciate the vulnerability the individual may feel about being touched. Touch can evoke feelings of pleasure or pain. Touch can evoke memories, fears, longings, and/or curiosity. Pay attention to anything that might arise in the client's experience. Listen to what the client tells you, both verbally and nonverbally. Be sensitive to her or his feedback to your touch.

Exercise

LETTING GO

This is a practice to help you learn to feel at ease with the world around you. By practicing letting go of judgments and attachments, you become less controlled by them.

1. Sit comfortably and close your eyes. Begin to notice your breathing.



FIGURE 4-3. A respectful attitude. The therapist holds a respectful attitude toward her client, allowing the power of touch to comfort in the moment.

2. Do not try to change your breathing or do anything in particular. Simply continue to breathe, letting go of each exhalation. As you notice other bodily sensations or feelings, observe them and let them go, as if you were watching clouds pass by (Figure 4-4).
3. As thoughts come into awareness, observe them and let them go. Do not try to push them away; simply let them go.
4. If judgments come into awareness, observe them and let them go. You may notice judgments of yourself or judgments of others. Do not fight the thoughts that come; simply notice them and let them go.

Do this exercise for 10 minutes a day for 1 week and notice how it affects your life. You can also apply this awareness to your everyday life. For example, notice when a judgment comes into your mind during the day. See if you can let go of it. You may need to acknowledge the thought and dialogue with it for a while before letting it go.

It is helpful to cultivate a sense of humor. Do not take your thoughts too seriously. Remember the bumper sticker that says, "Don't believe everything you think."

Exercise

ENVISIONING A REFUGE

Practice this exercise with a partner, who will guide you through the visualization. Then trade places as you guide your partner. Afterwards, you can talk about your experiences. After your initial experi-



FIGURE 4-4. Letting go. Observe your thoughts and feelings, letting them go as if they are clouds in the sky.

ence, you can practice this exercise by yourself, imagining yourself in a safe and healing environment.

1. Sit comfortably and close your eyes. Let your breath be full and deep. Continue to notice your breath until you feel an easy, steady, effortless breath.
2. Picture in your mind's eye a place you would enjoy visiting. It can be somewhere that is familiar to you, or you can imagine a scene that is comforting and restful to you. Where is it? What does it look like? Is it outside in nature, or is it inside a building? What else do you notice about this place? Light? Colors? Objects? Smells? Temperature? People?
3. See yourself in this place of refuge. How does it affect you? How does your body feel as you let yourself be present in this scene for a few moments?
4. After a few minutes of visualizing and feeling yourself in this place, let the image dissolve. Return to the awareness of your body and your breath. Slowly open your eyes.

How do you feel when you bring your attention to your actual surroundings? Can you maintain the feeling that the place of refuge provided for you? When practicing Comfort Touch with a client, you can imagine that you are both in a place of refuge.

Into Center

The fourth principle of Comfort Touch is *into center*. This describes the direction of pressure the therapist applies relative to the surface of the body of the client. This awareness is key to the specific techniques of Comfort Touch. It describes a safe way to touch the person, as well as an effective way to bring the benefits of touch to those in need. The specific direction of pressure and focusing inward of intention allows for a penetrating touch, even with light to moderate pressure. Both the giver and receiver of touch experience a profoundly deep sense of connection.

Angle and Direction of Pressure

The direction of pressure in Comfort Touch is *in* to the center of the particular part of the body you are touching. Pressure is applied perpendicularly to the surface of the skin, thereby preventing tearing of the skin or bruising of the tissues. The focus of intention is into the central axis of the part of the body being touched. Apply firm, broad, even pressure to the area at a 90-degree angle from the surface of the skin. Slowly and deliberately, direct the pressure through the lay-

ers of body tissues into the center of the part of the body you are touching. Let the pressure of your contact *sink* into the center. Do not push. As you work slowly, you will tune into the client's body, feeling how much it will let you in. The arrows in Figure 4-5 indicate the angle and direction of pressure when touching the arm.

The phrase "into center" does *not* mean you are directing pressure toward the heart. This distinguishes it from some conventional massage strokes. If you are applying pressure correctly, there is no friction or pulling on the skin. This is one reason that lotions or oils are not required for this work. It is easy to tell if your angle of pressure is correct when you work through a client's clothing; if it is, you will not be wrinkling the fabric or pushing it in one direction or the other.

It is easy to picture the central axis of the arms and the legs, along with the fingers and toes. The anatomical center is the long bone around which the other layers form. When working on the head, the center is always

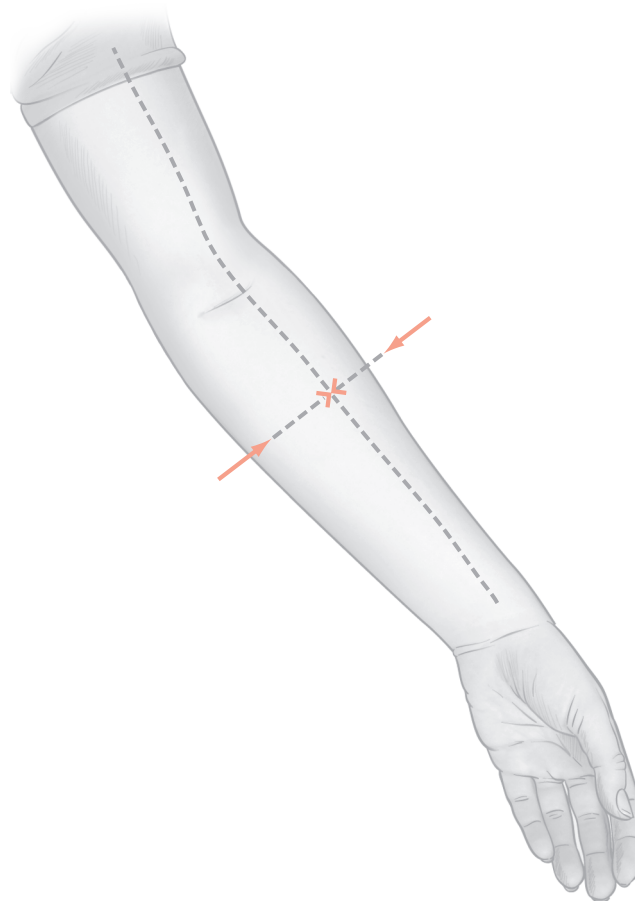


FIGURE 4-5. Into center of the arm. In the practice of Comfort Touch pressure is applied perpendicularly to the surface of the skin, and *in* to the central axis of the body part being touched.

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somewhere near the center of the skull. It may be a little more confusing to think *into center* when touching the muscles of the shoulders or back. The arrow in Figure 4-6 indicates the direction of pressure into the belly of the upper trapezius muscle. Notice that the point of contact is still perpendicular to the skin and the direction of pressure goes through the layers of tissue toward the central axis of the body. The key thing to remember when applying pressure to the back is that your contact is perpendicular (90 degrees) to the surface of the skin, not pulling the skin at all. For example, as you press along the erector spinae muscles lateral to the spine, let your touch sink into and through the mass of those muscles.

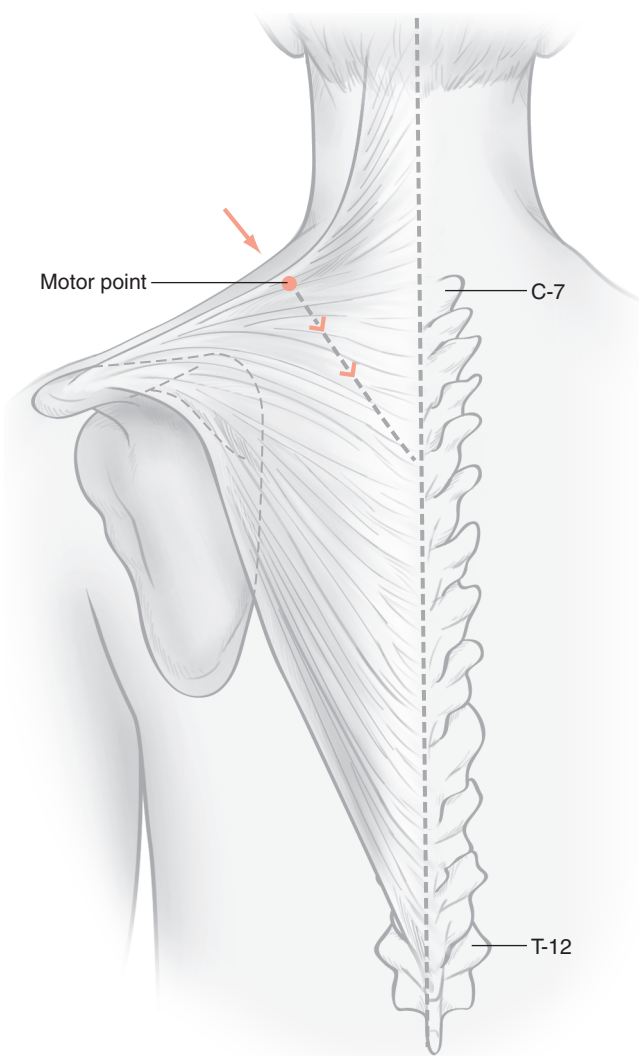


FIGURE 4-6. Into the motor point of the trapezius muscle.

This diagram shows the motor point in the belly of the upper trapezius muscle at the top of the shoulder. Access to the point is located below the ear and slightly posterior to the midline of the top of the shoulder. Pressure should be applied perpendicularly to the skin, and directed in to the central axis of the body.

Breaking Habits

If you are used to performing massage strokes which involve gliding, pushing, rubbing, or kneading, you will need to be especially careful to break the habit of doing them when offering Comfort Touch. With most common massage techniques, such as those just mentioned, it is easy to *see* what you are doing. With Comfort Touch techniques, applying pressure “into center,” it is not so obvious to see what you are doing. You must be especially sensitive and pay attention in the moment. It is also important to receive this work by trading with a practice partner, so that you can learn and experience in your own body the practical application of this principle.

Benefits of Direct Pressure

The type of touch characterized in this principle of “into center” has specific benefits for the client:

- **Safety.** Because you are not creating friction on the skin, and because you are using a broad contact, there is minimal opportunity to tear the skin or underlying fragile tissues.
- **Sedating effect.** This work is sedating to the nervous system, because the focus and intention of the contact goes deep into the center of the part of the body being touched, calming the nervous system. In contrast, touch which only stays on the surface or rubs the surface is stimulating to the peripheral nerves, which can be irritating, ticklish, or even painful.
- **Respect for the integrity of the body.** When following this principle, you are respecting the integrity of the layers of body tissues. Start by contacting the surface of the skin. Next, allow your touch to affect the deeper layers of the skin. Continuing, let your touch sink into the superficial fascia (adipose layer), the deep fascia, the muscle layers, and, ultimately, the bone. This direct compression acknowledges the integrity of the layers, rather than separating or manipulating them, thereby contributing to a feeling of wholeness. See Figure 1-6.
- **Circulation.** Whereas the primary function of Comfort Touch is not to increase circulation of blood and lymph, it does, however, stimulate the flow of these fluids because of the alternating pressure and release. It does this at the same time as it is sedating the nervous system.
- **Perception of wholeness and connection.** Your touch conveys radiant warmth, felt by the client as you connect into her or his center. One individual described this as “a full and warm spaciousness . . . with much substance.” It helps the client feel grounded and connected to one’s core of being.

ExerciseGOING INTO THE CENTER
THROUGH THE LAYERS

Before beginning this exercise, you may wish to review the anatomy of the part of the body you are touching (for example, the muscles of the upper leg, the quadriceps). In order to visualize tissue layers review Figure 1-6.

1. Sit comfortably in a chair. You may close your eyes. Place the palm of one of your hands on the surface of your thigh. Slowly begin to visualize the layers of this part of your thigh.
2. Notice the contact of your hand on the skin. Picture the deeper layers of the skin.
3. Continuing to hold the palm of your hand on the surface, let your hand sink into the next layer. Picture the superficial fascia (adipose layer) beneath the skin.
4. Let your pressure increase slightly as you picture the deep fascia, which surrounds the muscles.
 - a. Continue with more pressure as you picture the layers of muscle, the quadriceps.
 - b. Maintain a constant pressure as you picture the femur bone.
5. Release and repeat on another part of your body.

Notice as you do this exercise that your attention becomes focused as you allow time to sink through each layer of the body. You can also do this exercise without exerting pressure. Simply place your hand on the surface of the skin and imagine the layers, one by one.

Practice this exercise with a partner. Have one person lie down on a massage table. The partner then touches a part of the body (ie, the upper leg or arm) while visualizing the layers of body tissues. After taking turns, discuss your experience.

Exercise

GIVING/RECEIVING PRESSURE INTO CENTER

Practice this exercise with a partner. Let your partner sit in a chair.

1. Place a chair beside your partner and sit so that you are facing each other.
2. With your thumbs parallel and pointing upward, wrap your hands around your partner's upper arm.
3. Apply a broad, even pressure directly into the central axis of the arm, in toward the bone. (You can think of this as the even pressure that is

applied with a blood pressure cuff.) Hold for a few seconds.

4. Let your partner give you feedback. Was the pressure even? Was it into the center?

Practice on other parts of the body, for example, the shoulders, the arms or the back. It is very important to practice this exercise with a partner, not only to practice *giving* pressure into the center, but also to experience how it feels to *receive* pressure into the center. Only when you comprehend the quality of touch that underlies this principle in your own body will you be able to fully convey that quality of touch to your clients.

Broad

The fifth principle of Comfort Touch is *broad*. In general, strokes of Comfort Touch are applied with a broad, even pressure. This contributes to a feeling of soothing comfort and connection. While the pressure may be firm, the broadness of contact prevents the likelihood of injury or discomfort. Let the entire surface of your hand make uniformly even contact with the part of the client's body you are touching. Imagine that your hand is melting into the person's body.

Broad, Full Hand Contact

In doing this work your hands are very relaxed, with minimal tension held in the ends of the fingers or thumbs. Your primary points of contact with the client's body are through the palms of your hands, with the digits gently wrapping or resting on the body. This approach conveys feelings of warmth and safety. As you touch different parts of the body, adjust your contact so that it is as broad as possible. The contact is not pushy, but it is deliberate and firm, thereby never pinching, poking, or tickling. Figure 4-7 demonstrates the use of broad, full hand contact on the back of the client.

Palms of the Hands

The palms of the hands, as well as the fingertips, contain specialized sense organs called tactile corpuscles, which are especially sensitive to pressure (see Figure 1-3). By bringing awareness to your palms as you touch the client, it is easy to sense and gauge the amount of pressure appropriate for that individual. You can "listen" with the palms of your hands as you exert pressure into the center of the part of the body you are touching.

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FIGURE 4-7. Broad full hand contact. The therapist applies broad, even pressure to the back of the client.

Exercise

FINGERTIP TOUCH VS BROAD TOUCH

Practice this exercise with a partner. Let your partner sit in a chair. Do this exercise in silence.

1. The partner who is sitting can close her or his eyes.
2. In succession touch five different parts of your partner's body lightly with your fingertips. For example, the top of the head, the right cheek, the left shoulder, a forearm, and a knee.
3. In succession touch five different parts of your partner's body lightly with the palm of your hand.
4. Repeat the first two steps, but touching with a firmer, deeper pressure.

Let the partner who is sitting give feedback on this experience. How did it feel to be touched lightly with the fingertips or lightly with the palm of the hand? How did it feel to be touched with a deeper fingertip pressure or a deeper pressure with the palm of the hand?

Trade roles and repeat the exercise.

Notice the quality of touch with the various types of contact. What is most relaxing or soothing? Think about how this might relate to the overall experience of being touched in a Comfort Touch session.

(Note: The exercise on *Shaping* in the next section also demonstrates the principle of "Broad.")

Encompassing

The sixth principle of Comfort Touch is *encompassing*. Let your touch surround the part of the body you are touching. Be aware of the space between your two hands. Hold the person in that space. While this principle

describes techniques, it also describes an attitude. Encompassing touch contributes to a feeling of wholeness and connection. The giver of Comfort Touch holds a nurturing presence, which allows the client to feel cared for and acknowledged as a worthwhile human being.

Shaping

As you touch your client with both hands, let your hands conform to the shape of the part of the body you are touching. For example, as you hold the person's hand between your own, let your hands wrap around that hand, molding to its shape. Likewise, as you hold the person's arm, your hands wrap around the arm, applying an even, broad pressure as they conform to the shape of the arm, as shown in Figure 4-8.



FIGURE 4-8. Encompassing the arm. The therapist's hands encompass and conform to the shape of the client's arm as they apply broad, even pressure. Notice that the thumbs are parallel. This ensures that the palms of the hands and the broader surfaces of the thumbs, rather than the thumbtips, exert an even pressure around the client's arm.

When touching a large area, such as the back, let your touch acknowledge the shapes and contours of the body. When touching a limb or a toe, encompass and enfold that part of the body. One client described it this way: “It is like receiving a hug to every part of the body.” Encompassing touch conveys a feeling of acknowledgment, safety, and support.

Space and Substance Between Your Hands

The principle of encompassing describes a way of contacting the surface of the body you are touching with your hands. It also gives a way to think about the space *between* your hands and the substance you are holding in that space. For example, as your hands encompass a person’s head, be aware of all that is contained between your hands. Think not only about the physical structures involved, but the tremendous life force contained and circulating within the body you are touching. See Figure 4-9.

Exercise

SHAPING

1. Sit quietly for a few moments with your eyes closed.
2. Take one hand and hold it with the other hand. Let your holding hand form around the one being



FIGURE 4-9. Encompassing the head. As the therapist encompasses the client’s head, he or she is aware of all that is contained between the space of his or her hands.

held. Let it become the shape of the one it is holding. Release.

3. Touch another part of your body, “shaping” to that form. Release.
4. Maintaining a soft focus with your eyes, get up and walk around the room, touching various objects; for example, the door handle, a cup, a pencil, a book. If it is a small object, you can use one hand to conform to its shape. If it is a larger object it may require both hands to encompass it.
5. Notice the texture of the objects you touch, and how you adjust your contact to respect the material substance of the object. For example, you might grip a ceramic bowl firmly in both hands to hold it. In contrast, as you hold a flower in your hand, you would need to hold it carefully to avoid crushing it, as shown in Figure 4-10.

Exercise

SHAPING WITH A PARTNER

1. Sit quietly with your eyes closed.
2. Have your partner hand you various objects, one at a time; for example, a rock, scissors, paper, a bowl, a feather.
3. Let both of your hands encompass each object, shaping your hand to the object. Maintain as broad a contact as possible.



FIGURE 4-10. Shaping. Let your contact conform to the shape of the object you hold. As you encompass an object as delicate as this rose, you must be careful to avoid crushing it.

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Remember this exercise when you are touching a client, letting your touch conform to the shape of the part of the body you are touching.

Exercise

SPACE BETWEEN THE HANDS

1. Sit in a chair with your feet flat on the floor. Let your breath be full and deep.
2. Hold your hands out in front of you, fingertips up and palms facing each other, a few inches apart. The hands should not be rigid.
3. Bring your hands as close together as you can without actually letting them touch. Be aware of the space between the fingertips and the palms of your opposing hands.
4. Let your hands move apart a few inches. Then bring them back together again, as close as possible without touching.
5. Continue this exercise, letting the hands move apart and together. Let them get close, then move apart to varying distances. Notice what you feel. Continue to breathe throughout.

What do you notice? Heat? Pressure? Other sensations? Nothing? There is no right or wrong way to do this exercise, and different people may experience different sensations when practicing it. Try it on different days, and see if you have a different experience each time. Notice how sensations may vary with the hands at varying distances apart.

Some people experience the space between their hands as a magnetic field with sensations of pressure or resistance. Indeed, the human body is surrounded and infused by electromagnetic fields. This exercise can bring your attention to this phenomenon. Others may attribute the sensations simply to the warmth of the hands themselves, and the ability to sense the conduction of heat.

When applying this awareness to the techniques of Comfort Touch, it is useful to realize that the space between your hands is important relative to touch. As you focus your attention on the space between your hands, you intensify the experience of the field between them. When you touch someone with your hands, you are allowing them to rest in the space, warmth, and energy between your hands.

STORY



Michael

This story is told by Irene Smith, a massage therapist who has worked with the elderly and the ill since the early 1980s in the San Francisco area:

Michael was a man in his 30s and was the first person with AIDS to be cared for by our hospice. I met Michael in July of 1982. No one knew much about the disease back then. Everyone was very frightened. He had a strong support system, including his parents, who left their home and came to San Francisco to care for him.

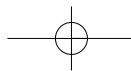
I visited Michael three times a week as his massage volunteer. He loved having his legs and feet massaged because they were so painful. Michael's father, Mike Sr., would sometimes stand in the doorway and watch as if he were touching his son through me. Michael was 6 ft, 2 in and had weighed 260 lbs. He was now 120 lbs. It was very hard for Mike Sr. to be present. His grief was overwhelming.

One day Mike Sr. stood at the door for a very long time and then asked me if he could join me. Michael was pleased and we invited Mike Sr. to pull up a chair by the side of the bed. I was deeply moved as father and son used humor to fill the intimate space of the first touch. The moment eased and Mike Sr. mirrored my movements. Sitting on opposite sides of the bed, we gently massaged Michael's feet. I was honored to be a channel for this level of permission, intimacy, healing, and courage.



Summary

- There are six principles that guide the practice of Comfort Touch. These principles inform the rhythm, intention, attitude, and techniques of this modality of bodywork.
- The word SCRIBE is used as a way to organize and remember these principles, which are *slow*, *comforting*, *respectful*, *into center*, *broad*, and *encompassing*.
- The rhythm of Comfort Touch is *slow*. Working at a slow pace creates a restful atmosphere for both the giver and receiver of touch.
- The intention of Comfort Touch is *comforting*. Emphasis is placed on making the person comfortable and using techniques that are comforting to the per-



son. The practitioner is not concerned about fixing, curing, or changing the person.

- The practitioner of Comfort Touch maintains a *respectful* attitude toward the client. A respectful attitude is compassionate and nonjudgmental, and contributes to a safe and healing atmosphere.
- The direction of pressure in Comfort Touch is *into* the *center* of the part of the body being touched. Pressure is applied perpendicularly to the surface of the skin and layers of body tissues, thereby preventing tearing of the skin or bruising of the tissues. This specific direction of pressure and focusing *into center* allows for a penetrating touch that is calming and sedating to the nervous system of the client.
- In general, strokes are applied with a *broad, even* pressure, with emphasis on contacting the client with full contact of the palmar surfaces of the hands. This contributes to a feeling of soothing comfort and connection.
- Techniques of Comfort Touch provide *encompassing* contact to the part of the client's body being touched. Encompassing touch contributes to a feeling of wholeness and safety.
- The principles of Comfort Touch also become a guide in your life as you let the meaning of each word influence your actions and attitudes throughout the day. These words can guide you to live a more meaningful life, mindful in each moment of the healing affect you exert on the world around you.



Review Questions

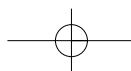
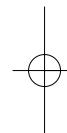
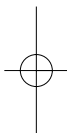
1. What are the six principles of Comfort Touch?
2. Which principle describes the rhythm of Comfort Touch?
3. Describe the primary intention of Comfort Touch.
4. Why is a nonjudgmental attitude important to the practice of Comfort Touch?
5. What characterizes the direction of pressure in Comfort Touch?
6. How is pressure applied in Comfort Touch? Explain the function of the tactile corpuscles in the palms of the hands.
7. How does the principle of *encompassing* relate to both technique and attitude when practicing Comfort Touch?

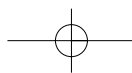
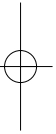
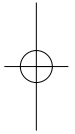
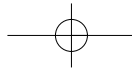
References

1. Angier N. *Woman: An Intimate Geography*. New York: Houghton Mifflin; 1999.
2. Pan CX. Palliative Medicine. *ACP Medicine Online*. <http://www.acpmedicine.com/LandingPages/med0009.htm>. Accessed August 12, 2008.

Suggested Reading

- Rose M. *Comfort Touch—Massage for the Elderly and the Ill* [videotape and video guide]. Boulder, CO: Wild Rose; 2004.
- Smith I. *Providing Massage in Hospice Care: An Everflowing Resource*. San Francisco, CA: Everflowing; 2007.





5

Techniques of Comfort Touch

OVERVIEW OF THE TECHNIQUES OF COMFORT TOUCH

Awareness of Anatomy
Awareness of Breath and Grounding

BASIC TECHNIQUES OF COMFORT TOUCH

Encompassing
Broad Contact Pressure
Specific Contact Pressure
Broad Contact Circling
Specific Contact Circling

ADDITIONAL TECHNIQUES OF COMFORT TOUCH

Encompassing Lift and Squeeze
Encompassing Joint or Limb Movement

Broad Contact Brushing
Holding—Contact and Non-contact
Water Stroke
Moisturizing the Skin

THE SEQUENCES OF A COMFORT TOUCH SESSION

Seated Position
Supine Position
Side-Lying Position

INCORPORATING OTHER MODALITIES OF BODYWORK

Asian Bodywork
Integrative Massage
Body Energy Therapies

Become the practitioner you would want to go to if you were sick.

—J. R. Worsley

Learning the techniques of Comfort Touch follows naturally upon familiarizing yourself with the principles that provide the foundation for this modality (SCRIBE). These techniques do not require the use of lotion, so they can be practiced on the individual who is fully clothed, or dressed according to her or his own comfort. After initial intake with the client, you will begin the session by making her or him comfortable in the position that is most appropriate, making use of pillows for support where necessary.



Overview of the Techniques of Comfort Touch

The techniques of Comfort Touch follow the guiding principles described in Chapter 4. After *slowing* down to connect with the client, the practitioner holds the intention to offer *comfort*, with an attitude that is *respectful* of the person being touched. The direction of pressure is *into the center* of the part of the body being touched, with *broad, encompassing* contact. The exercises from the previous chapter are useful in the exploration of the meaning of these principles.

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While there is an apparent simplicity to this work, the practitioner of Comfort Touch will discover deeper layers of intricacy as the techniques are applied to each individual. It is important that the techniques of Comfort Touch be practiced accurately for greatest effectiveness. Comfort Touch is *not* a light form of conventional Swedish massage. It does *not* use effleurage, petrissage, or kneading where these strokes can damage the tissue of the person whose body is compromised by age or ill health. More importantly, Comfort Touch acts on the nervous system in such a way that it causes deep relaxation by calming and sedating it, which also accounts for its effectiveness in relieving pain. There are many specific techniques that can be used in this work, depending upon the condition of the client and the training and skill level of the practitioner.

Awareness of Anatomy

The study of anatomy enhances the quality of Comfort Touch by helping the therapist to visualize and appreciate what is happening beneath one's touch. It is important to have good instruction in skeletal and myofascial anatomy, as well as recognition of the placement and function of internal organs. It is also helpful to learn about the layers of skin and the superficial fascia (adipose layer), as they contain a richness of blood vessels, nerve endings, and glands. Therapists who are knowledgeable in anatomy convey a sense of competence and inspire confidence in the people they touch.¹⁻⁴

Awareness of Breath and Grounding

It is important to maintain an awareness of your breath as you practice Comfort Touch. Your breathing should be easy and natural throughout the session. The effectiveness of the techniques is enhanced by the conscious use of your breath. When holding a general area or a specific point longer than the usual 1½ seconds used when following a sequence, coordinate the hold with your breath. The pressure might then be held throughout the cycle of one or two of your respirations.

During a session, it is *not* necessary to request that the client breathe deliberately. For example, saying to the client, "Take a deep breath" can actually be counterproductive, as it interferes with the client's relaxation. It can be confusing, or feel like an imposition to the client. The experienced therapist will notice that by breathing fully and deeply oneself, the client will naturally follow.

At all times maintain your sense of grounding, the feeling of connection to the earth. Be aware of the placement of your feet. As you apply pressure with your hands on the client, also be aware of, and/or apply pressure downward with the soles of your feet.

By doing so, you maintain coherence throughout your nervous system, which greatly enhances the effectiveness of your work. The client also will feel your touch more deeply, and benefit by the feeling of your connection to the earth.

Basic Techniques of Comfort Touch

The following techniques can all be practiced by applying varying degrees of pressure on the client. It should feel firm, but never forced, "pokey," or too deep. For general or broad contact, begin with 2 pounds of pressure, gradually increasing the pressure up to 4 or 5 pounds, depending on the condition and preferences of the client. When working on large areas of the body, such as the arms, legs, or back, determine the general level of pressure appropriate to the person, and apply that pressure consistently to the area. For example, for a frail, elderly client, you might apply pressure in the range of 2–4 pounds. For a younger person, or one with more muscle tone, you might apply pressure closer to the range of 5–7 pounds. The client's feedback will be your guide throughout the session.

For more specific strokes the pressure may be only 1 to 3 pounds, causing only slight indentation to the skin. You can use a small, flat kitchen scale that measures in pounds and ounces to get a sense of the appropriate amount of pressure, as illustrated in Figure 5-1. The broader the contact, the greater the amount of pressure that can be exerted.

When beginning to use any of these techniques with clients, ask for their feedback on the amount of pressure, and monitor their verbal and nonverbal feedback throughout. In working with young, healthy indi-

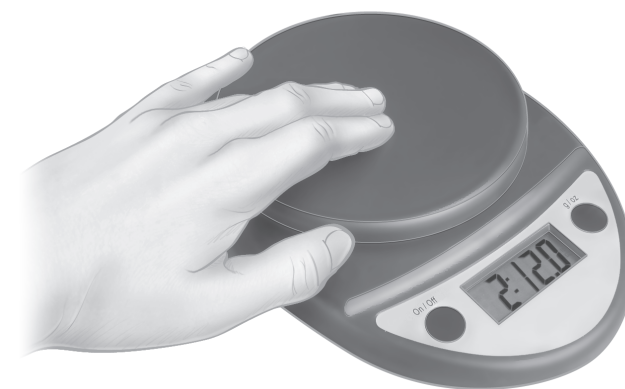
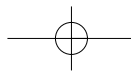


FIGURE 5-1. Measuring pressure with kitchen scale. Use of a kitchen scale can help you learn to gauge your pressure in applying Comfort Touch techniques. The broader the contact, the greater the amount of pressure that can be exerted.



viduals you may use more pressure, according to the client's needs and preferences. It is important that your pressure be consistent. As the client becomes familiar with your touch, she or he can relax. Consistency of contact throughout a session contributes to the experience of comfort and safety for the client.

Following the description of each technique there will be an example of how it is used and applied in a Comfort Touch session.

Encompassing

This technique is especially suitable for the limbs. Hold the body part (arm, hand, leg, or foot) between your hands. Let your thumbs be parallel to each other, to avoid poking pressure with the tips of the thumbs. As you begin with this technique, you can picture your hands with the thumbs parallel so that the fingers spread out to form the image of a butterfly as in Figure 5-2.

The "wings" of the butterfly wrap around the part of the body you are touching. Use the full surfaces of your hands to contact and encompass that body part. Pressure is firm and evenly distributed as shown in Figure 5-3. It is important that the palms of your hands contact the client's body. Your thumb tips and fingertips will be relaxed, not poking into the client.

Example: The client may be either seated in a chair or lying in a bed. To work on the arm, begin by encompassing the upper arm, gently pressing into the center of the arm with both hands as in Figure 5-3. Continue to move down the length of the arm, releasing pressure between each placement of your hands. Maintain



FIGURE 5-2. Encompassing butterfly. When encompassing the arm or leg, let your thumbs be parallel, letting your outstretched fingers form the shape of a butterfly. The "wings" of the butterfly wrap around the part of the body you are touching.



FIGURE 5-3. Encompassing the arm. Use the full surfaces of your hands to contact and encompass the arm with firm, even pressure.

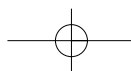
a steady and easy rhythm of contact as you sequence down the arm. Each placement of your hands lasts about 1½ to 2 seconds. Encompass the whole surface of the hand, including the thumb and fingers.

Broad Contact Pressure

This technique is used to apply compression to one area of the body or series of points. It is appropriate for the large areas of the back, parallel and lateral to the spine. Pressure can be applied with the whole hand, the palm or heel of the hand, or the base of the thumb. The amount of force exerted ranges from 3 to 6 pounds of pressure. For this technique the client may be seated in a regular chair or a wheelchair. Another option is to have the client sit on the edge of the bed, as you sit beside her or him to apply contact pressure.

Example: With the client seated in a regular chair or wheelchair, stand at her or his left side with your left hand gently holding the left shoulder. Place the heel of your right hand at the top of the erector spinae muscles to the right of the spinal column, as shown in Figure 5-4.

Press into the body, at a 90° angle to the surface of the skin. Hold the pressure for 2 to 3 seconds. Release, and continue to move down the length of the erector spinae muscles, through the mid-back as shown in



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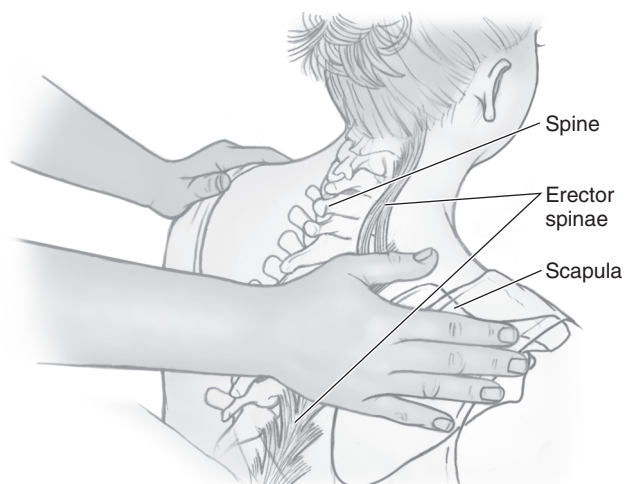


FIGURE 5-4. Broad contact pressure on upper back. Apply pressure with the heel of the hand into the erector spinae muscles which are lateral to the spine and medial to the scapula. Press into the body, at a 90° angle, and hold for 2–3 seconds.

Figure 5-5, pressing with each placement of the heel of your hand.

Let the client move forward slightly, as you continue to support her or him with your left hand, and apply pressure to the erectors muscles of the lower back with the right hand. The back of your forearm is contacting and pressing against the back of the chair to gain leverage as necessary. Move down until you reach the base of the back. Apply pressure directly to the sacrum with the surfaces of your fingers as shown in Figure 5-6. (You may sit on a stool beside the client to work on the low back and sacrum.) This pressure on the sacrum tends to be very calming for the client.

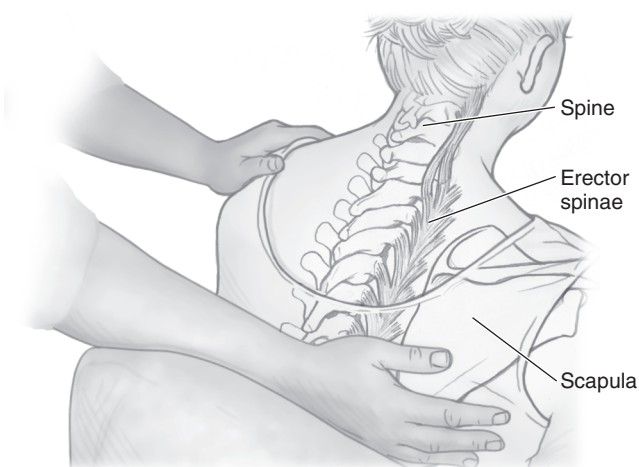


FIGURE 5-5. Broad contact pressure on mid-back. Apply broad contact pressure with your right hand to the right side of the client's back. As you continue to press down the client's back, keep your arm in contact with the back of the chair, using it for leverage.

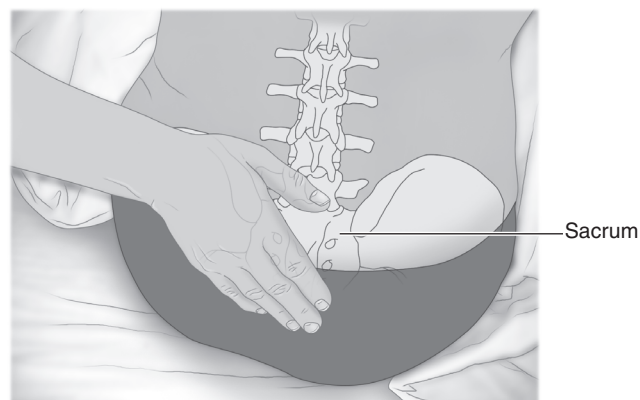


FIGURE 5-6. Broad contact pressure on sacrum. Apply pressure directly over the sacrum, and hold for few seconds. This is very calming for the client.

Move to the other side and repeat the sequence while standing to her or his right, with your right hand on the client's right shoulder. Apply pressure to the erector spinae muscles of the left side of the back. End with contact pressure on the sacrum.

Specific Contact Pressure

Specific contact pressure is used to contact a smaller or more specific area than with *broad contact pressure*. Usually you would use broad contact pressure to warm the area before applying more specific pressure. If a person is very sensitive or ticklish (eg, on the soles of the feet), avoid specific contact pressure and stay with the broad contact.

Examples: Use the broad flat surfaces of the fingertips to apply specific contact pressure to the palm and heel of the hand (see Figure 5-7). Use the pads of the thumbs (not the tips) to press into the surfaces of the foot (see Figure 5-8).

Broad Contact Circling

This technique is always used in combination with *broad contact pressure*. The intention is to get deeper into the layers of bodies tissues, e.g., the fascia and the muscle. First, contact pressure is applied. Maintaining pressure and contact, rotate one-and-a-quarter turns, as if *spiraling* to a deeper layer (see Figure 5-9). The diameter of the spiral is very small, only about ¼ to ½ inch. When using the right hand, the direction of rotation is clockwise; when using the left hand the direction of rotation is counterclockwise. Remember that the circling does *not* happen at the surface of the skin, creating friction on the skin. Use this technique only when you feel the tissue of the client *allowing* this

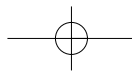


FIGURE 5-7. Specific contact pressure on the hand. While holding the client's hand with one of your hands, use the flat surfaces of the fingertips of your other hand to press into the palm and the heel of the hand.

entry into the tissue below the surface. Never push your way deeper.

Use broad contact circling in areas of greater density in the body, e.g., into the belly of the erector spinae muscles of the back, large muscles of the upper arm (deltoid, biceps femoris), or upper leg (quadriceps).

Example: Use broad contact circling on the deltoid muscle. Begin by encompassing the shoulder joint. Let one hand slide on top of the shoulder, as the other



FIGURE 5-8. Specific contact pressure on the foot. While encompassing the foot with both hands, use the pads of the thumbs (not the tips) to press into the surfaces of the foot.

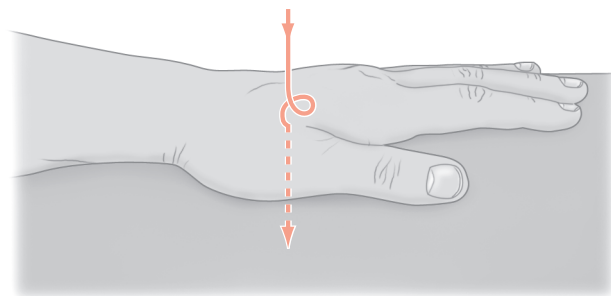


FIGURE 5-9. Broad contact circling. Begin by touching the body with broad contact pressure. Maintaining pressure and contact, rotate one-and-a-quarter turn, as if spiraling into a deeper layer. Continue to press directly into center for a few seconds. (The long arrow represents the direction of pressure and the small spiral represents the movement of the hand as it goes deeper into the body.)

hand presses into the deltoid muscle on the outside of the shoulder. Maintaining pressure and contact, rotate one-and-a-quarter turns, as if *spiraling* in to a deeper layer of the body as shown in Figure 5-10.

Specific Contact Circling

This technique is used in combination with *specific contact pressure*. The intention is to get deeper into a specific area, where a smaller area of contact is most effective at relieving tension. First, specific contact pressure is

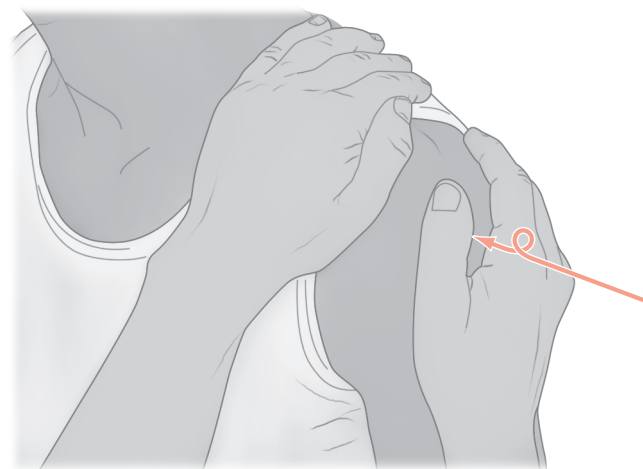
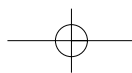
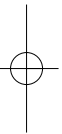
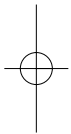


FIGURE 5-10. Broad contact circling on deltoid muscle.

The left hand encompasses the shoulder while the right hand applies contact pressure to the deltoid muscle. Maintaining pressure and contact, rotate one-and-a-quarter turns clockwise with the right hand, as if spiraling in to a deeper layer. (The long arrow represents the direction of pressure and the small spiral represents the movement of the hand as it goes deeper into the body.)



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applied. Maintaining pressure and contact, rotate one-and-a-quarter turns, as if *spiraling* into a deeper layer. The diameter of the spiral is very small, no more than $\frac{1}{4}$ inch. When using the right hand, the direction of rotation is clockwise; when using the left hand the direction of rotation is counterclockwise. The circling does *not* happen at the surface of the skin, creating friction. Use this technique only when you feel the tissue of the client *allowing* this entry into the tissue below the surface. Never push your way deeper.

Specific contact pressure is usually applied to areas of greatest muscular tension (e.g., the belly of the trapezius muscle); or to areas of greater tissue density (e.g., the calluses around the heels of the feet). It is also used with specific therapeutic acupressure points (e.g., the belly of the brachioradialis muscle).

Example: Use specific contact circling into the motor point of the trapezius muscle. As the left hand provides broad encompassing contact on the left shoulder, the middle finger of the right hand presses into the motor point of the right side of the trapezius muscle. Maintaining pressure and contact, rotate one-and-a-quarter turns, as if spiraling into a deeper layer of the muscle as shown in Figure 5-11.

The motor point in the belly of the trapezius muscle is also called Gallbladder 21 or “shoulder well” in traditional acupressure. Usually it is best to apply broad contact pressure to warm this area before applying specific contact pressure or specific contact circling. See Figures 4-6 and Figure 5-12. Whether using broad or

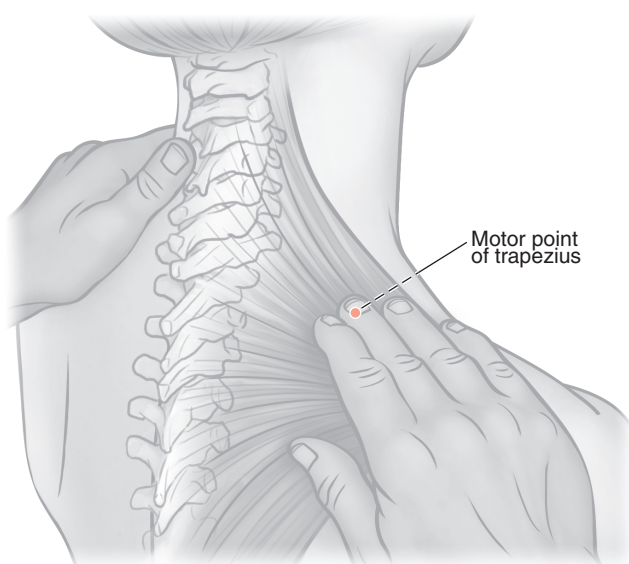


FIGURE 5-11. Specific contact circling into the motor point of the trapezius muscle: The middle finger of the right hand presses into the motor point of the trapezius muscle. Maintaining pressure and contact, rotate one-and-a-quarter turns, as if *spiraling* into a deeper layer of the muscle.

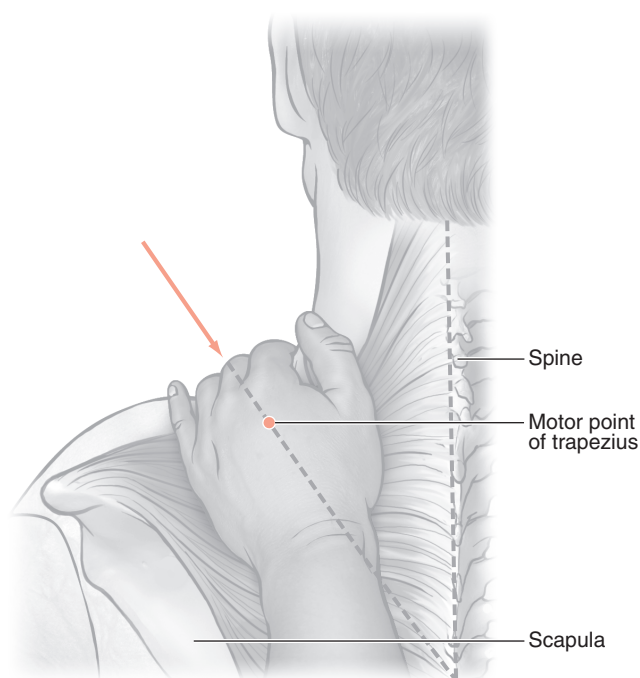


FIGURE 5-12. “Shoulder Well.” Apply broad contact pressure to the belly of the trapezius muscle, before applying specific contact pressure and contact circling.

specific pressure to this point, remember that it is applied perpendicularly to the surface of the skin, and is directed into the central axis of the body. Even 2–3 minutes of well-placed pressure to this point can have tremendous benefit in alleviating pain and tension in the neck and shoulders.

Additional Techniques of Comfort Touch

While the basic techniques of Comfort Touch are the ones most frequently used, there are additional techniques that have merit for particular effects.

Encompassing Lift and Squeeze

Encompassing lift and squeeze is used to take hold of a specific muscle and squeeze into the mass of the muscle itself. It is used in limited areas of greater muscular tension only in clients with higher levels of muscle tone (not where there is fragile skin or blood vessels). This technique is especially useful to relieve shoulder tension. It is also appropriate in other larger muscle areas that can easily be isolated (eg, the brachioradialis muscle of the lower arm and the gastrocnemius muscle of the lower leg).

Hints for Practice

SCRIBE

Before beginning a session of Comfort Touch, silently recite the principles of Comfort Touch—SCRIBE—to yourself. Many practitioners have found this a useful practice: As you think of the first principle—slow—take a moment to breathe fully, and feel yourself deeply grounded and connected to the earth. With the thoughts of comforting and respectful, you set your intention and attitude to be with the client in

the present circumstance. As you think of into center, broad, and encompassing, you are reminding yourself of the techniques you will use.

Even during the session, you can repeat these six words silently to yourself, particularly if you are feeling uncertain about what to do at any point. Repetition of the words will clarify your intention and bring focus to your application of the techniques, increasing your confidence and enjoyment in providing the gift of touch to others.

Example: With the client in the seated position, lift the bellies of the trapezius muscle with the broad surfaces the hands—not the fingertips. Squeeze into the mass of the muscle, and release (see Figure 5-13). This is an area of significant muscular tension for many people, regardless of age or level of physical activity. This broad squeezing pressure allows a release of the constriction in the fascia surrounding the muscle fibers, in turn freeing the constriction of nerves, and allowing greater flow of nutrients through the blood vessels.

Lifting and squeezing the belly of the middle trapezius muscle, as shown, effectively accesses the motor points of the muscle. It can be held for 2–7 seconds, depending on the feedback of the client. Some clients may want to slowly move their heads on their own as you hold pressure to this point. In this way they

can gently stretch the muscles of the neck. This is a very useful technique to use for medical staff and other caregivers in settings where Comfort Touch is practiced.

Encompassing Joint or Limb Movement

In this technique, the intention is to introduce a gentle movement to the part of the body being touched. Not only is this helpful in increasing local circulation of blood and lymph, but it contributes to a feeling of freedom and ease for the client. It is usually performed in combination with *encompassing* or *contact pressure*. As the body part is touched, lift it and very gently move it in space in a slow circular or wavelike motion. Unlike typical range-of-motion exercises, the intention here is *not* to test or extend the range of motion. Nor is the intention to stretch a limb or pull on a joint. The technique can be used when encompassing the shoulder joint, the arm, or hand. It can also be used when encompassing the feet.

Example: Place the broad surfaces of your hands around the shoulder joint, encompassing the whole joint. Gently lifting the shoulder, move it in a very small circular motion (see Figure 5-14).

Example: While encompassing the hand, introduce a gentle circular or wavelike motion to the hand and forearm. With one hand supporting the elbow of the client, you can lift the whole arm gently and move it, being careful not to stretch or strain the client's shoulder joint.



FIGURE 5-13. Lift and squeeze trapezius muscle. Lift the bellies of the trapezius muscle with the broad, surfaces of the thumbs and the fingers—not the fingertips. Squeeze into the mass of the muscle, and release.

Broad Contact Brushing

This technique is used as a finishing stroke after using other techniques on a particular part of the body, such as the arm or leg. Using the full palmar surface of one

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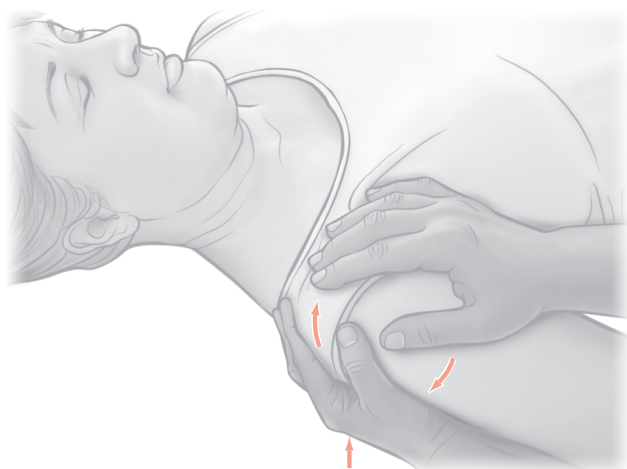


FIGURE 5-14. Encompassing joint movement of the shoulder. While encompassing the shoulder joint, incorporate movement by gently lifting the shoulder and moving it in a small

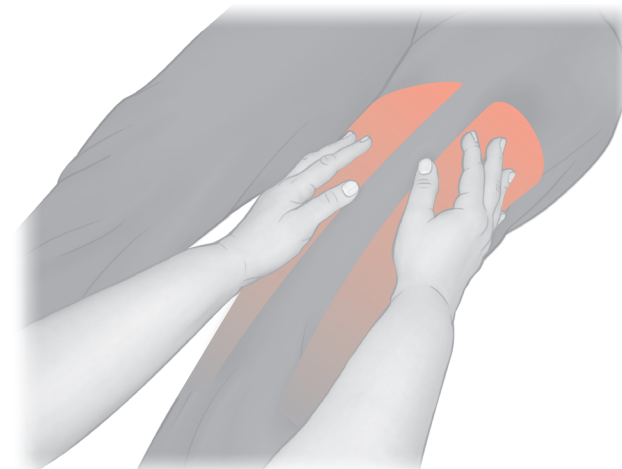


FIGURE 5-15. Broad contact brushing on the legs. Using the palmar surfaces of your hands, contact and brush down the client's leg.

or both hands, let your hand trace down the length of the body part being touched. This conveys a soothing sense of release. The contact should be firm enough not to be ticklish or too stimulating, but not so firm as to be uncomfortable or damaging (8–16 ounces of pressure). It is a stroke that acknowledges the flow of energy down the body, reinforcing a sense of relaxation. Do not use this stroke if the person is ticklish, or particularly sensitive, or does not respond well to it.

In the seated position, broad contact brushing can be used to brush from the top of the head, down the sides of the head, onto the shoulders. It is also used to brush down the arms. In the supine position it is used after working on the shoulders, arms, and hands, brushing down the length of the limb to finish. Likewise, you can brush down the length of the legs and feet after working on them. The stroke is done relatively quickly (about 3 seconds to cover the length of the arm), but not too fast. Brushing is often followed by holding a specific point to end the session. For example, after brushing the legs, the feet may be held for a few seconds.

Example. With the client in the supine position, use broad contact brushing after having completed work on the legs. Using the palmar surfaces of your hands, let your hands contact and trace down the client's leg. Hold the feet for a few seconds to finish work on the leg (see Figure 5-15).

Holding—Contact and Non-contact

Holding is most often used to begin or end a sequence of touch on a particular part of the body. To begin a session, it establishes the connection between the therapist and client, giving the client a chance to experience the warm and calming influence of the contact. When hold-

ing, let your contact be firm and encompassing, with the contact lasting approximately 5 seconds. Holding may be applied to any body part, such as the hands, the feet, or the head.

Holding also provides a useful and satisfying way to close a session; for example, when applied to the abdominal or sternal regions. When holding as a closing stroke, hold for a few seconds, then release your contact and move your hands away from the client's body 1 to 2 inches. Hold your hands in a position of *non-contact holding* for a few seconds, then release your hands, letting them come completely away from the client's body. This allows a clear and precise transition that conveys that you are finished with the sequence, but you are not rushing away from the person.

Example: Use holding and non-contact holding to close a session with a client who is in the supine position. Standing at the client's right side, place your right hand on the abdomen and place your left hand at the top of the person's head (see Figure 5-16).

Both hands will contact with 1 to 2 pounds of pressure for 3 to 7 seconds. Then move your hands away from the body approximately 1 inch, and hold for a few seconds. Bring your hands completely away to close the session.

Water Stroke

The water stroke is a variation of *contact circling*. It is used primarily on the lower leg to help promote circulation of lymph, and provide relief from edema or swelling of the lower leg and ankles. To perform the water stroke place the fingertips of all fingers on the area being touched. Exerting only about 6 to 8 ounces of pressure, contact the skin and make very small cir-



FIGURE 5-16. Contact and noncontact holding to end a session. Place your right hand over the abdomen and your left hand at the top of the client's head. Hold 1–2 pounds of pressure for 3–7 seconds. Move your hands away from the body approximately 1 inch and hold for a few seconds, before bringing your hands completely away to close the session.

cles in one place; move about half an inch away and repeat the movement. When done correctly, it is very relaxing for the patient. Imagine as you perform this stroke that the fluid in the subcutaneous layer of the body is slowly moving toward the heart. (Note: In many cases edema is relieved by use of this stroke, but in cases of extreme swelling—for example, in advanced heart disease and cancer—it will not be effective and *any* touch to the area may be painful. Avoid touch if it causes pain to the patient.)

Example: Sit at the patient's feet and place the fingertips of both hands midway down one of the lower legs of the patient. Fingertips should be placed on either side of the tibia bone, resting in a natural placement on the patient's body (see Figure 5-17). Contact and make very small circles with the fingertips of each hand. Move the fingertips $\frac{1}{2}$ inch lower and repeat. Continue all the way down the leg and on to the top of the foot and the sides of the heel. Repeat the sequence on the other leg.

Moisturizing the Skin

Because the techniques of Comfort Touch *do not rub* the skin or otherwise create friction on the tissues, they do not require the application of lotion or oils.

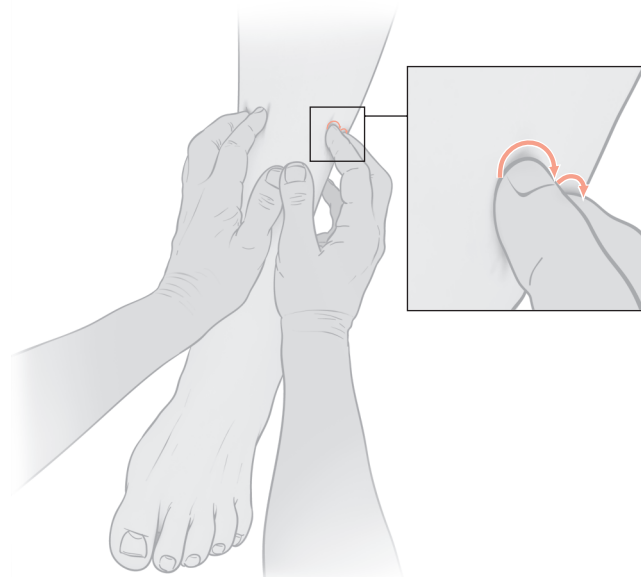


FIGURE 5-17. Water stroke on the lower leg. Fingertips (not thumbs) are placed on either side of the tibia bone, midway down the legs. Exerting 6–8 ounces of pressure, make very small circles with the fingertips of each hand. Move the fingertips one-half inch lower and repeat. Continue down the leg and onto the top of the foot and the sides of the heel.

Furthermore, it is recommended for the beginning practitioner *not* to use lubricants, in order to avoid the habit of relying on them and reverting to the use of gliding or kneading strokes of conventional massage. However, there are times when the use of an unscented moisturizing lotion is indicated, and it may be applied with a slow, broad encompassing stroke sufficient to moisturize the skin. Lotion may be applied to the dry skin when it is appropriate, with the permission of the client or the client's caregiver. Sometimes lotion is used at the individual's request for its soothing, sensual appeal.

Example: Apply lotion to the feet or hands with slow, broad, encompassing pressure. It can be especially useful if the skin is very dry or itchy. Use only a high-quality unscented lotion, or use something that is already familiar to the client to avoid allergic or hypersensitive reactions.

The Sequences of a Comfort Touch Session

Comfort Touch is performed on clients in the position that is most comfortable, safe, and appropriate for them. The following are three of the most common positions used in this work, with suggested sequences for each: the seated position, the supine position, and

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the side-lying position. In practice there is room for variations on these, owing to the specific needs and preferences of the client.

The length of a session may vary from 10 to 20 minutes, if focusing on one area of the body, to as much as 50 minutes, if working on the whole body. Never spend more than 60 minutes of hands-on time with clients, as this can be too much input for them and actually can be tiring. The average length of time for a Comfort Touch session in many hospices, hospitals, and homecare settings is 30–40 minutes.

Seated Position

For this sequence the client may be seated in a regular chair or a wheelchair. (For someone who is seated in a recliner, follow the sequence outlined below in the Supine Position.) Use a towel or small pillow, if necessary, to help support the back in proper alignment, and to pad the back of the chair. The seated position is useful for the client because it helps to encourage good posture and facilitates easy, full breathing. It is also easy to access most of the body.

Shoulders, Back, Arms, and Hands

1. **Top of shoulder:** Standing behind the client, place your hands at the top of the client's shoulders using *contact pressure*. The palms of the hands are placed directly on the bellies of the client's trapezius muscles (the thickest part of the muscle straight down from the ears). Take time to feel the breath of the client through the palms of your hands. Pressure is then applied perpendicularly (at a 90° angle) to the surface of the client's skin and directed into the central axis of the client's body.
2. **Trapezius motor point:** Use *specific contact pressure* to the belly (motor point) of the trapezius muscle, doing one side at a time. Use *contact circling* with the heel of the hand or pads of the fingers to the belly of the trapezius muscle, doing one side at a time (see Figures 5-11 and 5-12).
3. **Upper back:** Standing at the client's left side, use the heel of your right hand to apply *contact pressure* to the erector spinae muscles on the right side of the body. The erector muscles are lateral to the spine and medial to the scapula. Pressure is directed *in* to the mass of the muscles. Do not push the muscles in any direction, simply press *into* them. The other hand is on the left shoulder to provide gentle support and stability (see Figure 5-4).
4. **Mid and lower back:** Continue down the erector muscles on the right side of the client's back with *contact pressure*. Press each placement of the hand for approximately 1½ to 2 seconds. Continue all the way down the erectors using *contact pressure*. As you get below the level of the back of the chair, use the padded (with towel) back of the chair for leverage. Continue to stand (or sit on a stool) at the person's left side, allowing your arm and hand to be between the person and the chair back (see Figure 5-5).
5. **Sacrum:** When you get to the base of the spine, place the palm of your hand directly on the client's sacrum and apply *contact pressure* (see Figure 5-6).
6. **Repeat steps 3, 4, and 5 on the left side of the back.** You will be using your left hand to apply *contact pressure*, and your right hand will rest on the client's right shoulder to provide gentle support.
7. **Shoulder joint:** You may sit on a stool or chair beside the client. With both hands *encompass* the shoulder joint. Let the warmth of your hands penetrate into the shoulder. You may apply *encompassing joint movement* to the whole joint as you *encompass* it (see Figure 5-14).
8. **Upper arm:** *Encompass* the upper arm. Notice that the shape of your hands forms a *butterfly* (see Figure 5-2). The thumbs are parallel to each other with the fingers opened out to the side. Pressure is applied evenly all around the arm. It is especially important that the palms of your hands make firm contact, while the rest of the hand simply wraps around the arm. (Do not poke or press in with the thumbs or fingertips, as this can cause discomfort and/or bruising or tearing of the skin.) Move down the arm, holding each placement of the hands for approximately 1½ seconds (see Figure 5-3).
9. **Lower arm:** *Encompass* the elbow. *Encompass* the lower arm. One hand is held on top of the arm; the other hand is held beneath the arm. Maintain even pressure all around the arm. Move down the arm, holding each placement of your hands for approximately 1½ seconds.
10. **Hand:** *Encompass* the hand, also using general and specific *contact pressure* on all the surfaces of the hand (see Figure 5-7). Apply pressure to the thumbs and fingers, *encompassing* both the top and bottom and sides of each digit. Use *broad contact brushing* to smooth down the length of the arm from shoulder to fingertips.
11. **Repeat Steps 7 through 10 for the other shoulder, arm, and hand.**

Hips, Legs, and Feet

1. **Hip and upper leg:** Use *broad contact pressure* on the hip and upper leg. The hands give broad pressure *into* the central axis of the leg. (If the client is in a wheelchair, you can remove the arms from the chair for better access.) With one hand use *encompassing broad contact pressure* on the outside of the leg. The other hand is placed on top of the thigh, also using *encompassing broad contact pressure*. Move downward and diagonally across the top of the thigh with each placement of the hands, eventually reaching the inside of the knee. In other words, the medial hand is perpendicular to and follows the pathway of the sartorius muscle in its placements. Fingertips are pointing toward the hip joints. See Figure 5-18.
2. **Knee:** *Encompass* the knee. One hand is on the knee, while the other hand is behind it and supporting the joint. Let the warmth from your hands penetrate the joint.
3. **Lower leg:** Use *broad contact pressure* and/or *encompassing* down the leg. Move down the leg, holding each placement of the hands for approximately 1½ seconds.
4. **Feet:** Use *broad contact pressure* and *encompassing* on all the surfaces of the foot. Change your body position to get comfortable as you work. You may sit on a chair or small stool.
5. **Repeat Steps 1 through 4 on the other side.**

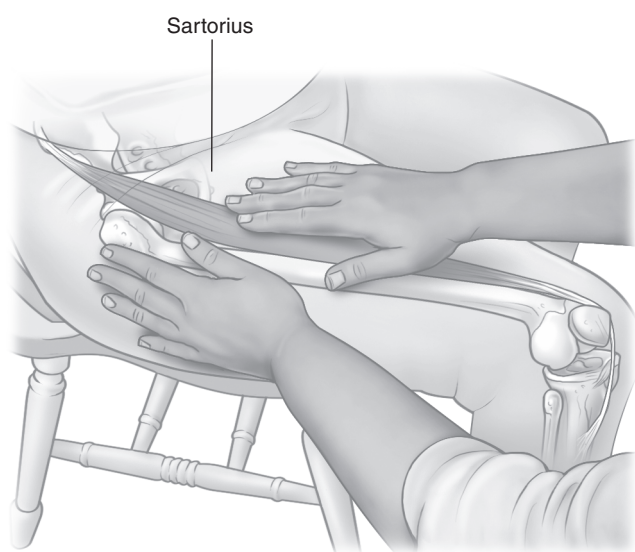


FIGURE 5-18. Hip and upper leg. With the left hand on the outside of the leg, and the right hand on the top of the thigh, use broad contact pressure into the central axis of the leg. The right hand is perpendicular to and follows the pathway of the sartorius muscle, as the left hand remains on the outside of the leg.

Head and Closing

1. **Head:** *Encompass* the head. Place your hand at the back of the neck, with full hand contact. The other hand gently supports the forehead. The intention here is to allow the weight of the person's head to rest between your hands.
 - a. **Occipital ridge:** Use *specific contact pressure* and *specific contact circling* along the occipital ridge at the base of the skull—*not* into the neck itself. See Figure 5-19. (Important note: Do *not* use specific pressure into the neck itself. The structures of the neck with its bony protuberances, including the spinous and transverse processes of the cervical vertebrae, along with the major blood vessels, including the carotid and vertebral arteries, are generally too vulnerable to work into safely. The *contact circling* of the occipital ridge and *specific contact pressure* in the belly of the trapezius muscle are usually very effective in alleviating neck pain, without the potential for injury posed by working specifically on the neck itself.)
 - b. **Scalp:** Stand behind the client and place your hands on either side of the head. Hold the head in your hands gently while taking a deep full breath. Allow the client



FIGURE 5-19. Head. Encompass the head. With your left hand gently supporting the head, use the fingers and/or thumb of your right hand to do specific contact pressure and specific contact circling along the occipital ridge at the base of the skull. Be sure the pressure is on the occipital ridge—not into the neck itself.

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to feel the support of your hands, as well as the expansiveness that comes with the cycle of the breath. Use gentle *contact circling* on the scalp.

2. **Closing:** Use *broad contact brushing* to smooth the hair. Place the hands on the shoulders and *hold* through a full breath. Bring your hands an inch away from the body and *hold* for a few seconds. Release your hands down to your side to end the session.

Supine Position

The client can be in a bed, with or without a head lift. Pillows are used to support the neck and spine in proper alignment, and to allow for the comfort of the client. A soft feather or down pillow usually gives the greatest comfort to the neck. Pillows are placed under the knees for support, allowing for relaxation of the low back muscles. If using a hospital bed, you can adjust the height of the bed to a comfortable level to work. If using a regular bed or massage table that is lower, you can sit comfortably on a stool for most of the treatment, if you prefer.

This sequence is also used for a client who is seated in a recliner. The recliner gives opportunities for a number of different levels of incline, so let the client determine what is most comfortable for her or him. Use pillows or small towels if necessary, to enhance her or his comfort. For some of the steps in the sequence below, you may need to make minor adjustments, due to the wings of the back of the recliner. Remember that your comfort as a practitioner is also very important to the success of a session, so avoid doing anything which is difficult or uncomfortable to either you or your client.

Neck, Shoulders, Arms, and Hands

1. **C-7 hold:** Begin at the client's right side. With the client in the supine position, place your left hand under the base of the neck, supporting the area around the 7th cervical vertebrae (C-7). The hand is relaxed and cupped to encompass the joint. Do *not* put pressure on the vertebra itself. The right hand is placed on top of the shoulder to *encompass* the shoulder region. Hold for 5 to 10 seconds. See Figure 5-20.
2. **Trapezius motor point:** With your right hand continuing to *encompass* on the front of the shoulder joint (anterior deltoid muscle), the left hand moves into position to palpate the belly of the trapezius muscle. *Lift and squeeze* this muscle. Use *contact pressure* into the motor point (also called gallbladder-21 or "shoulder well" in traditional acupressure) within the



FIGURE 5-20. C-7 hold. With the right hand placed lightly on top of the shoulder, place the left hand under the client's neck, supporting the area around the 7th cervical vertebrae (C-7). The hand is relaxed and cupped to avoid placing pressure on the vertebrae itself.

belly of this muscle. Use *specific contact circling* into this point. See Figure 5-21.

3. **Shoulder:** With the left hand underneath the shoulder and the right hand on top, *encompass* the shoulder with both hands, allowing the warmth of your hands to penetrate into the joint. You may apply *encompassing joint movement* to the whole joint as you *encompass* it (see Figure 5-14).

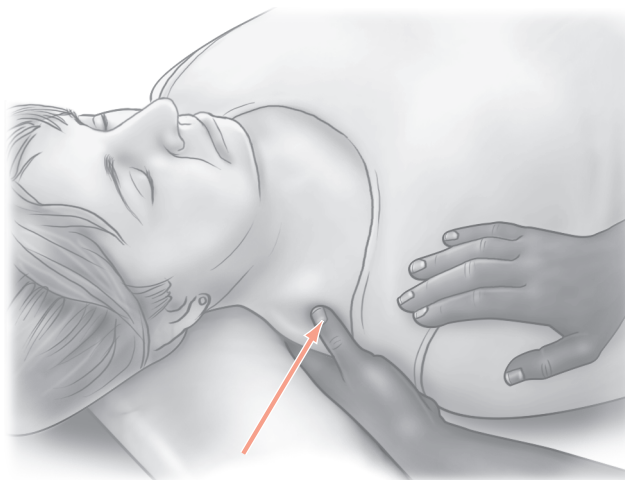


FIGURE 5-21. Trapezius motor point. With your right hand resting lightly on the front of the shoulder, the left hand *lifts and squeezes* the belly of the trapezius muscle. Use *contact pressure* and *specific contact circling* into the motor point of the muscle.

4. **Arm:** Use *encompassing contact pressure* down the length of the arm. For the upper arm, keep the hands in the position of the *butterfly press* (see Figure 5-2) with the thumbs parallel, and fingers wrapping outward around the arm (see Figure 5-3). *Encompass* the elbow. *Encompass* the lower arm. One of your hands is held on top, the other hand held beneath the arm. Maintain even pressure all around the arm. Move down the arm, holding each placement of your hands for approximately 1½ seconds.
5. **Hand:** Use *encompassing contact pressure*, holding the client's hand between your hands. While holding the client's hand (dorsal side up) with your left hand, use the flat part of the fingertips and thumb of your right hand to exert *encompassing pressure* into the length of the thumb and each finger. With the client's hand palmar side up, use *general* and *specific contact pressure* on the surface of the palm (see Figure 5-7).
6. **Tonic acupressure points:** Holding the client's wrist with your left hand, hold the client's hand in your right hand (as if to shake it), press with the pad of your right thumb into the web of the client's thumb and index finger (see Figure 5-22). Hold for a few seconds. Continue holding the client's hand with your right hand as you encompass the lower arm just below the elbow with your left hand. Let the pad of the thumb of your left hand sink into the belly of the brachioradialis muscle (see Figure 5-23). Hold for a few seconds.



FIGURE 5-22. Tonic point in hand. While holding the client's wrist with your left hand, press into the web of the client's thumb and index finger with your pad of your right thumb. Hold for a few seconds.

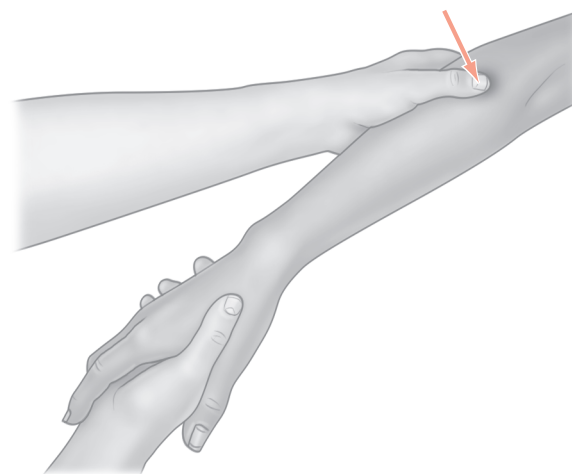


FIGURE 5-23. Tonic point in forearm: While gently holding the client's right hand, press with the pad of your left thumb into the belly of the brachioradialis muscle. Hold for a few seconds.

7. **Brush arm:** Use *broad contact brushing* to smooth down the length of the arm from shoulder to fingertips.
8. **Repeat Steps 1 through 7 on the client's left side.**

Hips, Legs, and Feet

1. **Hip and upper leg:** Use *broad encompassing contact pressure* over the hip and upper leg. Your hands give broad pressure into the central axis of the leg. With one hand use *broad contact pressure* on the outside of the leg. The other hand is placed on top of the thigh, moving downward and diagonally across the top of the thigh with each placement of the hands, eventually reaching the inside of the knee. In other words, the medial hand is parallel to and follows the pathway of the sartorius muscle in its placements. Fingertips are pointing toward the hip joints. See Figure 5-24.
2. **Knee:** Lift the knee to *encompass* it. One hand is on top of the knee with the other hand behind and supporting the joint. Let the warmth from the hands penetrate the joint.
3. **Lower leg:** Use *broad contact pressure* and/or *encompassing* down the leg. Move down the leg, holding each placement of the hands for approximately 1½ seconds.
4. **Foot:** Use *encompassing contact pressure* on the entire surface of the foot. Use *specific contact pressure* and *contact circling* to thoroughly massage the bottom of the foot. Do not use the tips

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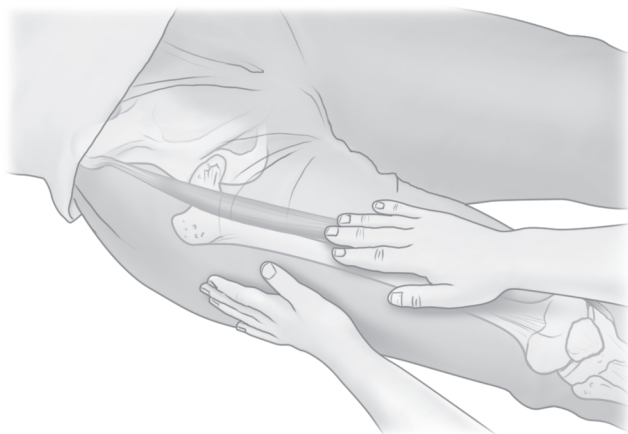


FIGURE 5-24. Hip and upper leg: With your left hand on the outside of the client's leg, and your right hand on top of the client's leg, give broad encompassing contact pressure to the hip and upper leg. With each placement of the hands, the right hand follows the pathway of the sartorius muscle. Keep the fingertips pointing toward the hip joints.



FIGURE 5-25. Abdomen and low back. Place your left hand under the small of the client's low back, and rest your right hand lightly on the abdomen. Feel the weight of the client's back sink downward as you encompass the low back and belly. Keeping your top hand in contact with the client's belly, let it rise and sink as it follows the movement of the

of your fingers; rather, use the broader surfaces of the pads of your fingers and thumbs (see Figure 5-8). While most of this work is done through the person's clothing, you may remove the client's sock to work on the foot. If the sock is removed, put it back on after working on the foot.

5. Repeat Steps 1 through 4 on the client's other side.

Abdomen, Low Back, Upper Torso, and Head

1. **Abdomen and low back:** Stand or sit at the client's right side. Place your left hand under the small of the client's low back. Place the right hand lightly on the abdomen. Allow the weight of the client's back to sink down into your left hand. With the upper hand resting gently on the belly, encompass the low back and the belly, paying particular attention to the client's breath (see Figure 5-25). Let your hand follow the movement of the client's breath, rising and sinking several times with the breath. (Note: It is *not* necessary to ask the client to "take a breath" or to direct the breath in any way. If the therapist is breathing fully and deeply, the client will inevitably follow.) This encompassing hold allows for relaxation of the muscles of the low back and the abdomen.
2. **Upper torso:** Place your left hand under the back of the client's neck. Place the fingertips of

your right hand lightly on the client's upper chest over the mid-sternum. Encompass and hold the upper torso, paying attention to the client's breath, allowing her or him to expand the chest with each inhalation (see Figure 5-26).

3. **Head:** While your left hand remains under the client's neck, place the palm of your right hand on the client's forehead, exerting light contact pressure. (If it is not comfortable for either you or the client to have your left hand under the head, you can, instead, rest your left hand lightly on the client's right shoulder.) Use the flat surfaces of your fingertips to do contact circling on the forehead between the eyebrows. Use light contact pressure along the brow line. With the fingertips of both hands, you can do light contact circling on both of the temples at the same time (see Figure 5-27).
4. **Closing:** Place your left hand on the client's forehead or top of head, and place your right hand on the client's abdomen. Hold for a few seconds (see Figure 5-16). Bring both hands away from the body an inch or two. Use noncontact holding for a few seconds. Then bring your hands down to your side to end the sequence.

Side-Lying Position

The side-lying position is a very comfortable position for many people, and it allows easy access to apply the techniques of Comfort Touch to the back. Other

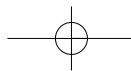


FIGURE 5-26. Upper torso: Your left hand gently supports the back of the client's neck, while the fingertips of your right hand contact the sternum. *Encompass* and *hold*, keeping your pressure light enough to allow the client to expand his or her chest with each inhalation.

parts of the body can be contacted in this position as well, though it is primarily used to work on the back. To work in the side-lying position, begin by allowing clients to roll onto the side that is most comfortable to them. (When the client has limited mobility, it is typical to work with the person only on one side.) Place a pillow underneath the head, so that it is in proper alignment with the spine. Place a pillow between the legs and knees. The client may also enjoy leaning on or hugging a pillow placed in front of her or his torso.

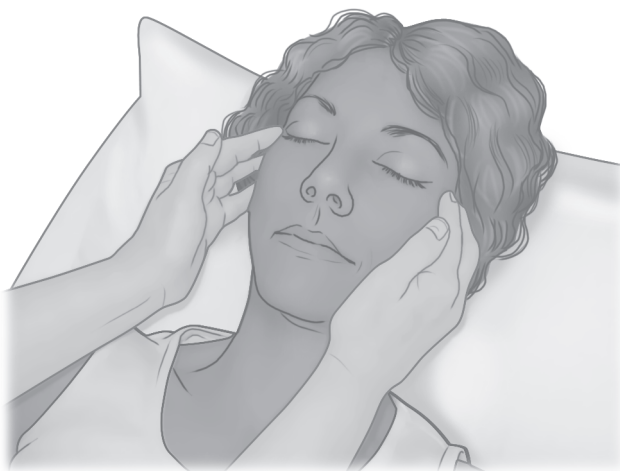


FIGURE 5-27. Head. *Light contact circling* is applied with the fingertips of both hands over the client's temples.

1. **Shoulder:** *Encompass* the shoulder that is on top. Use *contact pressure* and *lift and squeeze* in the bellies of the trapezius muscles.
2. **Back.** Use *contact pressure* on the back, along the erector spinae muscles, lateral to the spine. Work first along one side of the spine, and then on the other. Keep your pressure broad, consistent, and firm. *Never* press on the spine itself. If the client is lying on her or his right side, your left hand will be parallel to the spine, pressing the erector spinae muscles. Always keep the angle of your wrist neutral (not at a sharp angle) to avoid stressing your wrist joint. Your right hand can be used to apply direct pressure to the back of your left hand, giving it added support (see Figure 5-28). As you move down the back, hold each placement of the hands for approximately 1½ to 2 seconds.

Contact pressure can also be applied with the back of your hand, using the fist of the other hand to give strength and stability to the press. Let the back of the hand that is in contact with the client's body be soft. If done correctly, the client will find it difficult to tell what surface of your hand is touching her or him (see Figure 5-29).

3. **The sacrum:** Use *contact pressure* directly on the sacrum. Hold *contact pressure* on the sacrum and the upper back to balance the energy along the length of the spine. Remove your hands slowly.

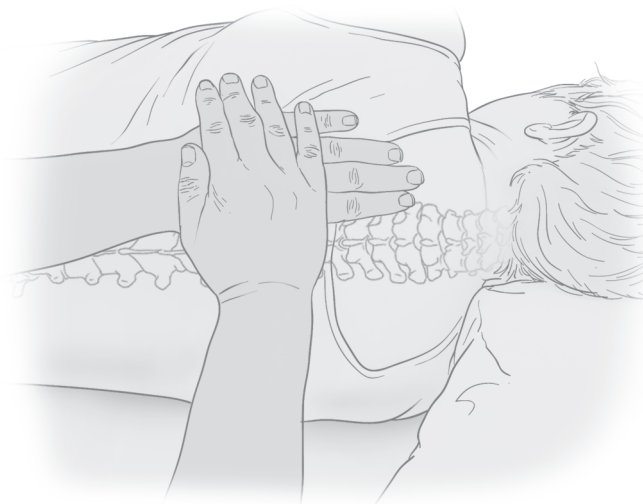
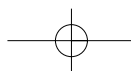


FIGURE 5-28. Back. Apply *contact pressure* on the erector spinae muscles, lateral to the spine. The left hand is parallel to the spine, and the right hand is used to give added pressure and support. Moving down the back, hold each placement of the hands for approximately 1½ to 2 seconds.



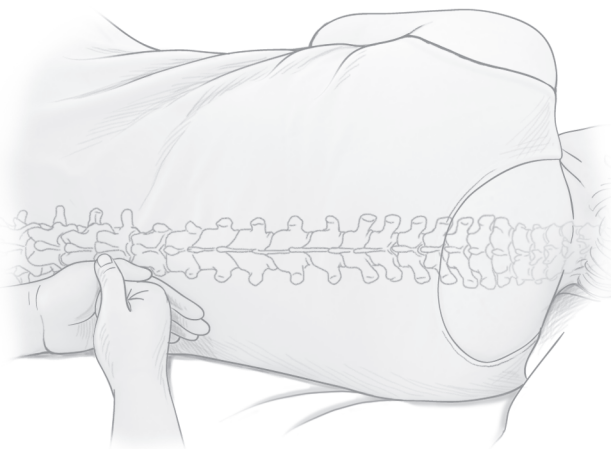


FIGURE 5-29. Low back: Apply broad contact pressure with the back of left hand, using the fist of the right hand to give strength and stability to the press. Let the back of the hand that is in contact be soft, as if gently melting into the client's muscles.

STORY

The Menu

Tim is a massage therapist who participated in the massage program I supervise for hospice. After the initial training he was eager to work with Dennis, a 45-year-old man who had amyotrophic lateral sclerosis (ALS). Dennis was confined to a wheelchair, and while the progression of the disease limited his mobility and his ability to speak, he was mentally alert and receptive to the weekly touch sessions. Tim reported to me that he used the basic techniques of Comfort Touch—encompassing, broad contact pressure, specific contact pressure, and contact circling—for Dennis, while he was seated in his wheelchair. He worked on his head, neck, shoulders, arms, and hands. Dennis was appreciative of this work, indicating, even with his limited ability to speak, his enjoyment of the sessions.

Tim shared with me that he felt it was a privilege to work with Dennis, as he admired the patient's tenacity in spite of living with a debilitating illness. "I have the satisfaction of knowing that I can contribute to the quality of his life."

After several weeks Tim wondered aloud in his conversation with me if there weren't some other techniques he could be using with Dennis. After all, his training in massage school had given him many therapeutic skills from which to choose. He was concerned that he was doing the same thing all the time, saying, "I'm wanting to change or vary the menu for him." I told him that it was okay to continue with the same techniques, if that was what was enjoyable for Dennis. "Some people go

to a restaurant and order something different every week. Others go and find comfort in the familiarity of ordering their favorite meal each time they visit the restaurant. But it is okay to simply ask the client what he wants, letting him know you can adapt to his needs and preferences."

A couple of weeks later, I talked to Tim, who had followed through on my suggestion, telling Dennis that he had some other techniques he could use, if he was interested in trying something different. So Tim had asked him, "What would you like for me to do today?"

Dennis answered, "The usual."

Incorporating Other Modalities of Bodywork

By adhering to the principles of Comfort Touch and using the techniques demonstrated herein, the practitioner can ensure a safe, effective, and satisfying treatment for a very broad range of people. The techniques of Comfort Touch draw from the influences of a number of healing traditions, and the study and practice of these modalities can broaden the range of skills available for the practice of massage with the elderly and the medically frail population. Remember that the primary intention to offer nurturing comfort, rather than to fix or change the individual, remains a hallmark in the practice of Comfort Touch.

Asian Bodywork

Acupressure and Shiatsu are styles of bodywork originating in China and Japan. They are based on an awareness of the flow of life force or **chi** through pathways of energy called **meridians**. Pressure applied to points along these meridians forms the basis for many forms of Asian bodywork. The ancient practice of acupuncture uses fine needles inserted at specific points on the meridians.

The flow of the meridians has some correspondence to the anatomical features recognized in western traditions of medicine, such as the long bones, myofascial networks, and nerve pathways. See Figure 5-30. The 14 major meridians are generally named after an organ with which they have a functional relationship in the theory of traditional Chinese medicine. In addition, some of the major acupressure points that fall along these meridians can be seen to correspond with the **motor points** of muscles. These are areas known to have greater electrical activity. Often found in the belly of a muscle, they correspond to the point where the motor nerve enters the muscle.

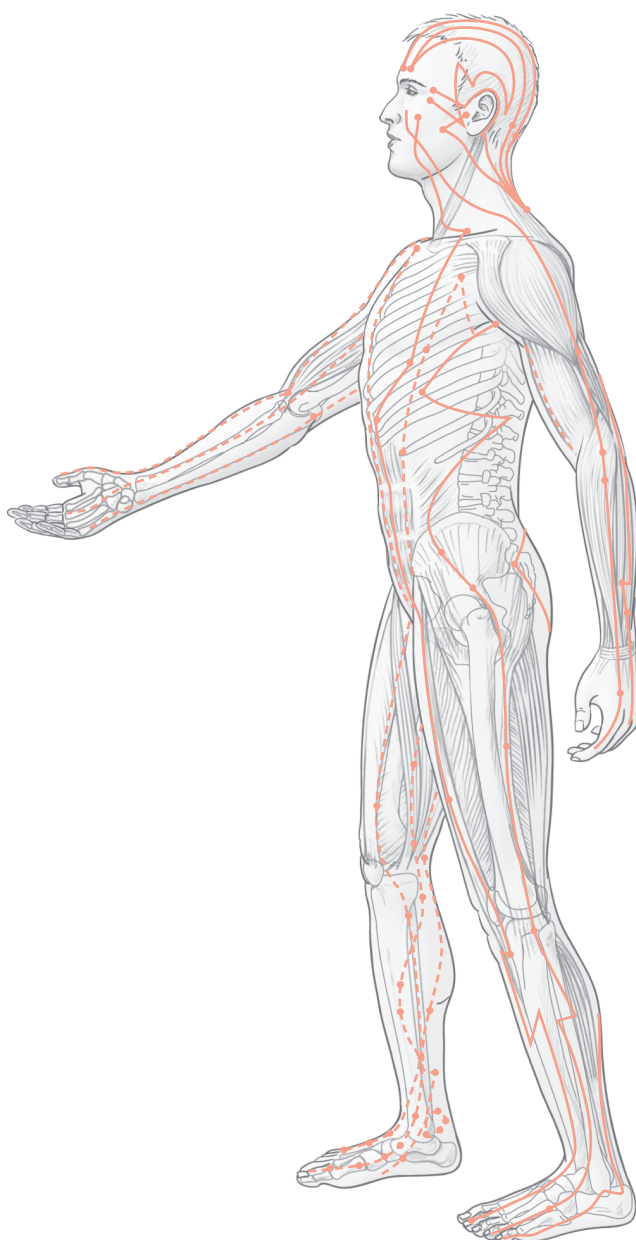


FIGURE 5-30. The meridians of acupressure. The meridians represent complex pathways of *chi* (energy) in the human body. The meridians shown as solid lines (*yang*) tend to be on the outer surfaces of the body. These are areas of greater tissue density; whereas, the meridians shown as dotted lines (*yin*) tend to be on inner, less exposed, and more tender areas of the body. In Comfort Touch the major tonic points are generally located on the *yang* meridians.

Awareness of Meridians

The individual with training in Asian bodywork will recognize that the sequences of Comfort Touch often follow major meridians. For example, the sequence utilizing *contact pressure* into the erector spinae muscles along the spine, corresponds to the flow of the Bladder

meridian (see Figures 5-4, 5-5, and 5-6). The *broad contact pressure* down the legs encompasses the Gallbladder, Stomach, Spleen, and Liver meridians (see Figure 5-18).

Tonic Points

Tonic points are specific acupressure points in the body, known to relieve muscular tension and pain, contribute to relaxation, and promote a sense of well-being. Many of them correspond with the motor points of the muscles. The following are a few of the points that can be incorporated into a Comfort Touch session, enhancing the effectiveness of the work. (Note that all of these points can be used to treat oneself, as well.) Use *specific contact pressure* on the point, holding for a few seconds (or through one respiratory cycle—*inhalation and exhalation*) before release.

- **Gallbladder-21:** Traditionally referred to as “shoulder well,” this point is located in the belly of the trapezius muscle at the top of the shoulder, straight down from the ear (see Figure 5-12). Pressure on this point brings welcome relief for people of all ages and levels of physical condition. Always begin with *broad contact pressure* to warm the area, followed by *specific contact pressure* and *specific contact circling* (see Figure 5-11). Attention to this most significant point has tonifying effects for the entire upper body, as it is a crossover point for the energy meridians and the myofascial network of the head, neck, and shoulders. Pressure exerted here, along with pressure on the acupressure points along the occipital ridge, is very effective in relieving neck pain. It is usually *not necessary or safe* to apply specific pressure into the neck itself.
- **Large Intestine-4:** Located in the web between the thumb and index finger of the hand (see Figure 5-22), this point, along with Large Intestine-10, is used to relieve tension in the hand and lower arm. It is also known to relieve headaches, constipation, and menstrual cramps.
- **Large Intestine-10:** Located in the belly of the brachioradialis muscle (see Figure 5-23), this point, along with Large Intestine-4, is used to relieve tension in the arm and lower arm. It is also known to relieve headaches, constipation, and menstrual cramps.
- **Stomach-36:** Located in the belly of the tibialis anterior muscle of the lower leg, this point is tonifying for the digestive system (see Figure 5-31). *Contact pressure* and *contact circling* on and around this point helps relieve tension and/or fatigue in the legs.
- **Bladder-10 and Gallbladder-20:** These points are located along the occipital ridge at the base

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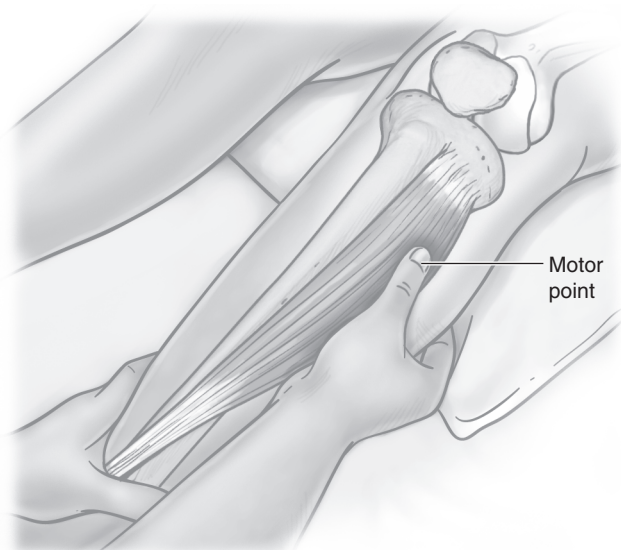


FIGURE 5-31. Tonic point in lower leg—Stomach-36:

Apply specific contact pressure and specific contact circling to the belly (motor point) of the tibialis anterior muscle of the lower leg.

of the skull (see Figure 5-32). The Bladder-10 points are lateral to the midline of the skull approximately 1½ inches apart. These points help relieve eyestrain, tension headaches and neck pain. The Gallbladder-20 points are also located along the occipital ridge, approximately

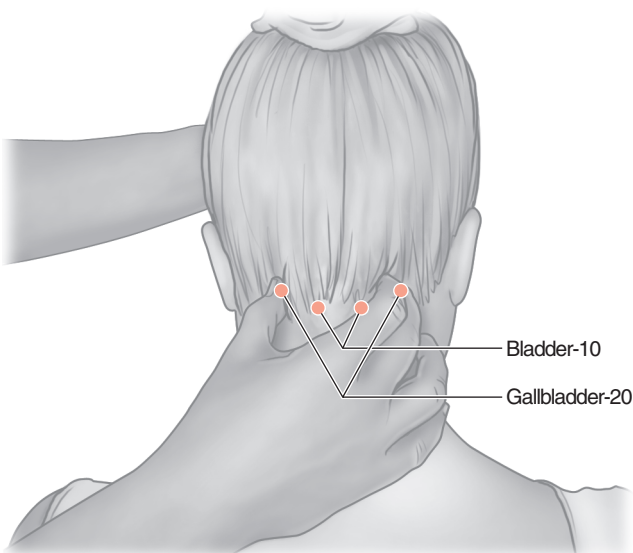


FIGURE 5-32. Tonic points on the occipital ridge—Bladder-10 and Gallbladder-20:

Located on the occipital ridge of the skull, the Bladder-10 points are lateral to the mid-line and approximately 1½ inches apart. The Gallbladder-20 points are also located along the occipital ridge, approximately 3 inches apart. Apply specific contact pressure and specific contact circling to these points, using your thumbs and/or the pads of your fingertips.

3 inches apart. They are useful in relieving head, neck, and shoulder pain, and general myofascial tension in the body.

- **Conception Vessel 6:** Located approximately 2 inches below the navel, in the center of the abdomen, this point is also called the “sea of chi” or “sea of energy” (see Figure 5-25). Anatomically, it relates to the organs of the lower digestive tract, and its rich network of nerve plexuses. It is the gravitational center of the body. *Broad contact pressure* over this point is very comforting to the individual, allowing release of deeply held physical and emotional tension. Attention to this point helps facilitate deep, easy, and full breathing. Metaphorically, it corresponds to nurturance and assimilation of experience in the body. It can be thought of as the reservoir of creative energy in the body.
- **Governing Vessel 20:** This point is located at the top of the head, in the soft spot (anterior fontanel) along the midline of the skull. Traditionally called the point of “one hundred meetings,” it is thought to be the point of connection to the outer world of the individual, or to the world of spirit. Also called the “all forgiving point,” attention to this point helps to balance the right and left sides of the body. Light holding of this point is often used to close a session (see Figure 5-16).

Integrative Massage

Integrative massage is a style of bodywork that acknowledges the relationship of emotional experience and expression to the patterns of myofascial holding (armoring) in the body. Massage is seen as a vehicle to assist the individual in releasing tension in the body resulting from stress and/or trauma. Techniques of this modality are designed to integrate the parts of the body, harmonizing the physical, emotional, mental, and spiritual aspects of the self.

Nurturing in intention, integrative massage uses full hand contact to perform long, slow, gliding strokes that move from the core of the body to the periphery, while overlapping joints to connect body parts. As the practitioner works with an awareness of her or his own fluid body patterning, she or he imparts a quality of ease and flowing energy to the client. The breath is used as a means to foster self-awareness in the client, facilitating release of holding patterns in the body, and engendering openness and expansiveness. By creating a safe and nonjudgmental atmosphere, the integrative massage therapist helps to restore a sense of wholeness and well-being for the client.

Comfort Touch shares a common purpose with Integrative Massage in its intention of offering nurturing relaxation to the individual. Both share an attitude of respect for the integrity of the client as a whole human being. While Comfort Touch is safe for a very broad range of clientele, the specific techniques of Integrative Massage (variations of gliding and kneading) are generally more suitable for a younger and physically healthier population.

Body Energy Therapies

Also called *energy medicine* or *vibrational healing*, **body energy therapies** are modalities that are based on an understanding and/or awareness of subtle energy which surrounds and permeates the human body. This energy is referred to by various names, including bio-magnetism, chi, ki, prana, etheric energy, aura field, chakras, and orgone. Body energy therapies derive from many cultural and spiritual healing traditions, including but not limited to Chi Kung, Johrei, Reiki, Therapeutic Touch, Polarity Therapy, Healing Touch, Attunement, and prayer. Techniques involve light touch or hands held a few inches from the body of the client, to influence and balance the energy field. Some modalities focus on areas of the body relating to endocrine glands and/or major organs and nerve plexuses.

Various explanations have been used to describe the mode of action or therapeutic effects of body energy therapies. Scientific study has been done regarding effects to the electromagnetic field of the body.⁵ The radiant heat emanating from the hands of the healer may be a direct cause of comfort in the client, as it conducts heat into the body tissues, leading to relaxation. Further study is needed to assess the issues of air flow, and the effects of pressure, movement, and stillness on the nervous system. Other explanations for the healing effects of energy healing rely on traditions based in spiritual beliefs and experiences.

In all of these practices there is an emphasis on the quality of presence and the focused state of mind held by the practitioner. Some practitioners emphasize specific treatment outcomes, while others rely on the intention to assist clients in their own healing process, without specific concern for results.

Most styles of energy work use techniques that involve only light touch or complete non-contact of the client's body. While energy healing modalities have benefit for many, experience in the practice of Comfort Touch, relative to non-contact energy work, demonstrates the preferences of the elderly and the ill to actually be physically touched. Those who are elderly, ill, or disabled may wonder why someone would be hesitant to actually touch them. The sense

of isolation among so many people, is most readily ameliorated by the direct physical contact offered through Comfort Touch.



Summary

- The techniques of Comfort Touch are based on the six guiding principles denoted by the word SCRIBE: *slow, comforting, respectful, into center, broad, and encompassing*.
- The techniques are often practiced on clients who are fully clothed and may be performed in the seated, supine, or side-lying position.
- The basic techniques of Comfort Touch rely on varying degrees and applications of pressure applied to the body. These include: *encompassing, broad contact pressure, specific contact pressure, broad contact circling, and specific contact circling*.
- A variety of other techniques are used to meet the particular needs of the client. These include: *encompassing lift and squeeze, encompassing joint or limb movement, broad contact brushing, holding, water stroke, and moisturizing the skin*.
- Comfort Touch is performed on clients in the position that is most comfortable, safe, and appropriate for them. Sequences of touch are presented for the seated position, the supine position, and the side-lying position.
- Comfort Touch is influenced by other traditions of bodywork. Understanding of these modalities can enhance the range of skills available to the practitioner of Comfort Touch. These modalities include Asian bodywork, Integrative massage, and Body Energy Therapies.



Review Questions

1. How does the knowledge of anatomy contribute to the effectiveness of a Comfort Touch session?
2. Why are awareness of the breath and the concept of grounding important for the practitioner of Comfort Touch?
3. How is the principle "into center" applied in the basic techniques of Comfort Touch?
4. How is the principle "broad" applied in the basic techniques of Comfort Touch?
5. How is the principle "encompassing" applied in the basic techniques of Comfort Touch?
6. Give an example where you would use the technique of *encompassing*.

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7. Give examples where you would use the techniques of *broad contact pressure* and *specific contact pressure*.
8. Describe the purpose of *specific contact circling*.
9. Give an example where it would be appropriate to use technique of *encompassing lift and squeeze*.
10. Describe how you could incorporate movement into a Comfort Touch session?
11. Which additional technique of Comfort Touch would you use to help relieve edema?
12. Which additional technique of Comfort Touch would you use to apply lotion to dry skin?
13. Which technique may be used as a finishing stroke when completing work on a limb?
14. Which technique is especially appropriate for closing a session?

References

1. Bowden B, Bowden J. *An Illustrated Atlas of the Skeletal Muscles*. 2nd ed. Englewood, CO: Morton Publishing Company; 2005.
2. Netter FN. *Atlas of Human Anatomy*. 4th ed. Philadelphia, PA: Elsevier Health Sciences; 2007.
3. Warfel JH. *The Extremities: Muscles and Motor Points*. Baltimore: Lippincott Williams & Wilkins; 1993.
4. Warfel JH. *The Head, Neck, and Trunk*. Baltimore: Lippincott Williams & Wilkins; 1993.
5. Becker RO, Selden G. *The Body Electric: Electromagnetism and the Foundation of Life*. New York: Harper; 1998.

Suggested Reading

- Acland's DVD *Atlas of Human Anatomy: The Upper Extremity, The Lower Extremity, The Trunk, The Head and Neck, Part 1, The Head and Neck, Part 2, and The Internal Organs* [DVD]. Baltimore: Lippincott Williams & Wilkins; 2003.
- Anatomy and Physiology Made Incredibly Easy*. 2nd ed. Baltimore: Lippincott Williams & Wilkins; 2005.
- Andrade C-K, Clifford P. *Outcome-Based Massage: From Evidence to Practice*. 2nd ed. Baltimore: Lippincott Williams & Wilkins; 2008.
- Gach ME. *Acupressure's Potent Points: A Guide to Self-Care for Common Ailments*. New York: Bantam Books; 1990.
- Hedley G. *The Integral Anatomy Series, vol. 1: Skin and Superficial Fascia* [DVD]. New Paltz, NY: Integral Anatomy Productions; 2005.
- Hedley G. *The Integral Anatomy Series, vol. 2: Deep Fascia and Muscle* [DVD]. New Paltz, NY: Integral Anatomy Productions; 2005.
- Lundberg P. *The Book of Shiatsu: A Complete Guide to Using Hand Pressure and Gentle Manipulation to Improve Your Health, Vitality and Stamina*. New York: Simon and Schuster; 2003.
- Marieb EN. *Human Anatomy and Physiology*. 7th ed. San Francisco, CA: Benjamin Cummings; 2006.
- Rose MK. *Comfort Touch: Massage for the Elderly and the Ill* [Video DVD]. Boulder, CO: Wild Rose; 2004.
- Serizawa K. *Effective Tsubo Therapy: Simple and Natural Relief without Drugs*. Tokyo, Japan: Japan Publications; 1984.
- Thompson G. *Shiatsu: A Complete Step-by-Step Guide*. New York: Sterling Publishing Company; 1994.
- Tortora GJ, Derrickson B. *Principles of Anatomy and Physiology*, 11th ed. Hoboken, NJ: John Wiley and Sons; 2007.
- Yamamoto S, McCarty P. *Barefoot Shiatsu*. New York: Avery; 2002.

6

Special Considerations in the Use of Comfort Touch

WHOLENESS OF THE INDIVIDUAL

ADAPTING TO THE CLIENT'S NEEDS

Functionality
Pain and Discomfort

SPECIAL POPULATIONS: CONSIDERATIONS

Psychological Issues and Trauma
Infants and Children

Perinatal and Postpartum
Medical/Surgical
Chronic Illnesses
Dementia/Alzheimer's Disease
Terminal Illness

Touch is incredible. You look in the eyes of the patient, knowing you made a difference.
—Kathleen Pressley, PTA

With a clear understanding of the principles of Comfort Touch and a foundation in the hands-on skills of this modality, the benefits of touch can be extended to a broad range of people in a variety of settings. This chapter will provide additional information to help the practitioner of Comfort Touch to better serve individuals with special needs.

Comfort Touch is designed to be safe and appropriate for many people, including the elderly and those affected by illness or disability. While it is helpful to study the conditions and pathologies affecting clients in order to adapt to their needs, it is most important to focus on their wholeness as persons. With the respectful attitude and nurturing intention inherent in the practice

of Comfort Touch, the specific needs of the client can easily be accommodated.

Wholeness of the Individual

Often it is a specific condition, illness or complaint that brings the client—or the client's caregivers—to request massage. In much of health care, it is the complaint or "what is wrong with the person" that is the focus of treatment. In the practice of Comfort Touch, the ailments or limitations of the client are useful to recognize, but it is also wise to acknowledge "what is right with the person." No matter the severity of the patient's condition, it is helpful to emphasize the wholeness of the individual, even in small ways. For example, a patient may be bedridden and unable to



FIGURE 6-1. A woman is comforted by her daughter.

Though living with cancer, this woman is able to enjoy Comfort Touch provided by her daughter.

speak, but she is still able to feel and enjoy touch—to appreciate the warmth of human connection and compassion. (See Figure 6-1.)

Adapting to the Client's Needs

Whenever possible, it is helpful to gather information about a patient's condition before beginning a Comfort Touch session to ensure the safest, most appropriate, and most effective use of techniques. Understanding the pathology of a given disease also allows the practitioner to be more empathetic and understanding of the client's circumstance. But there are times where it is difficult to access information, for example, if the patient is not able to communicate clearly. Even with a detailed medical history of the client, the practitioner of Comfort Touch cannot be expected to be knowledgeable about all the ramifications of many diseases or pathological conditions.

It is important to recognize that there might be a broad variation of symptoms even within a group of people who have the same disease. For example, one person with multiple sclerosis may be very active and mobile, while another with the same disease may have great difficulty in walking. This is true of people with many other diseases and conditions, including diabetes, heart disease, asthma, Parkinson's, etc.

In order to best meet the needs of the client, look at two aspects of the person's condition—*functionality* and levels of *pain* and/or *discomfort*. These two aspects

operate on the physical, mental, and emotional levels of the individual's experience. (See Chapter 2 for more detail on Physical and Psychosocial Issues of the Elderly and the Ill.)

Functionality

Functionality refers to the individual's ability to function in her or his own body, utilizing the physiological capabilities of the body in a normal state or in a healthy adaptation to change. For example, does the person have difficulty breathing? If so, does she or he use supplemental oxygen? The therapist will adapt the body positioning of the client to best accommodate ease of breathing. If a person has limited mobility, the therapist can help her or him or her to get in the most comfortable position for the touch session.

On the *physical* level, functionality can refer to any of a number of factors in the client's experience. Some of these functions include:

- The ability to move and/or the degree of movement in the whole body or any part of the body
- The ability to breathe, with or without supplemental oxygen or the use of a ventilator
- The ability to speak and communicate
- The ability to eat without assistance
- The ability to use the special senses of sight, hearing, taste, and smell
- The control of bowel and bladder functions

If patients are able to communicate, you can assess their level of functionality by asking questions such as, "Are you comfortable in this position? Would you like to move? Is it okay when I move your shoulder?" You can observe their ease of breathing. Notice if they can hear your questions adequately.

On the *mental* level, functionality refers to the cognitive function of the individual. In other words, does the individual understand and process information accurately and appropriately? What is the quality of her or his memory—both long-term and short-term? How does the mental state of the client affect her or his ability to communicate with others and manage everyday living? If there are limitations in mental functioning, the Comfort Touch practitioner will need to be mindful to communicate in a clear and simple manner that is respectful of the client's needs.

On the *emotional* level, functionality refers to the psychological state of the individual. The client may exhibit a full range of emotional expression, from happiness to sadness, from anger to anxiousness. It is *not* the role of the Comfort Touch practitioner to diagnose mental or psychological conditions, but again,

she or he may be mindful of this range of expression, and gently accommodate to the client's needs.

Pain and Discomfort

While the various levels of functionality can be observed, pain, as well as its assessment, is a subjective experience. The range of responses to painful stimuli varies greatly from one person to another. Acute pain is the body's voice of warning, alerting the individual to injury in the body. Chronic pain can be the result of one or more factors, including damage to body tissues or organs, inflammation, chronic tension in muscles, or nerve impingement.

The sensation of pain can be modified by many factors, including memory, association, and the anticipation of pain. Some people are tolerant of pain, or have an attitude of "grin and bear it." Others are incapacitated by it. Pain can contribute to an array of emotional responses, including frustration, anger, sadness, depression, and hopelessness.

Surgery may be used to repair tissue injury, thereby treating the underlying causes of some pain. Pharmaceutical drugs are also used to help alleviate pain. However, for many people, the experience of pain persists, and accompanies or contributes to the loss of function. The fear of creating more pain can increase muscular tension, leading to more pain. The anticipation of pain also can inhibit people from physical activity or from moving an affected part of the body, leading to loss of muscle tone and consequent loss of function.

When offering Comfort Touch to people in pain, keep a respectful attitude, trusting your clients' assessments of their own pain. Do not judge them for their response to it. The health care worker who makes a comment like "She couldn't be in that much pain," conveys a disrespectful attitude toward the patient, which can actually interfere with the healing process. Remember that by acknowledging the person's experience, you show your care and concern. The intention inherent in the practice of Comfort Touch allows the patient to relax, sometimes even in spite of the pain. Having something to feel good about *is* an antidote to pain. Caring touch helps to alleviate the fear, anxiety, and depression that often accompany pain. It can break the cycle of pain, offering a change of perspective, a healing distraction from discomfort and suffering.

When beginning a session, ask the client if she or he has any areas of pain or discomfort needing attention. Ask if there are areas you should avoid. Some kinds of pain, such as muscle pain, can be alleviated by the direct pressure of Comfort Touch. With other kinds of pain, such as inflammatory pain due to arthritis, direct pressure would cause more discomfort. (See Precautions in the Use of Touch in Chapter 3.)

Special Populations: Considerations

There is an apparent simplicity to this modality of touch—an immediacy in the sense of compassion and connection. As the practitioner becomes confident in the application of the specific techniques, deeper layers of intricacy become apparent. Each client brings new information, awareness, challenges, and/or rewards to the practice of Comfort Touch.

Psychological Issues and Trauma

The emotional and physical experiences of each one of us are intertwined and ultimately inseparable. This is the dominant view of holistic medicine, in which the individual is recognized as a whole and multifaceted human being. Touch affects the mental and emotional health of the individual as well as her or his physical body. Modern medicine recognizes the need to address psychological issues, even as it uses an array of substances and methods to address physical ailments and concerns. The practitioner of Comfort Touch needs to be comfortable with the reality of the client's emotional expression, and learn to react in an appropriate and helpful manner.

Remember that it is *not* the job of the Comfort Touch practitioner to diagnose anyone's psychological condition, just as it is not within our scope of practice to diagnose physical disease. That is the role of other medical specialists, trained and experienced in diagnostic techniques. However, we may be in a position to provide touch as a complementary therapy to a patient receiving other aspects of medical treatment. People may be referred for massage or Comfort Touch by other health care professionals, who recognize its potential benefit for the patient.

Sometimes, individuals come to us seeking the benefits of touch, and we recognize the need to refer them for additional help from other professionals, whether for treatment by a physician, psychologist, or other appropriate health care provider. If you are working in a medical setting, there will be other people who can help sort out the patient's needs. In a private practice of massage, you can make suggestions, based on your connections with other health care professionals, including psychotherapists and social workers. You can suggest that the client ask for referrals from her or his own family physician.

Adhering to the principles of Comfort Touch, you can provide support to the person suffering from emotional distress, pain, or discomfort associated with acute trauma or traumatic memories.

Hints for Practice

Intuition

Intuition is the process of arriving at a conclusion without having gone through a conscious decision making process. It is the sense of knowing what to do without necessarily knowing why. You might be in a situation and say, "I just knew what to do." Or "I just had a feeling that I should simply hold her hand." Intuition is a very useful ability to develop in the practice of Comfort Touch, as you will frequently encounter situations that require you to be versatile and flexible in your approach with the patient.

Here are three ways to develop your intuition:

1. **Experience.** Practice your hands-on skills in situations that are relatively predictable and in which you can develop your confidence. For example, practice the techniques of Comfort Touch with a friend or family member, where you can elicit open and honest feedback.
2. **Knowledge.** Continue your study of anatomy and pathology by reviewing or researching the diseases and conditions that are being experienced by the patients in your care. This increases your knowledge base, and gives a foundation for the insights that arise as you work.
3. **Sensation.** Most often, intuition is based on the full use of your senses, also called **full sensory perception**. For example, you may intuit that you should place your hands on the client's shoulder, exerting a broad, encompassing pressure. The client's comment, "Oh, how did you know that's just what I needed?" confirms your intuition about placing your hands there as you begin the session. But you actually may have noticed, albeit unconsciously, that the client was holding that shoulder in a rigid, contracted posture. Or you may feel a twinge of discomfort in your own body which corresponds to something that is felt by the client.

Pay attention to all your senses as you work. Notice what you see, for example, in the subtle movements created by the breath as the client is touched. Notice if she or he leans into your touch, or away from it. Feel the texture and temperature of the client's body. Listen to the tone and quality of the individual's voice. Even the sense of smell has information to inform our intuition. And, of course, don't hesitate to ask the client for feedback about what you notice, always respecting the verbal information the individual may share with you.

Emotional Distress

Those who are in physical pain or who have suffered from the loss of function, often struggle with uncomfortable and sometimes conflicting emotions. For example, the patient with a life-threatening illness may be angry about having the disease, or fearful of its progression. She or he can appreciate the care and concern offered by others, while at the same time feeling anxious, frustrated, or despairing. Other feelings may include sadness, guilt, or depression. (See Bereavement—Dealing with Grief and Loss in Chapter 2.)

As practitioners of Comfort Touch, we touch the client's physical body, but we also touch and influence the emotional being. By holding the intention to comfort and the attitude of respect, we allow the individual to be accepting of her or his own feelings. There is no need to judge the emotions as good or bad, positive, or negative. There is no need to try to sort out the feelings or to fix or change them. The input given to the body through nurturing touch does provide opportunity for the client to experience a change of perspective, which

in turn allows a change in the experience of otherwise stressful or uncomfortable emotions.

Listening to clients is important, letting them know that you hear what they are saying. For example, you can validate their experience by reflecting back what is said, "Yes, it must be frustrating," or "Yes, it is hard to understand all these changes." Keep your words simple, and avoid projecting your own thoughts or fears onto the situation.

Remember to stay present and grounded in your own body, so that you don't sink into a pit of sympathy with your clients, where you feel as bad as they do. You are most helpful if you stay in a neutral place of compassion, offering your care and concern. In so doing, you offer people a helping hand to assist them out of the depths of their pain and discomfort.

Acute Trauma

Acute trauma is the experience of physical, emotional, or psychic injury in the moment. It could be a momentary crisis resulting from the experience of a painful or

uncomfortable medical procedure. It could be an accidental wound, or an emotional shock. Acute trauma can be primarily physical with attendant emotional trauma. Or it may be primarily emotional in nature, such as the shock one experiences at hearing a difficult medical diagnosis for oneself or a loved one.

Sometime you might be the first person to arrive at the scene of an accident. Or you might be present with someone experiencing acute trauma in a medical or homecare setting. It can be disconcerting to find yourself with someone who is expressing deep emotional or physical pain. If you are not comfortable with the expression of feeling yourself, this may add to the challenge. However, with training and experience you can learn to be effective in helping individuals survive and thrive in these situations.

To ensure your effectiveness in supporting the person experiencing acute trauma, pay attention to the following:

- **Physical safety:** If you are the only person available, you need to quickly assess the situation for safety. It is advisable to have training in a Red Cross First Responder course. Keep your own physical safety in mind, then pay attention to the physical safety of others. If necessary, call local emergency services or 911.
- **Stay grounded:** The quality of your presence conveys a sense of safety to the client. Focus on your own sense of connection to the earth beneath you, and you will create an atmosphere that is calming for the client, regardless of the circumstance or emotions being felt and expressed.
- **Stay present:** Focus on what is happening in the present moment, rather than attempting to ignore it or shift attention to the past or present. For example, avoid saying, “Why did this happen?” or “You will feel better tomorrow.”
- **Listen and validate:** Listen to what the person is saying and reflect that back. For example, you might say, “Yes, I hear you,” or “Tell me exactly how you feel.” Avoid saying, “Don’t worry. It won’t hurt.” or “It’s not that bad.” In other words, do not minimize or invalidate the person’s experience, but let her or him know it is okay to talk about it and/or to express feelings.
- **Accept crying as healthy:** The client may express feelings through tears, sometimes subtle, sometimes in a torrent of weeping. It might be appropriate to offer reassurance by saying, “It is okay to cry.” Know that the physical act of crying can have a profound healing effect on the body, as it allows pent up energy to be released, much like the release of rain in a thunderstorm. Another lighthearted way to validate the experience of

the person who is crying, is to say, “Crying is the body’s way of taking a shower from the inside out.”

- **Touch simply and directly:** Following the principles of Comfort Touch, take advantage of the power of touch to convey nonverbally a sense of calmness and reassurance. Often it is this touch—slow, broad, encompassing contact—that helps break the cycle of fear that characterizes a traumatic experience. The touch can be as simple as placing a hand on the person’s shoulder. Maintain steady contact, avoiding any sudden movements. Consistency of presence and contact convey safety to the person. Respect the person’s cues about whether she or he prefers to be touched or not.
- **Allow the client to move into a comfortable position:** Sometimes a person experiencing acute traumatic stress will want to move, trying to find a comfortable position. For example, one may contract one’s body, as if moving into a fetal position, or draw the arms together over the chest. Allow the client to move in this manner. You can easily accommodate your touch to the client’s movements or positioning, rather than expecting the client to adapt to you, or stay in a position that augments the feeling of vulnerability.
- **Ask appropriate questions:** It may be appropriate to ask, “How can I help?” or “What do you need?” The person might need something as simple as a glass of water, or a tissue to dry teary eyes. Avoid asking, “What’s wrong?” as this assumes that one’s expression of deep feeling is undesirable.

Traumatic Memories

Sometimes in the practice of bodywork, clients get in touch with deep feelings, evoked by the physical contact to their bodies. As one’s body relaxes, memories held locked in the body’s nervous system may rise to the surface of consciousness, stirring an emotional response as if the experience was occurring in the present. Touch can act as a catalyst to trigger the release of a range of physical and emotional responses. Your appropriate response can serve as an avenue for healing old wounds. The person may re-experience the past within the context of the safety you provide.

Emotional release does not rid the body of trauma. You cannot extract or delete a memory from the nervous system. But the input of caring touch and compassionate attention gives new information to the nervous system, allowing a change of perspective, a reorganization of information that can empower the individual to

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live more freely in the present, in spite of events that occurred in the past.

Comfort Touch is often a preferred form of massage for people who have experienced physical or sexual abuse. Because the client can be fully clothed, she or he may feel less vulnerable than with conventional massage, and find it easier to relax while being touched.

To be helpful to the client follow all the guidelines mentioned for working with a client experiencing acute trauma: attend to safety issues; stay grounded and present; listen and validate the individual; keep touch simple and direct, encouraging comfortable body positioning; ask for feedback on how you can help. Here are some additional guidelines:

- **Normalize feelings:** Let the clients know by your response that you are not judging them. Sometimes when people experience emotional release they feel not only the emotions associated with the past trauma (ie, shock, anger, fear), but they feel guilty, embarrassed, or apologetic about having an outburst of emotion. Through your attitude you convey a sense of acceptance, validating that it is normal and healthy for the individual to express feelings, thereby releasing their hold on the body.
- **Empower the person, not the trauma:** Focus on the wholeness of the person, validating her or his expression. You comfort the person by focusing on her or his inner strength and resources. Focus on the ability to survive the trauma, rather than on the trauma itself.
- **Speak the person's name and reference the body's experience:** When addressing the person in great emotional distress, it can be helpful to use her or his name. For example, say, "Helen, tell me what you are feeling now in your body." Acknowledging the person by name can help to keep her or him in the present. Asking about sensations in the body can help to keep her or him connected to the body, rather than disconnecting from it or withdrawing into the past. Memories relate to experiences of the past, but healing and integration occur in the present moment, by accepting the body and reality as it is now.
- **Remember to breathe and stay grounded:** Maintain your own sense of grounding. Breathe deeply and fully. If you do this as you touch the person, it will remind him or her to breathe also, allowing integration of emotions and physical sensations in the body.
- **Know when to refer:** Remember that it is your role to comfort, not to psychoanalyze the client. You may need to refer the individual for professional mental health counseling or services.

Infants and Children

Infants and children are a very special population who can benefit from Comfort Touch. Practitioners can help them through the direct application of specific techniques of touch. They can also assist the parents to feel more confident and effective in the use of touch with their own children.

Supporting Parent/Child Relationships With Touch

Massage with infants and children is primarily the role of the parents. From the first encompassing hugs of a mother for her newborn baby, to the reassuring contact offered to a child in need, touch is a means of nurturing a developing human being. (See Figure 1-1.) The conscious use of touch can be used in everyday tasks, such as dressing or bathing the young child. For example, the basic techniques of broad, encompassing contact pressure can be used when applying lotion or oil after the baby's bath, as shown in Figure 6-2.

Parents instinctively use the Comfort Touch principles of *broad* and *encompassing* contact as they hold their children. (See Figure 6-3.) The quality of presence and grounding of the adult, coupled with this instinctive and natural way of holding the child, allows the child in distress to relax. In this relationship the touch is mutually comforting and enjoyable for both parent and child.

Addressing Needs of Infants and Children

The principles of Comfort Touch and the inherent adaptability of this modality make it suitable to meet the needs of infants and children. The child can be



FIGURE 6-2. Comforting infant massage. The parent of this infant uses broad encompassing contact to apply lotion after the baby's bath.



FIGURE 6-3. A mother comforts her child. A parent instinctively follows the principles of Comfort Touch when she holds a child with broad, encompassing contact.

fully clothed and no special equipment or lotion is required. Often only a few minutes of touch are needed to elicit a positive response. An infant or small child can be held in the arms, while sitting in the lap of the Comfort Touch practitioner for a short session, using *specific contact pressure* on tonic acupressure points. (See Chapter 5.)

It is helpful to have a playful attitude when working with infants and children. Maintain eye contact and respond to their moving bodies, rather than try to hold them in a rigid position. Be especially sensitive to their physical responses and feedback, stopping or pausing as they adjust to your touch. If your contact is enjoyable to them, they will allow you to continue, even when they are initially in distress, for example, with respiratory congestion or colic.

The following are considerations in the use of Comfort Touch with infants and children:

- **Newborn infants:** The newborn infant is stimulated and comforted by touch. The Comfort Touch practitioner can help to ease the trauma of birth through the broad encompassing contact of *general contact pressure*. This touch is warming for the newborn, and helps to facilitate the sense of bonding connection. The new parents of the infant can be encouraged to touch and hold the baby. In some instances, where the child has hypertonic (tense) muscles, *broad contact pressure* and *specific contact pressure* can be used to facilitate relaxation of the muscles.

In hypotonic (low tone) muscles, *contact circling* can be used to stimulate circulation and nerve response to increase tone. This may be especially helpful to the newborn who is born with limp muscles, regardless of the cause. In this situation the baby may be in a specially heated bassinet, under warming lights. The massage therapist who is experienced in perinatal massage can use the techniques of Comfort Touch, in this circumstance, working cooperatively under the supervision of the obstetric physician and/or nurses.

- **Babies:** Comfort Touch can be used with babies, not only for general stimulation and relaxation, but to treat specific common ailments. For example, *general* and *specific contact pressure* can be applied to the baby's feet to help alleviate indigestion and/or colic. The baby can be held in the practitioner's arms or she or he may be lying down on a padded surface. (See Figure 6-4.) *Specific contact pressure* on the foot, and especially the toes, can relieve sinus congestion or respiratory distress. Work slowly, watching the baby's reaction. As you encompass the foot, move with the baby's overall movement.
- **Children:** Most children do not have the same degree of tension in the musculature as adults; therefore, they respond to touch much quicker than adults. They also have a much shorter attention span, so keep hands-on sessions relatively short and focused on the area of greatest tension or pain (ie, the shoulders or back). When working with children, it is wise to have the parents observe the session, so the child does not feel uncomfortable with being touched by a



FIGURE 6-4. Contact pressure on a baby's foot. Specific contact pressure is used on the baby's foot to help relieve colic, sinus congestion, or respiratory distress.

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non-family member. Doing so also encourages the parents to feel more confident in offering the benefits of touch to their own children.

- **Children and illness:** Illness presents a special opportunity to offer the benefits of Comfort Touch to the child. Often even parents are afraid to touch a child who is not feeling well. Remember that the intention to comfort is reassuring to the child, creating a feeling of safety, which facilitates healing. If a child is in acute distress, *broad contact pressure* and *specific contact circling* along the spine are especially helpful. The child may be in the side-lying position. *Broad contact pressure* on the sacrum is especially calming and grounding for the child.
- **Children with special needs:** The techniques of Comfort Touch are easy to adapt for the child with special needs (eg, a child who is in a wheelchair or has difficulty communicating). Therapists report success with autistic children and children with attention deficit hyperactivity disorder. The slow rhythm and the broad compression of Comfort Touch contribute to its effectiveness for these children.

Perinatal and Postpartum

Comfort Touch is a wonderful complementary therapy providing physical and psychological benefits to support women throughout their pregnancies and birthing experiences. Comfort Touch practitioners who wish to attend births should pursue training (eg, prenatal classes or **doula** birth assistant training), to prepare them to know what to expect as they assist in birth.

Pregnancy

The particular needs of the pregnant woman require that the therapist be versatile in working with her, helping her to find the most comfortable position to receive bodywork. The side-lying position allows easy access to massage the back, and is generally very comfortable for the woman. 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 hips. The client may hug a pillow for support. A small towel can be placed under the low back if support is needed there. (See Figure 6-5.)

Pregnancy puts added strain on the muscles of the back, especially the low back. Various techniques of Comfort Touch can be used on the back in the side-lying position. See Chapter 5 for the sequence of touch in the side-lying position. Use *broad* and *specific contact pressure* on the erector muscles on either side of the



FIGURE 6-5. Side-lying position. Using multiple pillows to support the woman's body, the side-lying position is the preferred position to massage a pregnant woman.

spine. (See Figures 5-28 and 5-29.) Use *specific contact circling* to areas of particular tension. Work closely with the woman's feedback, as she directs you in meeting her needs.

Pressure on the sacrum can help also relieve the low back pain that often accompanies pregnancy. The body can also be gently rocked in this position to alleviate tension along the spine. (See Figure 6-6.) This technique can also be used during labor, helping the woman to relax and rest between contractions.

Labor

During labor the practitioner must be prepared to adapt to the changing needs of the laboring woman. She might want to be touched one moment, and refuse



FIGURE 6-6. Side-lying position—sacrum press. Apply firm contact pressure to the sacrum with the woman in the side-lying position.

to be touched the next. Always respect her desires in the moment, letting her know you are available to accommodate her preferences.

In addition to the side-lying position, techniques of Comfort Touch can be applied as the woman is sitting, standing, or squatting. They can be used between contractions to help her to rest. Sometimes firm supporting *contact pressure* is applied to the low back or sacrum during a contraction. During the pushing phase of delivery, touch can be used to give support, helping to keep the woman energized and focused. Massage of the legs and feet is sometimes helpful between pushes, to prevent cramping of the muscles.

During birth, the Comfort Touch practitioner becomes part of a team that is committed to a safe and joyful birth experience. Keep safety uppermost in mind, as you work cooperatively with others, letting your grounded and unobtrusive presence support not only the mother, but her spouse/partner and the medical personnel.

Postpartum

Following the birth, you may have the opportunity to massage the newborn baby. (See the previous section.) Comfort Touch can be used on the mother immediately following the birth, or in the hours and days ahead, depending on her need and your availability. It is a wonderful service to provide the new mother, as she adapts to the changes in her body and the demands of taking care of the new baby.

Medical/Surgical

Comfort Touch has a very broad range of application in the care of medical and surgical patients. Because it is based on the premise that touch is an integral aspect of wellness and the healing process, its benefits can be applied safely, appropriately, and effectively for anyone who is open to being touched. The following are considerations for working with people affected by different illnesses and conditions. This is, by no means, a complete listing. The Comfort Touch practitioner is always reminded to adhere to the principles outline by SCRIBE when encountering new situations. Remember that there might be more variation of symptoms among people who have the same disease as there is among those with different diseases. Also, many people are coping with multiple conditions or diseases.

Acute Illness or Injury

Acute illnesses include anything from the common cold to a sudden heart attack. Common sense will dictate the wisdom of touch in acute medical situations.

Obviously, if the illness or injury is life threatening, you would call your local emergency services (911 phone alert system) to see that the person gets immediate help and transportation to a medical facility, if needed. Short of a life threatening emergency, or if in doubt about the appropriate course of action, call for medical assistance or advice.

In these situations, Comfort Touch has a place. The reassurance of touch to someone in an acute emergency or medical crisis—whether in a medical setting, or outside of it—can keep the person calm until further help arrives. Training in Comfort Touch, with its emphasis on quiet presence and grounding, is a complement to training in first response and emergency care.

All too often in our culture people let their fears of illness keep them from offering a comforting touch to someone who is in pain, or suffering from illness. Friends come to visit someone in the hospital and stand idly by, afraid to touch the one who is sick, for fear of hurting the patient or of catching the illness. Except for rare instances where quarantine is required, a simple touch—just holding a hand or encompassing the feet—can provide the healing balm to help the sick individual feel more confident about recovering from the illness.

Pre- and Postsurgery

Touch can provide comforting reassurance to a patient who is anticipating surgery. A nurturing massage before a scheduled surgery can provide the patient with time to relax and let go of fears about the impending operation. Nurturing contact from a family member, massage therapist, or other health care provider can set an upbeat and positive tone. It is useful to share even a few minutes of Comfort Touch with the patient as she or he is being prepared for admittance to the operating room.

If the surgery is scheduled ahead of time (ie, not an emergency procedure) the patient can discuss this option to have Comfort Touch before the procedure. Consultation with the anesthesiologist can be helpful to ensure that everyone is working to support the best outcome for the patient.

After surgery, the patient is returned to a recovery room. Once approval is given allowing visitors, Comfort Touch is again a helpful option, whether given by family member or another member of the health care team. Extreme caution is observed to touch only the most accessible part of the body. *Stay away from the general area of the surgery.* Avoid motion to the body, and keep touch to simple *broad contact*, using only enough pressure to let the patient know you are there and present to provide support.

Recovery from surgery varies widely depending on the particular surgery and the state of the patient's

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general health. If the patient is conscious (eg, following outpatient surgery), she or he may only be in recovery for a few hours before returning home. Touch can help to relax muscles that have become tense during the procedure (eg, the shoulder muscles). Keep the touch simple, listening to the patient's feedback. Sometimes, just sitting down and holding the patient's hands or feet is all that is needed.

In more complex surgeries, and/or where general anesthesia is used, it can take several hours for the patient to regain consciousness. Even so, it can be helpful to simply touch the patient. Many who have been in seemingly unresponsive conditions have reported the value of knowing that someone was there present with them. Just because someone cannot speak does not mean she or he cannot hear or feel or appreciate the presence of people who care.

One man who was on a ventilator and sedated for several days after a complex heart surgery later described his experience during the days following his surgery: *"I was on a boat. It was hot and there was no ventilation. The boat was moving. I could hear voices. I wondered why everyone was ignoring me . . . I wondered why no one came to visit me."* Recovery from surgery can be a very isolating, fearful, and disorienting experience. The simplest techniques of Comfort Touch can be used to help in the hours and days following surgery to assist in the healing process.

While blood is pumped via the mechanism of the heart, movement of the lymph is dependent on muscular movement. The broad compression that characterizes Comfort Touch is useful to help encourage the circulation of lymph after someone has been confined to bed for any length of time. (This is why compression hose are used following surgery to assist with circulation in the legs of both blood and lymph.) *Contact pressure* on the feet can help stimulate nerve response, both energizing and relaxing the patient.

The Comfort Touch practitioner working with a postoperative patient will work closely with medical personal to ensure the safety and comfort of the patient. Here are some factors to consider:

- **Cooperate with staff:** Communicate clearly with staff about your intention to comfort the patient. Respect their time and be as unobtrusive as possible. Most hospital staff will welcome family and/or well-meaning visitors (including you as the massage therapist).
- **Practice good hygiene:** Be diligent about hand-washing. In some cases you will be required to wear a face mask to limit the spread of airborne pathogens. Check with nursing staff to see if there are any other restrictions.
- **Be careful of medical equipment:** Do not interfere with medical equipment. Take care not to

touch any tubing or medical devices attached to the patient.

- **Listen to the patient:** Respond to the patient's needs and feedback regarding the touch you provide.
- **Avoid the site of surgery or pain:** Avoid the site of the surgery itself, and the surrounding tissue. Avoid causing any movement that could contribute to pain. Avoid touching areas of pain, without explicit permission from the patient's doctor.
- **Watch for deep vein thrombosis:** This is a potentially life threatening complication that sometimes follows surgery. It is a blood clot that develops in a deep vein, usually in the leg. This can happen if the vein is damaged or if the flow of blood slows down or stops. It can cause pain in the leg and lead to complications if it breaks off and travels via the bloodstream to the lungs. In some postoperative instances massage will not be allowed below the waist. This is something to be aware of even several weeks post surgery. Avoid deep work on the legs, especially if the patient reports specific pain in the legs. If you suspect this condition, *do not hesitate* to report it to the patient's doctor, so that it can be monitored and proper medical attention directed to the patient's condition.
- **Be respectful and inclusive of others:** Often when providing Comfort Touch in a medical setting you will have other people in the room, either other family members and friends of the patient or medical personnel. Be respectful of their presence, as it need not interfere with the touch you are providing. As you provide the hands-on care to the client, the healing essence of that touch can be seen and felt by others who are present, even if they only visit briefly. The restful atmosphere is tangible to others, and helps them to appreciate the value of the service provided by massage therapists in the medical setting.

Rehabilitation

Rehabilitation is a time of adjusting to changing life circumstances following illness, injury, and/or surgery. It can entail a relatively short amount of time, for example, several days or weeks in a medical setting or outpatient clinic to regain strength and function following surgery. Or it may be a long-term process requiring extensive medical treatment or physical therapy after a life changing event such as a cerebral vascular accident (stroke), spinal cord injury, or traumatic brain injury. Massage can play a significant role in helping the patient cope with the physical and emotional challenges in the

process of healing and/or adapting to change. It can bring relief to the patient by addressing specific areas of pain or tension in the body. It also provides the opportunity to encourage the patient in her or his recovery.

In working with the person undergoing rehabilitation keep the following considerations in mind:

- **Collaboration with health care team:** Remember that massage and Comfort Touch provide therapy that is complementary to other treatments including: surgery, pharmaceutical medicine, and physical therapy. The patient might also be receiving occupational therapy, speech therapy, or respiratory therapy. It is your job to work cooperatively with other members of the patient's health care team who are committed to the patient's recovery. Many of these other therapies involve concentration and/or physical focusing of energy, so it is most helpful to let the touch therapy be a time of complete relaxation.
- **Positioning of patient:** As always with Comfort Touch, you can work on the patient in whatever position is most comfortable to him or her, whether in bed, a recliner or a wheelchair. Some wheelchairs can be tilted backward, providing a comfortable position for the patient, without necessitating transfer to a bed. (See Figure 6-7.)



FIGURE 6-7. Comfort Touch in a rehabilitation setting. A nurse helps the patient to relax by using broad encompassing pressure.

- **Patient's tolerance:** Depending on the circumstances for which people are undergoing rehabilitation, their needs for touch will vary. For example, if the patient is very frail, only the gentlest of touch will be needed. If, on the other hand, the patient has a basically strong constitution and is recovering from an injury, she or he may be working very hard (eg, in physical therapy), and will appreciate contact that gives more specific and deeper pressure. Another example is the patient who has suffered a spinal cord injury, paralyzing the lower body. In the process of learning to adapt to navigating via a wheelchair, the muscles of the upper back, shoulders, and arms can become very hypertonic and sore. You can use deeper *general contact pressure* and *specific contact pressure*, and *contact circling*, based on the client's feedback.
- **Sensory perception and motor function:** Paralysis is loss of motor and/or sensory function to any part of the body. It can be caused by a number of factors, including spinal cord injury, stroke, brain tumor, or neuropathy. Assess the patient's level of motor function and sensation before beginning a touch session. She or he will be able to give feedback most easily where sensory function is intact. Generally, touch will be most enjoyable on the parts of the body where the patient has feeling. But it can be useful to parts of the body with loss of motor and sensory function because of the benefits to the circulatory and lymphatic systems.
- **Special needs of patients with traumatic brain injuries:** These injuries are the result of externally applied forces to the brain, caused by motor vehicle accidents, falls, sports injuries, gunshot wounds, or physical violence. They can result in cognitive impairment, changes in motor function, changes in emotional response, and/or behavioral function. In touching these people, keep in mind all the issues of working with patients who have experienced trauma. The person may be very sensitive to touch. She or he may be fearful of touch, especially to the head. Communicate your intentions carefully, work very slowly, and respond to the patient's feedback. Begin with short sessions, for example, by massaging the feet, to see how the person responds. In time, the steady, predictable nature of Comfort Touch can help people with these injuries to relax and enjoy new and healing input to their bodies.

Chronic Illnesses

Comfort Touch can be a valuable part of ongoing complementary care for those living with chronic illnesses.

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The benefits of touch can help alleviate the emotional and physical pain and discomfort associated with many diseases.

Cardiac and Pulmonary (Respiratory) Illnesses

Heart disease is the leading cause of death in this country. Cancer, cerebrovascular disease (stroke), and chronic lower respiratory diseases follow in number. As expected, these conditions are prevalent in the elderly population. A combination of genetic predisposition, lifestyle factors, and medical care influence the progression of these illnesses. Diseases affecting the functionality of the heart and lungs include **coronary artery disease**, **congestive heart failure**, **atherosclerosis**, hypertension (high blood pressure), **chronic obstructive pulmonary disease (COPD)**, emphysema, and asthma. Patients range from high functioning and ambulatory to those who are bedridden and require continuous nursing care.

Cardiopulmonary diseases present with a range of symptoms including: fatigue, muscle weakness, shortness of breath, chest pain, coughing, and wheezing. Depression is common in people suffering from heart and lung diseases. Mental functioning may be affected owing to insufficient blood flow to the brain. The causes of heart disease stem from one of the following: inadequate coronary blood supply (eg, due to buildup of fatty deposits in arterial walls); anatomical disorders, such as defective valves; or faulty electrical conduction (arrhythmia) in the heart. The symptoms of lung disease can result from; allergic reaction (bronchial asthma), infection (tuberculosis, pneumonia), cancer, inflammation (bronchitis), or structural changes in the lungs. The term **chronic obstructive pulmonary disease (COPD)** refers to those disorders in which there is some degree of obstruction of the air passages: bronchial asthma, bronchitis, and emphysema.

The function of the heart and lungs are interconnected through their complex and vital functions of blood circulation and respiration. In working with people challenged by heart and lung diseases keep the following in mind:

- **Breathing and oxygen:** Patients with compromised pulmonary function might have external oxygen tanks, with tubing to deliver oxygen via the nose. Be careful not to interfere with the flow of the oxygen. You may need to help reposition the tubing if necessary.
- **Positioning of the client:** Position the client to optimize breathing. Generally it is easier for the client to breathe with the back in a relatively elevated or upright position. The seated position, with the client in a wheelchair or recliner, is comfortable for many. If the patient is in a regular

bed, pillows can be used to elevate the back and head. Hospital beds can be adjusted to tilt the patient's back to a more upright posture. Check with patients to get their feedback. (Remember that the prone position is *not* used in the practice of Comfort Touch, in a medical setting. Even for a healthy individual it can be more difficult to breathe while prone.)

- **Edema:** Edema, the accumulation of fluid in the tissues of the extremities, is common. Be careful not to use too much pressure over areas of swelling. In early stages of diseases, use of the *water stroke* (see Figure 5-17) or techniques of manual lymph drainage can be helpful, but in later stages, these techniques will have little effect. Be attentive to the client's feedback, and keep your intention clear to offer comfort, rather than to treat specific symptoms, such as edema or poor circulation.
- **Fragility of blood vessels:** People with cardiopulmonary diseases often have very fragile blood vessels, and therefore are prone to bruising easily. In elderly clients in general, the skin becomes thinner and less elastic, so the fine capillaries beneath the surface have even less protection from pressure. Be especially careful to keep contact pressure broad. Avoid specific pressure applied via the thumb or fingertips.

Cancer

With advances in medical care and treatment, more people are living with and surviving the diagnosis of cancer. Cancer can affect any part of the body, and treatment options include surgery, chemotherapy, and radiation. From the initial stages of diagnosis, through treatment and recovery, touch therapies can provide comforting relief for the individual. For those who do not respond to treatment, Comfort Touch can be part of palliative and hospice care. (See Figure 6-8.)

As you work with people diagnosed with cancer, remember that it is your job to support them in a caring, nonjudgmental manner no matter the course of the disease or their chosen medical treatment options. The person may be overwhelmed by the ramifications of the disease itself, and/or the array of healing modalities presented to them. The massage session is a time to relax and take a break from the fear, uncertainty, and worry that may haunt them everyday. It is a time to feel good in the body, enjoying the pleasures of touch.

When offering Comfort Touch to someone who has undergone surgery, observe the usual precautions that you would with a surgical patient. Avoid the site of the surgery, giving the tissue ample time to heal. Radiation can cause burns to the surface of the skin, so avoid touching it as you would any site of a burn.



FIGURE 6-8. A woman in a hospice care center. The cheerful attitude and reassuring touch of the health care worker puts this patient at ease in the palliative care setting.

Chemotherapy, which is designed to destroy the growth of cancerous cells, contributes to a range of possible side effects, including: nausea, fatigue, constipation, bruising, skin sensitivity, pain, moodiness, and depression. Other medications to counteract these effects might be given to the patient (eg, anti-nausea drugs), and can help support the patient to a quicker recovery from chemotherapy. Comforting touch helps the patient to relax during the process, which can be prolonged over many weeks, allaying some of the fatigue and psychoemotional aspects of undergoing this kind of medical treatment.

Edema is often present in patients with cancer. Swelling can be found in any part of the body, but it is often most noticeable in the extremities. In the early stages of the disease, techniques of manual lymph drainage or use of the *water stroke* can be helpful to reduce swelling. In later stages of cancer, the functioning of the lymphatic system deteriorates, making it counterproductive to attempt to reduce the swelling through touch. In fact, touch to the edematous part of the body can be very painful. Sometimes gentle massage of the feet can be relaxing, even when touch to swollen ankles would be painful.

Cancer patients vary in the degree of pain they experience, depending on the site of the cancer and the stage of its development. Because pain medicine is an important aspect of medical care, particularly in long-term or terminal cases of cancer, it is important to assess its effects on the patient's ability to give you feedback relative to the amount of pressure you use. Generally you avoid working on the specific site of tumors, areas of swelling, or anywhere that touch could contribute to more pain.

Patients might have specific areas of pain or muscle tension. Listen and respond to their stated needs for

bodywork. For general relaxation, the techniques of Comfort Touch can be applied to any and all areas of the body. Many patients respond favorably to work on the hands or the feet, as this helps to calm and relax the whole body.

Diabetes

Since the discovery of insulin in the 1920s and subsequent advances in medical treatment, people with diabetes have been able to live long, healthy, and productive lives. Treatment of the disease requires diligence to avoid the myriad complications that affect the quality of life for diabetics. In the elderly population, diabetes is a disease that is often seen concurrently with other health conditions such as heart disease, stroke, or high blood pressure and kidney disease. Massage and Comfort Touch provide relief from the symptoms and help support diabetics in coping with the everyday challenges that accompany the disease.

Levels of functionality and pain vary widely, ranging from the active, athletic individual, to the one suffering from severe complications of the disease. Consequently, the approach to massage will vary. When functionality is high, clients can receive the bodywork of their choice and benefit from the myofascial and stress reducing effects of massage, which can be part of their regular health care regimens. For frail clients and/or those suffering from complications, Comfort Touch can provide safe and effective relief from pain and discomfort.

Most people affected by diabetes have a genetic disposition to one of the following types:

- **Type 1 diabetes** (insulin dependent diabetes mellitus, or IDDM): Affecting 5 to 10 percent of diabetics, insulin producing cells of the pancreas are damaged or destroyed. Consequently, the individual is dependent on insulin from either regular injections or use of an insulin pump. Though it is a genetic disease, the onset may be triggered by physical or emotional stress. It tends to develop at an earlier age than Type 2 diabetes, but age is not the determining factor for diagnosis.
- **Type 2 diabetes** (non-insulin dependent diabetes mellitus, or NIDDM): Affecting approximately 90 percent of total diabetics, it is more prevalent in people over the age of 40. In these people, the pancreas is producing insulin, but the cells that use insulin are resistant to it. Type 2 diabetics may take oral medications designed to decrease insulin resistance or to enhance the cells' sensitivity to insulin. Some also need to take insulin. Often lifestyle measures, such as

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losing weight and/or increasing exercise, improve insulin's efficiency.

In working with people with diabetes, keep the following issues in mind.

- **Myofascial effects:** Physiological changes, including elevated blood sugars, cause a thickening of connective tissue in the diabetic individual, which in turn affects mobility and elasticity of the myofascial system. This can be noted in general levels of stiffness in the muscles, tendons, and ligaments, as well as decreased range of motion in the joints. Stress hormones also contribute to chemical changes in the connective tissue, causing a stickiness between the layers of fascia. Touch therapies can significantly counter this effect. Massage works directly with the muscles and connective tissues in the body, helping to facilitate greater mobility in the body. Work slowly, allowing gentle movement according to the client's preference. The warmth of full hand contact, which emphasizes contact with the palmar surface of the hand, can bring soothing relief to stiff muscles and fascia. Gentle range of motion exercises and stretching can help encourage flexibility and health of the myofascial system.
- **Testing and injection sites:** Specialized meters and test strips are used daily (up to 10 times a day) to monitor blood glucose levels. Adjustments to caloric intake and use of medications are based on these tests. Because most of these tests involve poking the fingertips, they can become very tender or callused. Sensitively applied touch to the fingertips can be beneficial and enjoyable for the client. Generally, it is safe to massage the site of an insulin injection. Occasionally, there might be localized bruising, so respond to the client's feedback to avoid discomfort. Increasingly, more diabetics inject insulin via an insulin pump, a battery-driven device that pumps insulin via a small tube into the abdominal wall. Be careful to avoid pressure on the site itself. Also avoid pulling or pressing on the tubing.
- **Peripheral neuropathy:** Diabetes can lead to damage of the nerves of the hands, arms, feet, and/or legs resulting in numbness, pain, and/or weakness. When touching areas that are affected use caution to prevent pain or discomfort. Avoid touching these areas if they are painful. Use only *broad, encompassing contact pressure*, as it minimizes the danger of causing irritation, and it can bring relief. Many diabetics have extremely ticklish feet. You can also work through socks on the feet to minimize ticklishness.
- **Tissue damage, ulcers:** Because of impaired circulation, diabetics are more prone to tissue

damage and slow healing of wounds, particularly to the extremities. Avoid any pressure on sores, open wounds, or areas of bruising. For complications involving ligaments, tendons, or joints, avoid using deep pressure or excessive movement.

- **Hypoglycemia:** **Hypoglycemia** is the condition in which the individual experiences blood sugar levels below 70 mg/dl. Diabetics vary in their level of awareness and ability to recognize symptoms of hypoglycemia, *which is a very serious and potentially life-threatening condition*. For those using insulin, blood glucose levels should be tested before receiving a massage. Blood glucose levels can change during a session, so it is also important to test after the session. While a moderate drop of 20 to 30 mg/dl can be anticipated, changes in either direction of up to 100 mg/dl have been recorded from one hour to the next.^{1,2}

Because of the frequently unpredictable nature of diabetes, it is important to recognize the signs and symptoms of hypoglycemia:

- Excessive sweating (skin may feel clammy)
- Faintness or headache
- Inability to awaken
- Spaciness—the person may talk or move slowly, or not be able to speak coherently. (*This may be confused with the more typical relaxed state that one experiences after a massage.*)
- Irritability
- Change in personality
- Rapid heartbeat

If the client shows any of the above signs, ask her or him: "How do you feel?" Note the coherence of the response. Be aware that blood-sugar level can drop quickly, so that treatment must be given *immediately*. If sugars are low, the diabetic needs sugar fast! This may be in the form of fruit juice, honey, a sugary drink, or glucose tablets. (Many diabetics carry their own glucose tablets, or another source of quick-acting carbohydrates, such as juice or candy.) A cup of juice, or the equivalent of 15 to 20 grams of carbohydrates, will usually be sufficient to raise the blood glucose to a safe level. Changes will be noted in the person within minutes, who should be allowed to rest for 10–20 minutes, then encouraged to test her or his blood-glucose level again to see if more carbohydrate calories are needed.

Infectious Diseases

Infectious diseases present special concerns to ensure the safety of both the touch therapist and the patient. Infectious diseases include a broad spectrum of illnesses, from generally short-term conditions such as

the common cold, to acute influenza, to long-term chronic diseases such as Hepatitis C or HIV/AIDS. **Septicemia** is a dangerous systemic disease caused by the spread of microorganisms and their toxins via the circulating blood.

People who are elderly and/or suffering from chronic illness (eg, cardiopulmonary diseases) may be especially vulnerable to infection (eg, respiratory infections or staph infections) owing to weakening of the immune system. In the medical setting, there is greater potential for the spread of infection, so care must be maintained when touching patients to observe the good rules of hygiene. (See Chapter 3.)

Patients with infectious diseases are often physically and emotionally isolated from others. The physical isolation may be necessary, especially in acute situations where medical needs must be assessed and treated. The social and emotional isolation can be a very difficult aspect of the illness. But with medical supervision and permission, and observing necessary rules of hygiene and universal precautions, these patients can enjoy the benefits of touch. Always consult with the patient's health care providers before working with this population.

In working with people with known or potentially contagious diseases, consider the following:

- **Hygiene.** Observe all rules of hygiene, including standard and universal precautions. Wash hands carefully before and after touching the patient.
- **Masks.** If patients have respiratory infections, or if there is danger of you infecting them, you may be advised or required to wear a mask. This is often the case in working with post surgical patients, as well. Make sure you are using the mask correctly.
- **Gloves.** In some instances you may be required to wear gloves. For example, you can wear gloves if the patient has a contagious rash, or rash of unknown origin. Generally, you would avoid touching these areas, but if touch would be beneficial, e.g., massage of the feet, you can use broad encompassing pressure, even while wearing gloves for the patient's benefit.

Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by the **human immunodeficiency virus (HIV)** which attacks the immune system, leaving the person vulnerable to a host of opportunistic infections and cancers. It is transmitted from person to person via bodily fluids (blood, semen, vaginal fluid, breast milk). It is not spread via sweat, tears or saliva. Symptoms can be mild to severe, and affect all systems of the body. They include: fatigue, weight loss, fevers, persistent infections, skin rashes, memory loss, respi-

ratory distress, lack of coordination, gastrointestinal distress, headaches, hypertension, muscular tension, and neuropathy. Because of advances in medical treatment, many people living with this once fatal infection can now live relatively healthy and productive lives for many years after diagnosis.

Massage can provide the physical benefits of general neuromuscular relaxation, along with the psychoemotional benefits of safe and comforting human contact. Check with the client, and/or her or his caregivers, before the session to understand the current condition of the client. Note any specific precautions to the use of touch. Because of the vulnerability of the immune system of those infected with HIV, be sure that you are free of any contagious infections such as a cold or flu.

People with HIV/AIDS do experience a number of adverse effects related to the drugs used to treat the disease. These include:

- **Lipodystrophy:** A disturbance of fat metabolism, lipodystrophy causes uneven distribution of fat in the body. It may involve loss of fat from the face, arms, and legs, and accumulation of fat in other areas, such as the abdomen and back of the neck. When giving massage be sensitive to the clients' feedback regarding touch of these areas.
- **Muscle cramping:** The muscles may be hypertonic. To calm down the cramping and/or to prevent it, use slow, broad, firm pressure. Avoid stretching and overstimulating the muscle tissue.
- **Intestinal distress:** Patients may suffer from diarrhea, and other gastrointestinal symptoms. Use of acupressure points on the small and large intestine meridians can help calm the body, bringing relief.
- **Neuropathy:** This condition affects primarily the nerves of the hands and the feet, resulting in numbness or pain. Keep touch very gentle and respond to the clients' feedback regarding their preferences for pressure and the types of techniques used. If touch is painful, avoid the areas of neuropathy altogether and focus on other areas of the body that give the patient relief.

The greatest benefit of massage for people with HIV/AIDS is relaxation. The fear and stigma that have surrounded this disease place an emotional burden on them which heightens the already difficult challenge of managing the physical symptoms of the disease and the adverse effects of the drugs designed to treat it. Your compassionate attitude and caring use of touch create a safe haven, allowing them to feel at ease in their own bodies.

Arthritis and Other Inflammatory Diseases

Osteoarthritis, literally meaning “inflammation of a joint” is a degenerative condition of the joints, characterized by the destruction of articular cartilage, particularly in weight-bearing joints (e.g., the vertebral column, the hip, and the knee joints). There may be overgrowth of bone and the formation of bone spurs. It is usually accompanied by mild to severe pain, and involves progressive loss of function. Usually caused by wear and tear on the joints and consequent irritation and inflammation, it is a common condition in older people.

In providing Comfort Touch, avoid direct contact on the areas of pain and inflammation (eg, the joints themselves). However, broad encompassing contact pressure to surrounding muscles can bring relief. Gentle motion may also be helpful.

Rheumatoid arthritis is a chronic autoimmune disease characterized by inflammatory changes in the joints, particularly those of the hands and the feet. Changes in the synovial membranes and other connective tissues can lead to deformities of the joints and consequent dysfunction and pain. It affects people of all ages.

As with osteoarthritis, avoid direct pressure on areas of pain or acute inflammation. Comfort Touch can bring relief to areas of tension surrounding the affected areas. Work with the patient’s feedback to your touch. Simple holding, letting the warmth of your hands penetrate the tissues, can be very soothing. For example, encompass the patient’s hands with both of your hands, holding through several complete breaths. You can also incorporate gentle movement of the arm, to help encourage circulation of blood and lymph and to promote greater mobility.

Bursitis and **tendonitis** are inflammations of structures associated with movement in the body. The bursae are small sacs found in the connective tissue in the area of a joint. They are lined with synovial fluid, which acts to reduce friction in areas of movement. Tendons are composed of fibrous connective tissue and attach muscle to bone. Inflammation of these structures is usually the result of injury or overuse. As the individual rests the areas affected by acute inflammation, the swelling and pain can subside, allowing recovery. For many, however, especially the elderly, the condition becomes chronic, neither responding to rest or other treatments. These are painful conditions, affecting life function. For example, chronic inflammation in the trochanteric bursa (in the hip), or tendonitis of the iliotibial band of the upper leg, can severely limit the ability to walk without pain.

As with any inflammation, it is not advisable to apply pressure directly on the area of injury, as this would cause greater pain and/or injury. But it can be

useful to use broad, encompassing pressure to the surrounding muscles to help them relax. Also, because of the limitations to movement caused by the pain, massage to facilitate the flow of lymph distal to the area can be useful. For example, use of the *water stroke*, or other techniques of manual lymph drainage can help bring relief to the person suffering from bursitis or tendonitis.

Neurological and Neuromuscular Diseases

Diseases affecting the nervous system and consequently the function of the muscles range from those which may develop prenatally, such as cerebral palsy, to others, such as Parkinson’s disease, that tend to develop later in life. As with other conditions mentioned in this chapter, the benefits of touch can be appreciated by respecting the needs of the individuals you are touching, as well as responding to their feedback. The following is information on some of these conditions. It is by no means a comprehensive listing:

- **Parkinson’s disease** is a chronic nervous system disease, characterized by a fine, slowly spreading tremor, muscular weakness and rigidity, and irregularities of the gait. There may be an increased danger of falling either forward or backwards. The speech is often slow and measured. Its onset is more common in people over the age of 50. Massage and the broad compression of Comfort Touch can help to maintain flexibility, and bring relief from pain. Keep in mind that, although speech is difficult, the mental function of people with Parkinson’s disease is normal.
- **Multiple sclerosis** is a disease that involves the destruction of the myelin sheaths around both motor and sensory neurons in the central nervous system, resulting in spasticity of muscles, tremors, fatigue, and progressive loss of motor function. Usually it is diagnosed when the individual is between the ages of 20 to 40 years of age. Symptoms of multiple sclerosis can be exacerbating-remitting—meaning that there are episodes of neurologic dysfunction followed by periods of recovery. They may experience pain owing to muscle spasms and hypertonicity. They can benefit from slow, broad deep pressure. Take care not to overstimulate the muscles, as this can cause more spasms. Stress is a common trigger for the onset of symptoms; therefore, the relaxation afforded by massage can be a valuable part of preventative therapy.
- **Amyotrophic lateral sclerosis** (also known as Lou Gehrig’s disease) is a progressive condition that destroys motor neurons in the central and peripheral nervous system, leading to the atro-

phy of voluntary muscles. It is usually diagnosed between the ages of 40 to 70 years old. Loss of function can be rapid, leading to death within a year or diagnosis, or patients can plateau and live many years after diagnosis. Loss of autonomic muscle function leads to loss of respiratory function, so many of these people are breathing with the assistance of ventilators. Likewise they lose the ability to swallow, so they may receive nourishment via breathing tubes. But mental function remains high, so that many adapt to communicate using special computerized devices.

- **Cerebral palsy** is a disease stemming from causes occurring before or during birth or in early childhood. Those affected have impaired muscle function, with sometimes random involuntary movements. When touching them do not try to restrain these movements. Rather, move with their movements, as if to dance in partnership with them as they move. Stay very grounded and flexible in your own body for your safety and theirs. Speech may be somewhat impaired, but communication simply requires the willingness to take the time to listen carefully and respond in the moment.
- **Muscular dystrophies** are a group of more than 30 genetic diseases characterized by progressive weakness and degeneration of the skeletal muscles that control movement. Some forms of muscular dystrophy are seen in infancy or childhood, while others may not appear until middle age or later. Functionality and progression of the disease varies widely. Loss of muscle function not only affects the skeletal muscles, but the cardiac muscle and muscles affecting respiratory function.
- **Post-polio syndrome** is a variety of musculoskeletal symptoms and muscular atrophy that create new difficulties with activities of daily living 25 or more years after the original symptoms caused by the viral infection of poliomyelitis. Massage and Comfort Touch can be very helpful in alleviating the pain and fatigue that accompany this syndrome. Listen carefully to the clients' needs and respond to their feedback.

Visual Impairment

Diseases and conditions affecting vision are widespread among people of all ages, but they are most prominent in the elderly, often representing a challenging loss of function. Though Comfort Touch does not directly relieve visual impairments experienced by people, it can help relieve the patterns of compensation

to the musculoskeletal system of those affected. For people who have lost significant function of the special sense of sight, Comfort Touch also provides a nurturing pleasurable experience through another avenue of perception—the sense of touch. It helps provide emotional support to those suffering from the trauma of sudden or gradual vision loss.

Conditions of the eyes range from common eye-strain, **myopia** (nearsightedness), and **presbyopia** (age related farsightedness) to diseases which threaten significant loss of vision, such as **cataracts**, **glaucoma**, **macular degeneration** and **retinopathy**. When eyesight is impaired, the individual may suffer from eye-strain or myofascial tension in other parts of the body, as she or he struggles to compensate for the visual impairment. For example, holding the head in awkward positions to “try and see better” can contribute to tension in the head, neck, shoulders and upper back. Decreases in depth perception or sensitivity to light can affect balance, as the individual braces to avoid falling or bumping into objects. Often tension is held in the muscles, even without the conscious awareness of the individual.

The nurturing pressure of Comfort Touch can help to relieve the discomforts of visual impairment through the use of a few simple techniques. *Lift and squeeze* the bellies of the trapezius muscle at the top of the shoulders (see Figure 5-13) to relieve the tension to this general area. *Contact pressure* (see Figure 5-12) and *specific contact circling* (see Figure 5-11) in the bellies of the trapezius muscle can calm the muscle as you provide pressure to the motor points of the muscle. Massage of the upper back using *broad contact pressure* is helpful as shown in Figure 5-5. It is also helpful to apply pressure to specific tonic acupressure points along the occipital ridge—Bladder 10 and Gallbladder 20 as shown in Figure 5-32.

For people with visual impairment, the pressure to these areas of the body should be applied slowly. The contact can be firm according to the preferences of the client. When using any of these techniques, work very closely with the feedback of the client regarding the amount of pressure used and the length of time pressure is held.

Fibromyalgia and Chronic Fatigue Syndrome

Fibromyalgia, also called myofascial pain syndrome, is a condition without specific known cause. People afflicted with these syndromes experience chronic pain and tender points in the muscles, tendons, and other soft tissues of the body. Often they also experience sleep disorders, fatigue, and depression. **Chronic fatigue syndrome** (CFS) is an associated disorder, characterized by extreme fatigue that impairs activities for at least

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6 months, in the absence of other known physical or mental diseases. As the quality of life is affected by pain, fatigue and consequent loss of function, these syndromes affect the individual's ability to live to previous levels of activity.

Nurturing massage that adheres to the principles of Comfort Touch can help these individuals to relax more fully. The *broad encompassing compression* of Comfort Touch is especially soothing, and helps to sedate the nervous system. Many people with fibromyalgia report that techniques of conventional massage (ie, gliding and kneading) cause more pain, perhaps because of the highly sensitive nature of their nervous systems.

Many people with these syndromes have searched for cures for their ailments and experience frustration at the lack of effective treatment options.³ While it is unknown if some past trauma may be associated with the illness, some have been told that their symptoms are all "in their head," and there is no reason they should feel as they do. In other words, they have been invalidated for their own experience. The attitude of respect inherent in Comfort Touch brings emotional as well as physical relief to them. Be very careful to ask the client what she or he needs and respond to this verbal and nonverbal feedback.

Other Conditions

There are many different diseases and conditions affecting one or another of the tissues, organs, or systems of the human body. For example, scleroderma is a condition which can cause a thickening of the skin or other connective tissues in the body. Diseases affecting the kidney, liver, or gastrointestinal tract may cause local pain or systemic pain and/or dysfunction. It is impossible for practitioners of Comfort Touch to be knowledgeable about all known conditions and pathologies, but it is wise to ask either clients or their caregivers for relevant information in order to best serve their needs. Follow Precautions in the Use of Touch. (See Chapter 3.)

Dementia/Alzheimer's Disease

Dementia is the loss of mental function, and can be attributed to various causes, including; **Alzheimer's disease**, **vascular dementia**, **stroke** (also called **cerebral vascular accident** or CVA), and **transient ischemic accident** (TIA). Brain tumors, injury, or other illnesses can also contribute to dementia.

Alzheimer's disease, which is a degenerative disorder of the brain, is the major cause of dementia. It involves shrinkage and death of neural tissue. Most common in people over the age of 65, it causes memory loss, personality changes, disorientation, and eventual loss of physical function leading to death. For their

own safety and the safety of others, most people with Alzheimer's disease must eventually be taken care of in skilled nursing facilities. Increasingly, people with this disease are being cared for in specialized nursing facilities called "memory centers," which are designed to meet the needs of these patients.

Vascular dementia and stroke are other common causes of dementia in the elderly, and result from changes in the cardiovascular system and diminished blood flow to the brain. In severe cases the loss of mental function is progressive. In some cases it is temporary, and the patient is able to recover function with treatment of the underlying circulatory condition.

The loss of cognitive function may be gradual and progressive, as with Alzheimer's disease, or it may be rapid, as with a major stroke. Fear is often a prevalent emotion, especially if someone has awareness of the loss of her or his own mental function.

Touch can provide a comforting connection for people with dementia, no matter the cause. Mental deterioration usually makes verbal communication difficult. In some cases, such as with stroke, the person may be able to formulate clear thoughts, but is unable to communicate clearly, which can be very frustrating. Touch provides a direct link to nonverbal communication.

Because of its steady, predictable contact, Comfort Touch is an especially suitable approach to massage for the person with dementia. This predictability allows the person to feel safe and in control, regardless of their ability to communicate clearly in words. Remember that as a therapist you might never know what clients are actually experiencing or comprehending inside their own minds and bodies. Therefore, it is wise and respectful to give the benefit of the doubt and treat them as if they can hear and understand your words. They will understand the clear intention of your touch. (See Figure 6-9.)

Terminal Illness

Dying is an inevitable aspect of the spectrum of living experience. Personal and societal beliefs and fears about dying influence much of the way people live. The imminent prospect of dying often challenges an individual's beliefs, and can lead to changes in interpersonal relationships with family and friends. Death affects us all, yet it remains one of life's enduring mysteries.

People approaching death have stated that their greatest fear is not death itself, but they fear the pain, or they fear being out of control. Appropriate palliative care, including Comfort Touch, can bring soothing relief into the picture as one faces the pain, fear, and uncertainty surrounding death. To provide palliative care does *not* mean "to assist people to die." Rather, the intention is to help individuals to experience comfort-



FIGURE 6-9. Connecting with a dementia patient. The caregiver connects with this man using broad, encompassing touch.



FIGURE 6-10. Encompassing touch. A woman in a long-term care facility relaxes during a session of Comfort Touch.

ing support in an atmosphere of dignity and grace, even until the final moments of life.

For the purposes of insurance coverage for hospice care or the provision of the Medicare hospice benefit, there are established guidelines to predict the course or prognosis of a disease. But the timing of death is not a fixed science. There is tremendous variation in life expectancy among individuals living with chronic/terminal illness. In fact, some people treated with palliative measures recover function, living far beyond their prognosis. For others, death comes quickly, without warning. So the practitioner of Comfort Touch is reminded to be present with the patient, respectful of the opportunity to provide care in the moment.

General Geriatric Decline

The process of aging inevitably leads to death. There are those people for whom there is no specific diagnosis of illness, except for the slow decline in function of all the bodily systems. Referred to as “general geriatric decline,” “debility unspecified,” or “failure to thrive,” the individual may be living at home, in a nursing facility, or in a hospice. Comfort Touch can be a helpful aspect of care, bringing dignity and respect to the aging individual. (See Figure 6-10.)

End Stage of Disease

Terminal illness affects people of all ages and lifestyles, across the spectrum of life circumstances. The leading causes of death are heart disease, cancer, stroke, respiratory illnesses, accidents, diabetes, infectious illnesses, and Alzheimer’s disease. Each disease has unique signs and progression of symptoms. When treatment options

are no longer effective in curing or halting the progression of the disease, and when life function is severely affected, the person is said to have a terminal illness. Within the hospice and palliative care model of medicine, efforts shift from the curative mode to that of providing comfort. These palliative measures include pain management, nutrition, personal care of the body, and psychoemotional and spiritual support. The principles and techniques of Comfort Touch are consistent with and complementary to this model.

The following are some of the changes that can be noted in terminal illness:

- **Functionality:** The function of body organs and systems diminishes, affecting changes in mobility, circulation, respiration, digestion, and elimination. There may be changes in vision, hearing, and the ability to speak.
- **Pain:** Levels of pain may necessitate adjustments in the use of pain medication.
- **Emotional expression:** The patient undergoes changes in emotional expression. A person might feel sad, angry, depressed, anxious, agitated, or accepting. *There is no one way that people feel or should feel.* Emotional response can vary by the day or by the hour.
- **Withdrawal:** The patient usually indicates less interest in eating and drinking. She or he might have less interest in social interaction, or wish to limit interaction to a chosen few family and/or friends.

Comfort Touch for the Comatose or Dying Patient

In the practice of Comfort Touch you may have the opportunity to provide touch for someone who is in a

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coma. Derived from the Greek word *koma*, meaning “deep sleep,” it is the profound state of unconsciousness, characterized by the absence of eye opening, verbal response, and motor response. A coma may be a temporary state (eg, when someone is recovering from surgery or serious injury). A coma may be medically induced, when sedation facilitates the healing process. Or a coma may be part of the trajectory leading to death.

Just because someone cannot speak or move does not mean they do not think or feel or hear. Be especially sensitive to the impact of your presence, your words, and your actions, when you are in the room with someone who appears to be in a coma. *It is best to assume the patient can hear you and others as you speak.* Always include the patient in your awareness.

The following are considerations for providing Comfort Touch to a person who is in a coma or actively dying:

- **Communicate:** Talk as if the person can hear you, introducing yourself and stating your intention to offer Comfort Touch. Ask permission, and take a moment before actually making physical contact. You do not need to hear a verbal response, but your words should convey respect and the intention to comfort, easing the way into the touch itself.
- **Keep the touch simple:** Following the principles of Comfort Touch, let the pace of your touch be particularly slow. *Broad contact pressure* and *holding* are appropriate techniques to use. You may want to sit beside the patient, relaxing in the quiet, still atmosphere.
- **Pay attention to nonverbal feedback:** Notice the patient’s nonverbal response. For example, you may observe changes in the pattern of breathing, or note subtle movements in the eyes or other areas of the body.
- **Remember to breathe:** Being in the presence of someone who is close to dying is a very profound experience, and may trigger intense feelings for you. Remember to breathe. Keep grounded. Take a break if you need to.
- **Respect others:** Often other family members or friends will be in the room. Medical personnel may be present. Respect them all, allowing each one to be close to the patient according to their own inclination. In fact, as a Comfort Touch practitioner you can help to encourage others to touch their loved ones. By your example, you set a tone in which all feelings are valid and acceptable. If it feels appropriate, you may provide gentle, comforting touch to the others present.
- **Let go:** This is a time to let go of your own personal attachments. Remember you are there to offer comfort and assurance. Your kindness,

along with the loving support of everyone who is with the patient, can help to ease any fear associated with the illness and/or dying process. In their own time, patients will make the transition we know as death.

STORY



Donald

“The long, sweet velvety night in which all pain subsides beckons to me from the far side of dusk.”

Donald wrote these words in the autumn of 1990 before his death from acute myeloid leukemia at age 33. Once an enthusiastic outdoorsman and lover of life, he was coming to terms with the fact that the disease process, once in remission after a bone marrow transplant, was again progressing. As a massage therapist with hospice, I had the privilege of getting to know him in the final months of his life.

As his body became gradually weaker, his mind and heart remained clear and strong. During our bodywork sessions he spoke easily to me of his thoughts on death, stating his wish to be conscious and lucid when it happened. He shared his questions, feelings, and concerns about dying. During his remission he had volunteered his time to work with senior citizens, entertaining them with his juggling and playful sense of humor. There he met Kathryn who worked as the activities coordinator. Even as he fell in love with her, he told her, “I’ll never be old.”

On Saturday, December 15, Donald and Kathryn were joined by family and friends as they declared their undying love in a marriage ceremony. (See Figure 6-11.) Amid the tears, cheers, and laughter, all could feel the preciousness of life, not really believing death could come within the approaching weeks. Donald, vibrant and fully in command the day of the wedding, began to weaken rapidly in the next few days. The pain in his body increased as well as the exhaustion from anemia and bleeding.

On Tuesday he called together his family and friends, taking time to be alone with each one of them. The temperature outside was frigid and snow blanketed the house, but the warmth of heart in this home was tangible. Thursday night as others slept, another friend and I joined Kathryn as she cared for Donald. Throughout the long hours of darkness he lapsed in and out of consciousness. At one point he said, “No one ever told me how to die. I don’t know what to do.”

Kathryn, though feeling sadness at his approaching departure, steadfastly, courageously, and compassion-



FIGURE 6-11. The wedding day. Living in the moment, Kathryn and Donald celebrated their life together with family and friends.

ately offered encouragement and comfort to him. Softly, she said, "It's okay, Donald. You can just let go."

"That's what's scary," he answered. "You have to let go of everything at once." As the hours progressed through the night, it seemed as though Donald was exploring new territory. His questioning opened up to a different dimension of reality we could only sense but could not see as he could. He said, "It's truly an amazing thing!"

Toward dawn, after a time of deep quiet, he asked, "Is anyone going to go with me on the bus?" He visibly relaxed, peacefully seemed to let go as Kathryn answered, "You have to go alone, but people will be there when you arrive and there will be lots of love where you are going, just as we all love you here. It will be a beautiful trip. Just get on the bus when it comes."

At 6:30 A.M. he spoke his last words, "Kathryn, I love you." Throughout the day he rested comfortably. One or two people were with him all day, simply being present in the silence that Donald emanated and that he valued so much. That night as his breathing changed, we knew death was close. The hospice nurse came. Family and friends gathered to be with Donald in his small bedroom. In our closeness to Donald and each other I could feel the immensity of the emotions surrounding us, and the mystery of death and the magic of life, as we said goodbye to our friend.

At 11:10 P.M. Friday, the evening of the Winter Solstice, he exhaled his last breath. Kathryn, who had offered constant comfort and encouragement throughout the hours and days, now let go of his hand and broke into wailing sobs. "He's gone, he's gone!" The tears flowed freely amidst a chorus of grieving.

"Well, he got the bus!" someone said. Laughter followed, then silence, precious silence.

Many years later, I am still grateful to Donald and his family for the privilege of being with them in their time of transition. There is still so much to learn about life and death and love.

Summary

- Inherent to the practice of Comfort Touch is the recognition of the client as a whole human being who can appreciate the value of human connection and compassion.
- Gathering information about the client's condition can ensure the most safe, appropriate, and effective Comfort Touch session possible.
- There might be more variation of symptoms within a group of people who have the same disease than there is among people with different diseases.
- The most appropriate touch sessions for clients are determined by assessing their functionality (physical, mental, emotional), and their level of pain. Always respond to the stated needs and feedback of the client.
- Comfort Touch can bring relief to people needing general emotional support. It can be helpful to people who are suffering from acute trauma or emotional distress, or are suffering from traumatic memories.
- Comfort Touch provides a safe way to massage infants and children. The Comfort Touch practitioner can help to encourage the parent/child relationship through touch.
- Women can enjoy the benefits of Comfort Touch throughout labor, delivery, and the postpartum period.
- Comfort Touch is used successfully in the medical setting for patients suffering from acute illness or injury; before and after surgery; and during the rehabilitation process.
- Comfort Touch is used as part of complementary health care for people suffering from a full range of chronic illnesses and conditions, including: cardiac and pulmonary disease, cancer, diabetes, HIV/AIDS, arthritis, Parkinson's diseases, multiple sclerosis, fibromyalgia, chronic fatigue, and Alzheimer's disease.
- Comfort Touch can provide support throughout the final stages of life.



Review Questions

1. The practitioner of Comfort Touch focuses on the wholeness of the individual. Describe how you would do this when working with someone who has a particular disease.
2. What is the value of studying the pathology of a disease that affects a person who is receiving Comfort Touch?
3. Explain this statement: "There might be more variation of symptoms within a group of people who have the same disease compared with people with different diseases." Give examples.
4. What is meant by the term "functionality?" Give examples. How can the assessment of the client's functionality affect choices made in giving a Comfort Touch session?
5. Why is it important to ask the patient about her or his experience of pain?
6. Explain this statement: "Having something to feel good about is an antidote to pain."
7. Describe how the practitioner of Comfort Touch can be helpful to someone experiencing emotional pain or discomfort.
8. What are the benefits of Comfort Touch for infants and children?
9. Give three considerations for working with patients in a medical setting.
10. List 5 to 10 chronic conditions/illnesses for which Comfort Touch can provide complementary therapy.
11. What is the value of Comfort Touch for people suffering from dementia/Alzheimer's disease?
12. List several changes that can be noted in the end stage of illness. How can the Comfort Touch practitioner provide support through these changes?

References

1. Rose MK. Therapeutic massage and diabetes. *J Massage Ther.* Winter 2002.
2. Rose MK. *Therapeutic Massage and Diabetes. Hypoglycemia: What Massage Therapists and Diabetics Need to Know.* 2006. <http://www.comforttouch.com/Hypoglycemia.htm>. Accessed August 25, 2008.
3. John J. *A Consensus Manual for the Primary Care and Management of Chronic Fatigue Syndrome.* Trenton, NJ: The Academy of Medicine of New Jersey. March 2002.

Suggested Reading

- Beers MH, Berkow R, eds. *The Merck Manual of Geriatrics*, 3rd ed. Whitehouse Station: NJ; 2000.
- Greene E, Goodrich-Dunn B. *The Psychology of the Body.* Baltimore: Lippincott Williams & Wilkins; 2004.
- MacDonald G. *Medicine Hands: Massage Therapy for People with Cancer.* 2nd Ed. Forres, Scotland: Findhorn Press; 2007.
- Werner R. *Massage Therapist's Guide to Pathology.* Baltimore: Lippincott Williams & Wilkins; 2005.

7

Communication and Documentation in the Healthcare System

COMMUNICATION IN THE HEALTHCARE SYSTEM

Communication with the Healthcare Team
Communication with the Patient
Guidelines for Written Documentation

USING CARE NOTES IN GENERAL MASSAGE PRACTICE

BASIC FORMS FOR DOCUMENTATION—CLIENT INFORMATION AND CARE NOTES

Client Information
CARE Notes

I enjoy reading the massage therapists' CARE Notes in the patients' charts. They give me a good picture of what is going on with my patients, and assist me in determining the best care for them.

—Susan, hospice nurse

record of the patient. Client intake information and **CARE Notes**—the system of documentation described in this chapter—can be applied appropriately to the practice of massage and Comfort Touch, whether in a hospital, hospice, skilled nursing facility, homecare, or private practice.

Communication in the Healthcare System

As therapeutic massage and Comfort Touch take their place as complementary therapies in medical settings, it becomes necessary to communicate with other people in the healthcare system about this service. Clear communication—both verbal and written—establishes professionalism and demonstrates the ability to work with others in providing the best care for patients. Written documentation becomes a part of the medical

Communication with the Healthcare Team

The ability to communicate the value and benefits of massage therapy and Comfort Touch sets the stage for the practice of these complementary therapies in a medical setting. Proper documentation of completed sessions records the time spent with patients, noting the condition of the patients before massage, the service you provided for them, and their response to the work. This documentation is read by other health professionals who care for the patient, who might include physicians, nurses, nursing assistants, social workers, physical therapists, and other massage therapists. The

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notes you record become a permanent part of the patient's medical record and, as such, might also be read by insurance claims personnel, or medicare staff.

Communication with the Patient

Prior to the hands-on session, you will introduce yourself to the patient, stating your intention to offer Comfort Touch and/or massage. You might have already seen the client's chart or been informed of the patient's condition, but it is always appropriate to ask the patient if she or he has any special needs at the moment. For example, ask, "How are you? Is there anything in particular needing attention today?" or "Do you have any areas of pain or discomfort you want me to work on?" You can simply ask, "How can I help you today?" Even if the client has limited ability to speak, it is still important to voice these questions and to keep them in your mind as you work.

Remind clients that it is your intention to offer comfort. Say, "Let me know if anything I do is uncomfortable. This should *not* be painful in any way." Throughout the session note their verbal and non-verbal feedback and respond accordingly. See Chapter 3 for further tips on communication with clients. Remember that this aspect of communication creates safety for the client and helps you to determine the most effective treatment. The information gained through direct communication with the patient will contribute to your written documentation after the session is completed.

Guidelines for Written Documentation

Consider the following when charting a massage session:

- **Sign and date all documentation.** The massage therapist's name, along with the date of the session, should always be on the chart.
- **Complete the documentation as soon as possible after the session.** It is easier to write about a session while the experience is fresh. With practice, it should only take a few minutes to accurately complete all the details necessary.
- **Write legibly.** A chart that cannot be read is useless. Print or write legibly. You might want to take quick notes after the session and type them up later. Some facilities use computers directly for all charting.
- **Keep in mind the person(s) who will read the chart.** This documentation is read by other health professionals who care for the patient, who might include physicians, nurses, nursing assistants, social workers, physical therapists,

and other massage therapists. Use language that can be understood by others, regardless of their profession. Avoid the use of terms that are vague, intangible, or that might not be understood by others in the medical field. Examples include terms such as "energy work," "chakra healing," and "trigger points."

- **Use precise and correct medical terminology.** It is important to have a good understanding of medical terminology. Understanding the anatomy and physiology of the body should form the basis for education in massage therapy or other health professions. A course of study in medical terminology with an emphasis on the root words that form more complex words is valuable for anyone working in a medical setting. However, the practitioner of Comfort Touch is generally not expected to understand the complete range of terms used in a medical setting. Do not be afraid to ask others what is meant by particular terms. Keep a good medical dictionary available, and refer to it when needed. Avoid vague or imprecise terms. Use correct medical terminology whenever possible. For example, instead of saying: "I massaged her stomach," say "I massaged her abdominal area."
- **Limit the use of abbreviations and symbols.** In order to facilitate clear communication with others reading the chart, it is usually better to avoid the use of abbreviations. While it might save writing time to use standard abbreviations, be aware that there can be various associations among people of different professions or personnel in different medical facilities. The use of abbreviations can help to expedite charting, but be sure that everyone reading the chart knows what the abbreviations mean. For example, a supervisor in one facility was alarmed to find the letters "S.O.B." in the chart of a frail 85-year-old woman, until she realized that the letters meant "shortness of breath."
- **You may use sentence fragments.** It is acceptable to use sentence fragments to save time and space when charting, but make sure they make sense to the reader. The test of an adequate sentence fragment is this: Can the reader easily translate that fragment into a logical sentence that would be consistent with the flow of the information in the chart? For example, "Intermittent pain in right sciatic nerve" can easily be understood as "The client reports intermittent pain in the right sciatic nerve."
- **Be aware of legal ramifications.** Remember that the medical record is also a legal document, which can be used to determine insurance or

Medicaid/Medicare eligibility and reimbursement. Record the *present* condition of the client, the work you do, and the client's response to it. Do not speculate about prior injuries or conditions, or comment on the course of treatment outside of your own practice with the patient.

- **These records are confidential.** Notes are to be read only by authorized people who are involved in the patient's care. They should be kept in a safe place where they are protected from anyone else's view.
- **Keep in mind your scope of practice.** Be consistent with your role as a massage therapist. You can make observations of the client, but you *cannot* diagnose a condition. For example "anxiety" is a medical diagnosis, but you can report what the client says, for instance, "Patient reports feeling worried or 'stressed out.' "
- **Avoid judgment.** Present the facts of what you see, but avoid interpretations. For example, you can say that the patient did not respond to your questions, but avoid saying, "The patient ignored me." Maybe they didn't hear what you asked, or they have difficulty speaking.

setting or massage clinic, they will provide a standard form, or one will have already been completed for you to see. You might not have access to the patient's chart, but you can ask for information regarding the patient's diagnosis and current medical condition. Ask for any precautions in the use of touch, or recommendations for the use of touch therapy.

A completed Client Information form answers the following questions about the client: "Who are you? How are you? How can I help you?" This information is organized into the three parts of the Client Information form shown in Figure 7-1. Begin by dating the form. Subsequent additions and changes will be dated in the ongoing CARE Notes.

Part 1: Contact Information

Part 1 of the form contains identifying information regarding the client and includes the client's name, gender, and date of birth. It also includes the client's address and phone number(s). Sometimes it is necessary to include contact information of a family caregiver in addition to the client's home address. List the person who referred the client to you.

Part 2: Medical History

Part 2 of the form includes the following information regarding the client:

- **Medical history.** Provide a summary of chronic illnesses, injuries, surgeries, broken bones, etc.
- **Current health conditions or complaints.** Include the client's general health condition and level of mobility and activity. Include special needs, such as the use of oxygen, catheter, requirements for body positioning, and any precautions regarding allergies. Include areas of pain or discomfort.
- **Other medical treatments or therapies.** Include medical treatments, such as chemotherapy, radiation, physical therapy, occupational therapy, speech therapy, and respiratory therapy. Include other alternative or complementary therapies.
- **Medications.** List use of relevant prescriptions or over-the-counter medications.
- **Lifestyle factors.** Include information relating to the client's lifestyle; for example, occupation, physical exercise, hobbies, diet, or smoking habits.

Part 3: Current Reason for Massage

Part 3 of the information form answers the question, "How can I help you?" The reasons for requesting massage and Comfort Touch include relaxation, pain relief, relief of general or specific muscle tension, and

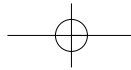
Basic Forms for Documentation—Client Information and CARE Notes

There are two basic forms used in documenting massage therapy and/or a Comfort Touch session: The **Client Information form** records information gathered *before* the initial session with the client. **CARE Notes** document each subsequent session.

Client Information

The initial session with a client begins with completion of a **Client Information** form. This is a document used to record pertinent information about a person receiving massage therapy. It includes the client's name, contact information, medical history, current health condition, and other information relevant to receiving touch therapy. The form is filled out by the massage therapist or Comfort Touch practitioner. The information is obtained by interviewing the client. If the client is unable to answer these questions, the form can be filled out by interviewing one of the client's caretakers. This can be either a family caregiver or another healthcare professional working with the patient.

Depending on the setting in which you work, formats for intake vary widely. If you work in a medical



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Client Information

PART 1

Name _____ **Date** _____

Date of birth ___/___/___ female ____ male ____

Address _____ **Phone** _____

City _____ **State** _____ **Zip** _____

Referred by _____

PART 2

Complete information – Continue on back side of page if necessary.

Medical History *(List chronic illnesses, injuries, surgeries, broken bones, etc.)* _____

Current health conditions or complaints *(Include general health condition, level of mobility or activity, allergies, special needs, areas of pain or discomfort, etc.)* _____

Medical treatments and/or therapies *(Specify medical treatments provided by other health care providers, such as physical therapy, occupational therapy, respiratory therapy, psychotherapy, alternative or complementary therapies.)*

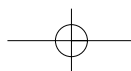
Medications *(List use of prescription and over-the-counter medications)* _____

Lifestyle *(List relevant information regarding physical exercise, activities/hobbies, diet and/or smoking habits.)*

PART 3

Reasons for requesting massage therapy *(Relaxation, pain relief, general or specific muscle tension, stress relief, health maintenance, etc.)* _____

FIGURE 7-1. Client Information Form. Complete this form prior to beginning a Comfort Touch session.



health maintenance. Sometimes the needs are psychosocial in nature. For example, the client enjoys the human connection, including verbal and nonverbal communication.

Figure 7-2 gives an example of a completed Client Information form.

CARE Notes

CARE Notes provide a method for documenting massage therapy. This method is appropriate for the full range of massage therapy practice—whether it is used in private practice, or as part of a complementary therapy program in a medical setting. CARE Notes record the *Condition* of the client, the *Action* taken, the *Response* of the client, and *Evaluation* of the session. Consistent with the scope of practice guidelines for massage therapists, it documents relevant information so that necessary precautions are taken in the care of the client, and ensures that appropriate touch techniques are used.

The CARE Note method of charting is compatible with narrative charting practices used by nursing professionals in medical settings. It provides a straightforward, easy, and consistent way to record a client's medical history and present condition, while documenting the massage techniques used and the client's response to the session. This flexible guide allows for comprehensive detail when it is required. It also offers a simple format for concisely recording a massage session when the client's condition is stable over time.

Data from the Client Information form, whether previously filled out by another health professional or the massage therapist at the time of the session, form the basis of the client's medical record. CARE Notes are completed at the end of the first hands-on session and after every subsequent session. They form the ongoing record of the client. The first three elements—*C*, *A*, and *R*—provide the critical information about a session. They provide a picture of the recipient of the massage, what kind of work was done, and how the individual responded to that work. The fourth element—*E*—is optional, but it allows space to record overall observations, recommendations, or questions that arise from the session.

CARE Notes are completed *after* the hands-on session. Figure 7-3 is an example of a blank CARE Note form. One of these is completed after each session and is entered into the patient chart. Figure 7-4 is an example of a completed CARE Note form. Generally, a massage session is recorded directly onto a form like the one shown. However, in some medical settings the CARE Notes will be summarized and recorded directly into a space provided in the patient chart kept at the nurses' station. It will still include the necessary

elements of the *condition of the patient*, your *action taken*, and the *response of the patient*.

Condition of the Client

This section of the chart records the current condition of the client. It should give an accurate picture of the person in the present, and answers the questions, "Who is the client?" and "How is the client now?" This part includes a concise summary of relevant medical information from the client intake form. It will also list current conditions and complaints, areas of discomfort, pain or tension, as well as emotional well-being or state of mind. It records the client's reason for wanting massage, and her or his goals or intentions for the session. If necessary, you can write on the back of the page.

This section can include a notation of physical and/or emotional discomfort or pain *before* the session. For example, you can ask, "On a scale of 1 to 10, with 10 being the worst, how would you describe the level of physical pain or discomfort you are feeling right now?" After the session, you would ask this question again, and record the answer in the Response section of the CARE Note. (See Figures 7-3 and 7-4.)

Action Taken

This section of the chart records what you, the therapist, did during the session. Document the position of the client (i.e., seated in chair, supine, or side-lying in the [type of] bed) as you begin the hands-on treatment. Record the techniques you used and the parts of the body you touched. For example, "Used broad, encompassing contact pressure on the shoulders, arms and hands, with specific contact pressure in the middle trapezius muscle." Note the length of the hands-on session. If you spend time attending to any other needs of the patient, record that also.

The action taken should correspond to the stated needs of the client in the first section (condition of client). It also relates to the work you do in response to the client's feedback during the session. For example, during the session, the client says, "Oh, that feels good on my back, but now my leg hurts." So, then, you would work on the client's legs.

Response of the Client

This section of the chart records the physiological changes noted during and after the session. It includes the verbal feedback of the client, as well as nonverbal responses. You can note changes in breathing, tonicity of muscles, facial expressions, or body positioning. This is also the place to record changes on the pain

Client Information

PART 1

Name Ellen Carroll Date 10-15-06

Date of birth 06/15/1945 female male

Address 1350 Heritage Road Phone 123-456-7890

City Pleasantville State WV Zip 12345

Referred by Joan Dewgood, M.D.

PART 2

Complete information – Continue on back side of page if necessary.

Medical History (List chronic illnesses, injuries, surgeries, broken bones, etc.) _____

Type 1 diabetes (dx 1985), asthma, hypothyroid, high cholesterol
tibial fracture (1960), car accident (1992) - whiplash

Current health conditions or complaints (Include general health condition, level of mobility or activity, allergies, special needs, areas of pain or discomfort, etc.) _____

moderate activity, shortness of breath with exercise, pain in neck, shoulder
and right upper back, occasional numbness in right hand, allergic to
scented lotion (including essential oils)

Medical treatments and/or therapies (Specify medical treatments provided by other health care providers, such as physical therapy, occupational therapy, respiratory therapy, psychotherapy, alternative or complementary therapies.) _____

physical therapy, yoga therapy and meditation practice

Medications (List use of prescription and over-the-counter medications) _____

Levemir insulin, Novolog insulin, pulmicort, synthroid, naproxen (Aleve),
Lowastatin

Lifestyle (List relevant information regarding physical exercise, activities/hobbies, diet and/or smoking habits.) _____

moderate daily walking, whole food diet, non-smoker

PART 3

Reasons for requesting massage therapy (Relaxation, pain relief, general or specific muscle tension, stress relief, health maintenance, etc.) _____

relaxation, relief from pain in neck, shoulder and back

FIGURE 7-2. Client Information Form. This is a sample of a completed client information form.

CARE Notes for Massage Therapy

Therapist Name _____ **Date** ____/____/____

Client Name _____ **Age** _____

Setting _____

Condition of Client
 (current medical condition, areas of physical pain or discomfort, special needs, mental and emotional state, etc.)

Before session: _____ *physical pain or discomfort (0 = none, 10 = highest level)*
 _____ *emotional pain or discomfort (0 = none, 10 = highest level)*

Action taken
 (massage techniques used, parts of body touched, position of client, length of session)

Response of Client
 (physiological changes noted during and after the session, i.e., breathing and changes in body tissues, nonverbal feedback, verbal feedback, etc.)

After session: _____ *physical pain or discomfort (0 = none, 10 = highest level)*
 _____ *emotional pain or discomfort (0 = none, 10 = highest level)*

Evaluation
 (expectations or plan for next session, recommendations to client, suggestions to other caregivers, etc.)

FIGURE 7-3. CARE Notes. Complete this form after each session.

scale if you are using that detail of the chart. It can also be significant if there are no changes.

Sometimes the response of the client is not what we anticipate or hope it will be. Sometimes what you observe will not seem to match the client's verbal response. For example, she or he will appear to relax, but say, "I don't know what good that did." Conversely, she or he may appear to be tense, but say, "That was wonderful. I feel so relaxed." You might record both,

or simply state the verbal response. Remember that human beings are very individual in their response to touch, and we cannot assume that we know what another person is experiencing.

As a massage therapist you often receive information that no one else on the client's care team has, so it is important to report those observations. For example, you might notice a pressure sore on the client's body, or observe toenails that need to be trimmed. Because

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CARE Notes for Massage Therapy

Therapist Name Agnes Carroll **Date** 1 / 06 / 07
Client Name Clara Thompson **Age** 75 yo
Setting Life Medical Center

Condition of Client
 (current medical condition, areas of physical pain or discomfort, special needs, mental and emotional state, etc.)
Patient has coronary artery disease. Bypass surgery in 1995. Fall in 2000, possibly due to stroke. Weakness in legs,
uses wheelchair. Skin is very fragile, bruises easily. Talkative with occasional lapses of memory. Prior experience
of massage is limited, but she is receptive to touch. Wants relief from pain in her neck, shoulder & back.

Before session: 7 physical pain or discomfort (0 = none, 10 = highest level)
5 emotional pain or discomfort (0 = none, 10 = highest level)

Action taken
 (massage techniques used, parts of body touched, position of client, length of session)
Patient in supine position in bed. Used Comfort Touch - broad contact pressure & encompassing - on neck, shoulders,
arms & hands. Specific contact pressure on mild trapezius & along occipital ridge. In side-lying position, broad & specific
contact pressure to erector muscles of back & sacrum. In supine position, short massage of the feet.
30 minutes

Response of Client
 (physiological changes noted during and after the session, i.e., breathing and changes in body tissues, nonverbal feedback, verbal feedback, etc.)
Breathing became slower & deeper. "That feels so good" in response to work on the back. Surprised that foot massage was
soothing and not ticklish. Asked when I would come back.

After session: 4 physical pain or discomfort (0 = none, 10 = highest level)
3 emotional pain or discomfort (0 = none, 10 = highest level)

Evaluation
 (expectations or plan for next session, recommendations to client, suggestions to other caregivers, etc.)
Recommend use of small rolled towel under neck to alleviate neck pain. Will follow up with regular sessions 2 times
a week.

FIGURE 7-4. CARE Notes. This is an example of a completed CARE Note.

you spend more uninterrupted time with the patient, she or he might tell you something that has not been mentioned to anyone else on the team. If anything you notice warrants immediate attention—for instance, difficulty in breathing, bruising, or excessive pain—make sure that someone else on the healthcare team is notified before you leave.

After the session you can also ask about the level of physical and emotional pain or discomfort of the

patient. This feature of the chart is optional, and is used only where appropriate. For example, it can be used with a patient who is hospitalized for surgery or an acute illness. The change in number on the pain scale reveals significant information to the nursing staff. However, if patients are receiving chronic long-term nursing care, their condition is relatively stable, or they are unable to respond to questions, it would be inappropriate to use this scale.

Hints for Practice

Keeping a Personal Journal

Writing in a personal journal can be a valuable part of your learning process, helping you to integrate your experiences into your professional and personal life. Keep a private journal that is separate from the Client Information forms and CARE Notes that are part of the patient's medical record. Respecting the rules of confidentiality, however, do not use patients' names or identifying information in a journal. The focus here is about your own experience. Some elements that can be included in a personal journal might include:

- **Use of techniques:** Record the techniques you used and the effects you observed.
- **Questions and concerns:** Record questions that arise relating to the use of technique, body positioning, communication with the client, or personal issues. Later, you can address these questions or concerns with your supervisor or a trusted mentor.
- **Self-assessment of skill:** Notice your level of confidence in the work you do. Were you able to meet

the needs of the client appropriately and effectively? Did you feel comfortable in your own body as you worked?

- **Evaluation of emotions:** Working with the people you serve can be challenging emotionally as well as physically. How did you feel as you worked? How did you feel after the session? Were there particular emotions that were triggered for you?
- **Integration of personal experience:** Describe your experience in terms of the rewards you gain from doing this work. What is most satisfying to you? What are you learning, and what do you hope to learn?

Here is an example excerpted from the journal of a massage therapist: "When I first started practicing Comfort Touch, it was easy to feel like I wasn't doing a lot. Over time, I am realizing how much I am doing. I see how other people are afraid to touch someone who is sick. They stand back. It reminds me of a time I was very sick in the hospital, and no one touched me. How comforting it would have been to have someone there just to touch me."

Evaluation

This section provides a space to record the overall evaluation of the session. It includes plans or expectations for subsequent sessions, and may include any observation not already recorded. It contains any recommendations made to the client, such as a suggestion to do a simple exercise to alleviate back pain. If the client is being seen by other caregivers, it could include suggestions or relevant information for them regarding the care of the client.

Using CARE Notes in General Massage Practice

The system of charting massage therapy, utilizing the CARE Note format, can be applied to the general practice of hands-on bodywork, whether it is used in a medical setting, a wellness center, a spa, or in private practice. While it is appropriate for documenting Comfort Touch, it can just as easily be used in documenting

other styles of massage, such as Swedish, Integrative, or Neuromuscular Therapy. It is consistent with the scope of practice guidelines for the practice of massage therapy, because it states the client's condition based on a given diagnosis, but does *not* ask the massage therapist to make a medical diagnosis or assessment.

The elements of the CARE Note system fulfill legal requirements for documentation of massage therapy in cases involving insurance reimbursement for personal injury. Just as this system is understandable to healthcare professionals in the medical system, it is understandable to members of the judicial profession. Attorney Linda Herrick underscores the importance of this method of charting, "As an attorney who has worked both as insurance defense counsel and representing plaintiffs who have suffered personal injuries, I believe CARE Notes charting offers concise, understandable information that will be useful to all involved. I would like to see CARE Notes as the standard for massage therapy charting."¹

CARE Notes are also appropriate for use in an interdisciplinary clinic involving other complementary therapies along with conventional medical approaches. Reliable documentation reflects on the quality of care

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for the client, promotes continuity of treatment, and facilitates communication among the various healthcare professionals. The act of writing CARE Notes validates the significance of your work.

STORY

Terrible

As a massage therapist I always feel it is a privilege to attend the interdisciplinary team meetings of the hospice where I work. These weekly meetings are attended by the staff members who attend to the needs of the patients—nurses, CNAs, physicians, social workers, chaplains, and, sometimes, homecare volunteers. It is a time to discuss the medical status and needs of the patient, as well as to report on psychosocial issues involving the patient and her or his family.

At one meeting, Sharon, a social worker, talked about one of her patients. She recounted that every week when she sees a particular patient, she asks her, “How are you?” “Terrible,” is the woman’s reply. Sharon asked the same question with each visit, and heard the same one-word response week after week, “Terrible.”

“On my visit this week,” Sharon shared with the other team members, “when I asked my usual question, she said, ‘Okay.’”

Another team member asked, “So what was different this time?”

Sharon replied, “I checked her chart and noticed that the massage therapist had just been there to give her Comfort Touch.”

Summary

- Communication via verbal and written documentation is a necessary skill for practitioners of massage therapy and Comfort Touch within a healthcare system.
- Client Information forms and CARE Notes provide precise and appropriate formats to record client information before and after massage therapy ses-

sions. In a medical setting, they become part of the patient’s medical record.

- Guidelines for written documentation include recording the current date, inclusion of the therapist’s name, timeliness of completion of charting, legibility, use of understandable and appropriate language, and correct use of medical terminology.
- Charting of massage therapy and Comfort Touch is part of the patient’s medical record. Observe professional rules of confidentiality.
- The Client Information form records pertinent information about the person receiving massage. It includes contact information, medical history, and the client’s reasons for requesting massage therapy or Comfort Touch.
- CARE Notes provide a precise, appropriate method for documenting massage therapy or Comfort Touch. They record the *Condition* of the client, the *Action* taken, the *Response* of the client, and *Evaluation* of the session.



Review Questions

1. What are the three parts of a Client Information form?
2. Complete an information form for yourself.
3. Complete an information form by interviewing another student.
4. What information is recorded in the “C” section of the CARE Note?
5. What information is recorded in the “A” section of the CARE Note?
6. What information is recorded in the “R” section of the CARE Note?
7. What information is recorded in the “E” section of the CARE Note?
8. After giving a Comfort Touch session to another student, complete a CARE Note chart for that session.

Reference

1. Rose M. The art of the chart: documenting massage therapy with CARE Notes. *Massage and Bodywork Magazine*. 2003; April/May.