

## 8

## Self-Care for the Caregiver

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Listening, we willingly take on some of another's burden for a while, as we might carry a package for a person if we were walking together. At the end of our walk, we give the package back. It is enough that we have been helpful to that person as we have stepped together along our way.

—Maggie Davis

Whether it is a parent caring for a child, a friend helping a friend, or a healthcare professional providing services to a client, caregiving forms a significant aspect of human interaction. The instinct and inclination to care for others is the glue that holds a society together. Caregiving is the outer expression of the inner need to connect with others, to belong to something larger than oneself. The concepts and techniques presented in this text are designed to help individuals become more skillful and effective in their roles

as caregivers. This chapter is designed to focus on the health and wellbeing of the ones who are offering care to others.



### The Importance of Self-Care

The role of caregiver can be a stressful job, involving challenges that are physical, mental, and emotional. The work of hands-on caregiving involves physical exertion, while utilizing the mental capacities involved in making decisions and solving problems. The role of caregiver also requires open-hearted communication with other people and sensitivity to their emotions.

In order to best serve our clients, we must recognize the stresses involved in illness and aging (see Chapter 2). These include physiological processes, psychosocial issues, bereavement, and adaptations to

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change. By understanding these issues, we are able to support our clients and bring comfort into their lives. By the same token, we need to recognize that these same stresses in our own lives affect our health and our outlook on the world. Through self-reflection, we can keep a balance between the role of caregiving and the need to pay attention to our personal needs.

As sensitive caregivers, we cannot help but be affected by the people we touch who are in pain, whether their pain is physical, mental, or emotional. But awareness of another's pain need not adversely affect our overall health and sense of well-being. To be effective in working with others, we need to pay attention to our own needs, and be deliberate in our program of self-care. We must nourish ourselves through good nutrition and exercise, and maintain a positive attitude. We must also be realistic about the challenges we experience in our own lives, and develop effective ways of dealing with stress and loss.

### Wellness Self-Assessment

Given the importance of self-care, it is a useful exercise to take the time to evaluate your own lifestyle. The assessment provided in Figure 8-1 will give you the opportunity to think about the various aspects of your daily living that contribute to your health. Fill out the form, keeping in mind that there are no right or wrong answers.

When you have completed the assessment, notice your overall score. Are you happy with your life as it is? Do you want or need to make changes to create a happier and healthier life for yourself? As you read through this chapter, think about ways in which you can enhance the quality and effectiveness of your self-care.

### The Cycle of Health

It is helpful to approach the subject of self-care by looking at the rhythms of the natural world. Attuning to the creative process evident in the cycle of the seasons, we can see patterns that will assist us in bringing a healthy balance of self-care measures into our lives. Figure 8-2 illustrates the four seasons with the free and natural therapies associated with each time of the year. For example, winter is a natural time to rest. It is associated with sleep and stillness. Spring is the season of new growth, and is associated with movement, physical exercise, and activity. Summer is the time of abundance and warmth, naturally associated with nourishing food. It is also a time for connection with others through community activities and travel. Autumn is the time to reap the harvest of the previous seasons, and it is a time to release and let go of whatever is no longer useful. Focusing on the breath—inhalation and exhalation—naturally fits with this season.

Just as we learn by observing the natural cycles of the yearly seasons, so we can learn by respecting the cycle of the day and night. From a place of rest, we move into activity, reaching out for connection and nourishment outside of ourselves. We sleep, we move, we eat, we breathe, we let go, and surrender to the cycle again. Like all living creatures, we live and thrive in natural cycles of activity and inactivity, of nourishment and assimilation, of inspiration and exhalation. We honor the changes within the cycles of the day, the week, the year, and a lifetime.

## Physical and Emotional Self-Care and Wellness

It is essential to take care of the body's basic needs in order to replenish the physical energy expended in daily living and working. It is also important to care for the emotional, mental, and spiritual aspects of one's self. Following are suggestions for self-care. As you read through, take note of those areas in which you are already conscientious and consistent in your health care. Then notice the areas in which you can bring greater awareness into your life. Make a commitment to explore new ways of nurturing yourself.

### Sleep and Rest

Sleep is the primary free and natural therapy for self-care. Think of it as a time to fill the reservoir of energy that has been expended during your waking hours. An adequate amount of quality sleep is required for physical healing and regeneration in the body. Sleep provides a time to let the mind relax into unconsciousness, letting go of the events and cares of the day. Dreaming is an important way to process the activities, thoughts, and feelings of the day.

Generally, 8 hours is thought to be the requirement for adequate sleep. But it is important to respect your own needs, which may be more or less. Your requirements can vary with your activities and the time of the year. It is helpful to establish regular times for sleep, and to create a quiet, dark place that is comfortable and conducive to sleep.

For many people, a short nap or two during the day can supplement nighttime sleeping, allowing the body and mind to relax. Take a few minutes to sit in a comfortable chair with your eyes closed. Daydreaming can help to free the mind and may, indeed, recharge your imagination as you carry on with the day's work.

If you have difficulty falling to sleep at night, try dimming the lights in the evening to help your body and mind switch from an active to a receptive mode for

### WELLNESS SELF-ASSESSMENT

Read the following statements and assign a number that most *closely* fits your experience.

- 4** if you **agree** with the statement.  
**3** if you **agree somewhat** with the statement.  
**2** if you **disagree somewhat** with the statement.  
**1** if you **disagree** with the statement.

- \_\_\_\_\_ I am satisfied with the amount and quality of sleep I get each day.  
 \_\_\_\_\_ I am satisfied with the amount of exercise I get on a weekly basis.  
 \_\_\_\_\_ I typically have enough energy to do what I want to do in a given day.  
 \_\_\_\_\_ My diet consists primarily of whole, natural foods.  
 \_\_\_\_\_ I feel confident that my diet meets all of my nutritional needs.  
 \_\_\_\_\_ I drink an adequate amount of pure water each day.  
 \_\_\_\_\_ I drink alcoholic beverages only in moderation.  
 \_\_\_\_\_ I am aware that I usually breathe fully and easily.  
 \_\_\_\_\_ I abstain from smoking.  
 \_\_\_\_\_ I am satisfied with my weight (within 5 lbs).  
 \_\_\_\_\_ I am satisfied with my overall physical appearance.  
 \_\_\_\_\_ I am satisfied with my present occupation (may include career and/or volunteer work).  
 \_\_\_\_\_ I am satisfied with the environment in which I work (lighting, ventilation, ergonomics, aesthetic appeal).  
 \_\_\_\_\_ I enjoy the community in which I live.  
 \_\_\_\_\_ I enjoy my home life.  
 \_\_\_\_\_ I have satisfying relationships with my family and friends.  
 \_\_\_\_\_ I take time regularly to enjoy hobbies and/or other creative pastimes.  
 \_\_\_\_\_ I have regular medical and dental checkups.  
 \_\_\_\_\_ I always fasten my seatbelt when in a motor vehicle.  
 \_\_\_\_\_ All things considered, I feel I am living life as fully as I can.

**SELF-ASSESSMENT:** Add the numbers.

If your total is over 70: Consider yourself healthy. Keep it up!

If your total is over 50: There's room for improvement. Decide where you want to start.

If your total is under 50: It is time to start taking care of yourself!

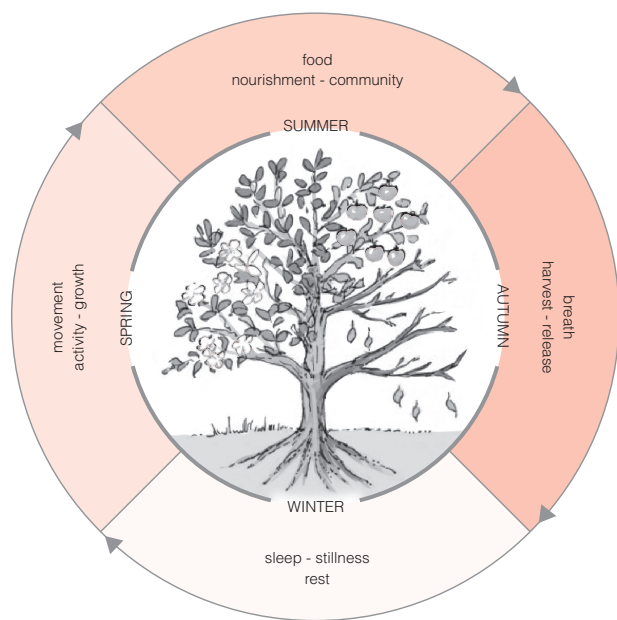
**FIGURE 8-1. Wellness Self-Assessment.** Complete this form as a way to evaluate factors relating to your own self-care and wellness.

sleep. Relaxing exercises or a hot bath before bedtime can help you to fall asleep and enhance the quality of your sleep. Hot herbal teas such as chamomile, catnip, or skullcap are soothing and relaxing. (Avoid valerian, as it is stimulating for many people.) Avoid activities that may stimulate you to think too much, such as late-night phone conversations or checking e-mail.

### Movement and Exercise

The human body is designed to move. From the simple exertion of daily activities to the focused movement of rigorous exercise, the cells of the body are nourished as oxygen and metabolites are carried through the circulating blood and lymph. The nervous

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**FIGURE 8-2. Self-care through the seasons.** This diagram correlates the various aspects of a healthy lifestyle with the cycle of the seasons. Winter is the time for rest and sleep; spring is the time for movement and growth; summer is the time for food and nourishment; and autumn is the time to focus on the breath and letting go. This cycle of free and natural therapies also correlates with the different times of the day, the week, a year, or a lifetime.

system is stimulated, and changes in body chemistry affect one's mood. Movement is an everyday part of self-care—whether through attention to body patterning during work, or use of therapeutic and recreational exercise.

### Body Patterning in Work

Because the occupation of hands-on caregiving involves physical exertion, it is important that practitioners observe the most effective principles of bio-mechanics (see Chapter 3, "Body Patterning for the Practitioner"). As you work, pay attention to your patterns of movement. Take the time that is necessary to find safe and comfortable ways to use your body as you adapt to the needs of the client.

### Therapeutic Exercise

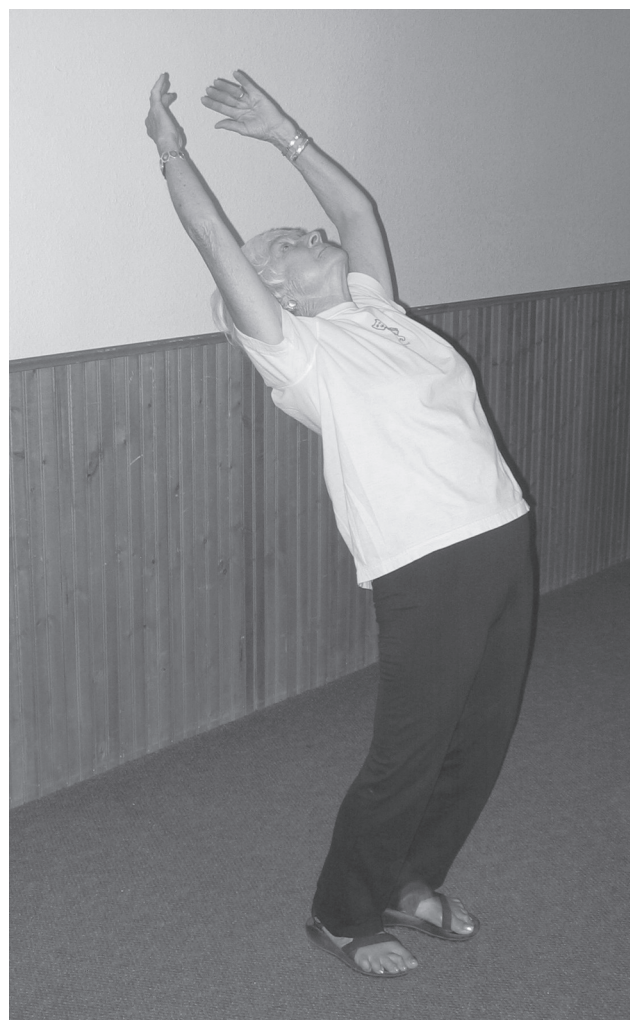
There are many different forms of exercise that promote improved circulation in the body and can be used to help strengthen and tone the muscles (e.g., walking, running, swimming, and bicycling). Other types of exercise help to stretch and/or relax muscles, tendons, and ligaments (e.g., yoga, Tai Chi, Qigong, Pilates). Practicing a balance of these exercises helps to optimize

general health, while allowing a break for the stresses of daily life.

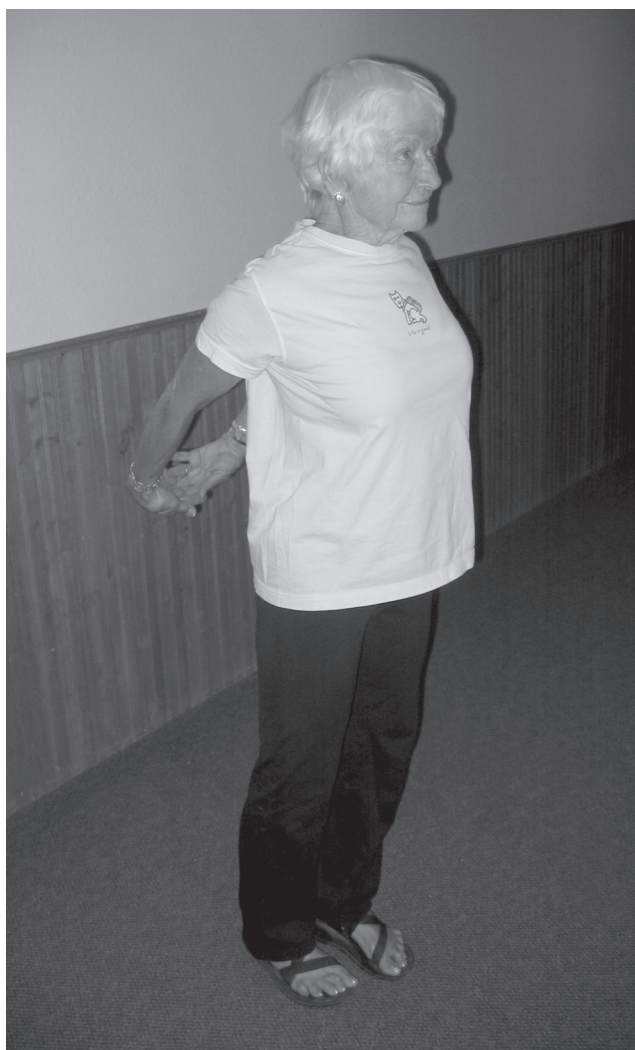
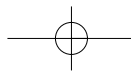
The following are several simple exercises that are particularly useful for hands-on caregivers. They all help to stretch, extend, and relax the back, shoulders, and arms, thereby countering the overuse syndromes common to massage therapists. See Figures 8-3 through 8-8.

### Recreational Exercise

Many forms of exercise can be considered both therapeutic and recreational. Examples include bicycling, canoeing, dancing, skiing, and competitive sports. You



**FIGURE 8-3. Back extension.** With the feet firmly planted on the ground, lift the arms overhead, reaching upward, elongating the spine. Looking upward, let the body extend backward into an arch. The shoulders should be relaxed down from the ears. Feel the connection of the arms down through the latissimus dorsi muscles of the arms and back. The muscles of the abdomen, low back, and gluteal muscles are contracted to support the extended back. Extend only as far as comfortable, avoiding strain.



**FIGURE 8-4. Chest expansion.** Bring the arms behind the back, intertwining the fingers of the hands. Inhaling deeply, feel the expansion of the ribcage, the stretch of the pectoralis muscles, and the retraction of the rhomboids. Focus on letting the muscles of the face and neck remain relaxed.

can enjoy the physiological benefits of these activities, while also enjoying the social connection with other people and the healing benefits of being outside in nature that they afford.

### Nutrition

Good nutrition forms an essential aspect of self-care. A diet consisting of whole, natural foods, with proper balance of **macronutrients**, nourishes the individual physically, mentally, and emotionally. These macronutrients include:

- **Protein.** Made up of amino acids, protein is essential to the building and repair of tissues in the



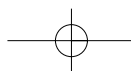
**FIGURE 8-5. Cat stretch—starting position.** Kneel on all fours, with the hands beneath the shoulders and the knees beneath the hips. Extend the spine and look forward.

body. Good sources of protein are lean meat, poultry, fish, eggs, milk, nuts, seeds, and beans.

- **Fat.** Made up of essential fatty acids, dietary fat is necessary to the assimilation of fat-soluble vitamins, the production of hormones in the body, lubrication of tissues in the body, and to healthy skin and hair. Healthy fats include olive oil, coconut oil, nut butters, and organic butter.
- **Carbohydrates.** Abundant in many foods, carbohydrates provide fuel for the body's cells, and are supplied by a large variety of fruits, vegetables, grains, and beans. Milk and yogurt contain protein, fat, and carbohydrates.



**FIGURE 8-6. Cat stretch—spinal arch.** Let the head relax downward, while lifting the spine into an arch. Hold this position through an inhalation and exhalation, then return to the extended spine. Slowly, alternate the two positions several times.



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**FIGURE 8-7. Knee hug.** Let the back relax completely, as you bring your knees to your chest, holding them with your hands. Focus on letting the entire surface of your back make contact with and sink into the floor. Rock gently from side to side, allowing the muscles of the back to be massaged through contact with the floor.

**Micronutrients** are substances found in food that are essential to good health. They include a myriad of vitamins and minerals. It is necessary to eat a variety of foods in recommended quantities to ensure adequate nutrition. A key concept to consider in making healthy food choices is **nutrient density**. This term refers to foods that are high in nutrient content relative to the number of calories they contain. See Figure 8-9.

While the diet should consist primarily of nutrient-dense foods, avoid eating those that contain too many **empty calories**. These are foods such as refined sugar



**FIGURE 8-8. Knee down twist.** Begin in the knee hug position. Extend the arms out to the sides, palms facing upward. Looking in one direction, slowly lower the knees to the opposite direction. Focus on letting the back, neck, shoulders, and arms relax in this position. Slowly, lift the knees to the center, then lower to the other side, as the head turns in the opposite direction.



**FIGURE 8-9. Nutrient-dense food.** This combination of salad greens and vegetables with turkey burgers and rice crackers is an example of an easy-to-prepare nutrient-dense meal. Appealing in appearance, taste, and texture, it has a balance of macronutrients and micronutrients.

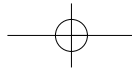
and flour, which provide calories—and thus can contribute to weight gain—but do not contain appreciable nutrient content. Other substances found in foods may be considered anti-nutrients, because they have potential harmful effects. For example, hydrogenated fats (transfats), food additives, and preservatives should be avoided.

Here are some other points to remember:

- **Read food labels.** Familiarize yourself with the nutritional value of packaged foods by reading the ingredients and nutrient contents listed on the labels.
- **Drink nourishing beverages.** Drink plenty of pure water every day. Green tea, herbal teas, and fruit juices are healthy choices for beverages.
- **Prepare food carefully.** Cooking and preparation of food should optimize its nutrient content, texture, and appearance.
- **Plan ahead.** It is possible to eat well if you plan ahead. For example, cook extra food for dinner, to either eat for a later lunch or save in the freezer.
- **Enjoy food with others.** Sharing healthy food with others adds to the satisfaction gained from eating.
- **Celebrate with food.** It's okay to be flexible with your diet to allow yourself to celebrate special occasions with special foods.

### Breathing and Relaxation

Breathing is an automatic function of being alive in a human body. We breathe, whether we think about it or not. By working consciously with our breath, we



can improve the effectiveness of our breathing patterns to both energize and relax our bodies. The following are several breathing and relaxation exercises. As you practice each one, notice how it affects your energy level and mental/emotional state of being. It only takes a few minutes a day to experiment with any of these exercises.

### Conscious Breathing

One of the easiest and most effective ways to deal with stress is to become conscious of your own breathing. Slow, deep breathing helps you to cope with physical and emotional distress in the moment, and to create a healthy habit for everyday living. Conscious breathing is a way of *letting go of* (exhaling) your own discomfort—physical, emotional, or mental—and it is a way of *taking in* (inhaling) the life force necessary to nourish your body and enhance your sense of well-being.

To become aware of your breath:

1. Place a 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. Repeat several times.

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

### Breathing With the Pulse

Sit comfortably in a chair or on a cushion on the floor, and close your eyes.

1. Place the fingers of one hand along the radial pulse points of the other hand (at the wrist below the base of the thumb).
2. Inhale to the count of 4 pulse beats, and then exhale to the count of 4 pulse beats.
3. Continue to inhale and exhale with your pulse, and enjoy the relaxation that comes with tuning into your body this way.

During this exercise, you can continue to hold the pulse points, or let go and continue to relax and notice your breathing. The pulse may change or slow down in this process. Be aware that the pulse can be variable, weak, or pounding. Don't be concerned about the character of the pulse; simply do the exercise as given, and notice the pulse without judging or analyzing it.

Even a few minutes of this practice can calm your body and mind. This exercise is particularly helpful in allowing you to get in touch with what your body needs at the moment.

### Letting Go

This exercise provides a simple introduction to the benefits of meditation. It can be useful with as little as 5 to 10 minutes of practice. Gradually increase the time to 20 to 30 minutes.

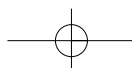
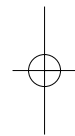
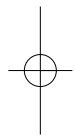
1. Sit comfortably, close your eyes, and begin to notice your breath. Don't try to change your breathing or do anything in particular.
2. Simply continue to breathe, letting go of each exhalation.
3. As you become aware of bodily sensations, feelings, or emotions, observe them and let them go, as if you were watching clouds pass by.
4. As thoughts come into awareness, observe them and let them go. Don't try to push them away; simply let them go.

This practice helps you to feel at ease with the world around you without being attached to it and therefore controlled by it.

### Grounding Visualization

Regular practice of this exercise will enhance the quality of your body patterning when practicing hands-on caregiving or other daily activities.

1. Sit comfortably in a chair and close your eyes. Feel the weight of your body as it contacts the chair.
2. Bring your awareness to your sacrum at the base of your spine. Picture each vertebrae of the spinal column, one stacked upon the other. Notice that the head rests comfortably on top of the neck and back.
3. From the base of your spine, imagine a cord of light that goes all the way into the center of the earth. This is your connection to the earth, your "grounding cord" into the earth.
4. Let anything you wish to let go of—tension, pain, physical or emotional discomfort—be released through this grounding cord into the earth. Trust that the earth can take whatever is released and transform it into neutral energy.
5. Now bring your awareness to your feet and feel the energy of the earth come into your body through the soles of your feet.
6. Follow this flow of earth energy as it moves up through your legs and into the whole torso of your body. Let it fill your neck, face, and head. Let it flow into your arms and hands.
7. Imagine the life force energy as it nourishes your whole body. You can visualize it as a color of light or a stream of water. It can be warm or cool, depending on your preference.



## Hints for Practice

### Hand Washing: Self-Care Awareness

Washing your hands before and after a session of giving touch is a practical necessity, but it also can be used as an opportunity for self-care on more than one level. Before a session, it can be taken as a time to focus your intention on the work you are about to do. For example, as I wash my

hands, I think to myself, “Now I let go of distractions, worries, and concerns, so that I can be fully present while I am with this person for whom I am caring.” After the session, as I wash my hands, I enjoy the warmth of the water relaxing my hands and think to myself, “Now I let go of this person’s energy, with gratitude for what I have shared and learned in this time. I am now free to move on with my day.”

Begin by imagining this process. With practice you will come to know when you are “grounded,” and you will feel the peacefulness and confidence that come with this awareness.

### Further Suggestions for Self-Care

With respect to your own needs and personality, find an appropriate balance between time for yourself and time for others. Learn to acknowledge your feelings honestly, and find healthy avenues for emotional expression. Remember the importance of humor, and relish the joyous moments in life. Beyond the basics of everyday self-care, there are many ways to nurture yourself.

- **Hobbies.** Whether enjoyed alone or shared in the company of friends, many activities help to alleviate stress. These include watching movies, reading, playing games, or spending time enjoying a favorite craft. Hobbies provide a distraction from the cares and challenges of work. They also provide an avenue for creative expression. See Figure 8-10.
- **Music.** Listening to music can be soothing and energizing. Singing or playing a musical instrument is an avenue for creative expression, and can provide a healthy outlet for emotional energy.
- **Journaling.** Writing or drawing in a personal journal provides another way to express and process thoughts and feelings. Let the words or images flow without editing or self-judgment. The process of letting something flow onto paper without judgment is more important than the content or the finished product.
- **Massage.** Enjoy the physiological and psychological benefits of bodywork for yourself. Not only is this important for your own health and well-being, but as you receive massage, you are

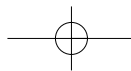
reminded of the importance of the caring touch you provide for others.

- **Hydrotherapy/baths.** Take advantage of the healing qualities of water. Take a hot bath with Epsom salts to relax tired muscles. Other hydrotherapy options include whirlpool baths, saunas, steam baths, and foot soaks. Add scented herbs or oils, if these are soothing to you.
- **Flowers/objects of beauty.** Surround yourself with plants, flowers, and/or objects of beauty. Let yourself be nurtured by the colors and textures of natural or artistic objects.
- **Simple rituals.** For many people, simple rituals are an important part of self-care. They can help caregivers to cope with the experiences of death and loss. Rituals can be very personal or they can be shared with others. Here is an example: Lighting a candle is a way of honoring the spirit of someone who has died. Sit for a few minutes and allow yourself to appreciate all that you have learned by your interaction with that person.



**FIGURE 8-10. Hobbies.** Enjoy a pastime that provides an avenue for creative expression.





**FIGURE 8-11. Time in nature.** Enjoy the soothing beauty of the natural world; allow yourself to relax and revitalize.

- **Time in nature.** Spending time in nature is restful and rejuvenating, whether it involves going for a hike, gardening, or resting in the shade of a tree. Enjoy the elements of water, earth, sun and fresh air. Tuning into the natural world reminds you of the cyclical nature of life, and that life persists throughout the changing seasons. You can draw on these soothing images of nature to help relax when you find yourself in a more challenging or stressful environment. See Figure 8-11.

## Boundary Issues and Self-Care

Boundaries define the containers within which we live, work, create, and relate to others. They clarify our professional and personal roles. While they may limit certain interactions, they also allow us to focus our attention where it is most needed and appropriate. In the helping professions, regard for appropriate boundaries is considered an ethical issue. Rules of ethics are meant to protect the patient/client. But boundaries are also important to self-care. They protect the caregiver by providing guidelines for making wise decisions in the process of caring for others.

- **Scope of Practice.** Observe the legal scope of practice of your profession. Unless you are a physician (or in most states a nurse practitioner or physician's assistant), you may not diagnose medical conditions, or prescribe medical treatments. Different medical settings and organizations will specify which practices suit your training. For example, in a hospital setting, a

massage therapist may require the assistance of nursing staff to transfer or reposition a patient.

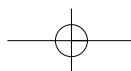
- **Roles and agreements.** Keep your interactions within the role for which you are trained and assigned. Keep these questions in mind, "What have I agreed to do in this setting or situation?" "What role do I play?" If a patient makes a request of you that seems inappropriate to your training or role, you can say refuse by saying, "No, I am not qualified or allowed to do that." For example, it would be inappropriate to give medicine to a patient if that is not your assigned role. In another example, a client might request that you use a massage technique that you think could cause tissue damage or pain. If you are in doubt about the appropriateness of a client's request, you can respond by saying, "I will need to ask my supervisor about that."
- **Intimacy.** Hands-on caregiving involves varying degrees of intimacy. Giving and receiving touch *is* enjoyable, soothing, and pleasing to the senses. For either party—the caregiver or the client—feelings of sensuality, sexuality, longing, or attraction can be present, often triggering other feelings of fear, guilt, or confusion. This is a complex issue, but it is important to acknowledge your own feelings and honor the process that brings this issue to the conscious mind. By being honest with yourself, you can deal with these feelings in yourself and others in a way that is clear, respectful, and ultimately freeing. You do not need to be a victim of your own feelings or those of others. Keep in mind your roles and agreements and your ability to say "No," whether to the client's energy and desires or to your own.

## Professional Support

With time and attention to self-care, we create the balance necessary to ensure our personal health and well-being. As healthcare professionals, it is also wise to look for ways to nurture ourselves professionally, through peer support and ongoing education.

### Peer Support

It is helpful to talk to other professional caregivers who can empathize with the challenges inherent in the work you do. With all due respect for confidentiality, you can discuss questions and concerns relating to your work. Peers also learn from each other and benefit by



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sharing their successes. If you work within an organization, team meetings can provide useful opportunities to talk about your work and share insights and helpful suggestions.

### Mentoring/Supervision

A trusted teacher or supervisor can be a source of encouragement and advice as you pursue your career as a caregiver. Look to someone who serves as an inspiring example of a healthy caregiver. Share your questions and concerns. Offer to assist an experienced teacher or practice your Comfort Touch skills on her or him in exchange for their feedback.

### Continuing Education

Ongoing education is a way to keep yourself updated with information that is helpful to you and your clients. Your profession may require continuing education as part of licensing or certification renewal. It is also a way to extend your network of peers, and foster greater opportunities to enhance the practice of your profession.

## STORY

### A Time to Receive

I opened the front door just after the doorbell rang and saw the box of flowers delivered on my front step. Who are these from? It isn't even my birthday. I opened the box, and put the assortment of budding lilies into the vase provided before reading the card. "Best wishes for a speedy recovery." The flowers were from a group of coworkers.

It had been a few days since I underwent surgery to halt the progression of glaucoma. That morning at the follow-up visit, the doctor seemed well pleased as he checked the pressure in my eye. "Continue to take it easy," he said. "No lifting or bending over for a few more weeks." I felt relief and gratitude for the quality of medical care I was receiving, as well as all the support from family and friends.

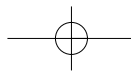
The day before the surgery, a group of my women friends came to visit. They asked me to lie down in the center of the circle they formed. Though I was happy to see them, I was reluctant to be the focus of attention. "Mary, it's time for you to receive," they asserted. They acknowledged the times I've been there for them and others in both my personal and professional life. So I lay down on a soft blanket, supported by pillows.

They listened as I shared my hopes and fears regarding the pending surgery. As each woman offered her best wishes for me, she placed a special colored bead on an elastic string. Then they tied this strand of beads on my ankle, a reminder of their care and concern.

These beautiful beads, along with gifts of food, flowers, kind words, and massage accompanied me through the process. As someone who is most accustomed to caring for others, I realized the need to let go of that role as I rested and recovered from surgery. The circlet of beads reminds me that it is an important part of self-care to know when it is time to receive.

## Summary

- Caregiving involves many stresses and challenges that are physical, mental, and emotional. It is important that the caregiver pay attention to her or his own needs for care, in order to maintain good health.
- The Wellness Self-Assessment provides a way to evaluate one's own lifestyle. It gives the opportunity to become aware of a wide range of factors that affect your overall health and sense of well-being.
- The Cycle of Health is a visual way to recognize the cyclical nature of self-care, recognizing our basic needs for rest, movement, nutrition, and healthy breathing.
- Regular, quality sleep and rest are essential to good health.
- Movement is an everyday part of self-care—through attention to body patterning during work, and the use of therapeutic and recreational exercise.
- Good nutrition includes a diet consisting of whole natural foods with a balance of macronutrients and micronutrients. A healthy diet includes foods that have a high nutrient density, and a minimal amount of empty calories.
- By working consciously with our breath, we can improve the effectiveness of our breathing patterns to both energize and relax our bodies.
- Beyond the basics of everyday self-care, other activities nurture the body, mind, and spirit. These include participation in hobbies, enjoyment of music, journaling, receiving massage or hydrotherapy, appreciation of beauty, practicing meaningful rituals, and enjoying time in nature.
- Boundaries clarify professional and personal roles. Rules of ethics protect both the client and the caregiver. They are important to the self-care of the care-



- giver, because they provide guidelines for making wise decisions in the process of caring for others.
- Professional support can nurture you personally and professionally through peer support, mentoring, and continuing education.



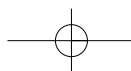
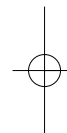
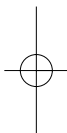
## Review Questions

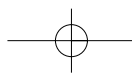
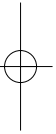
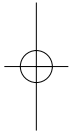
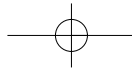
1. List the three biggest challenges you face as a caregiver, whether they are physical, mental, or emotional.
2. Complete the Wellness Self-Assessment.
3. Which three aspects of your self-care are the most satisfactory?
4. Which three aspects of your self-care are the least satisfactory?
5. Which two or three aspects of your self-care are you ready to make a commitment for change?
6. Practice the set of therapeutic exercises (Figures 8-3 to 8-8) and describe how you feel their benefit in your body. (You can practice these every day for a week and notice the effect on your body.)
7. Give three examples of nutrient-dense foods. Give three examples of foods with empty calories.

8. Practice at least one of the four breathing and relaxation exercises and describe how it makes you feel. (Practice at least one each day for a week and notice the effect on your body.)
9. Give an example of a situation involving an ethical boundary issue and describe how you would handle it.
10. Describe how peer support and continuing education can support you as a healthcare professional.

## Suggested Reading

- Davis MS. *Caring in Remembered Ways*. Blue Hill, ME: Heartsong Books; 1999.
- Feinberg School of Medicine. Caregivers urged to take care of themselves [on the Internet]. November 2007. <http://www.medschool.northwestern.edu/newsworthy/2007B-November/caregivers.html>. Accessed November 25, 2007.
- Foster MA. *Somatic Patterning: How to Improve Posture and Movement and Ease Pain*. Longmont, CO: EMS Press; 2007.
- Hass E. *Staying Healthy with the Seasons*. Berkeley, CA: Celestial Arts; 2003.
- Keidel GC. Burnout and compassion fatigue among hospice caregivers. *American Journal of Hospice and Palliative Medicine*. 2002;19:200–205.
- McIntosh N. *The Educated Heart: Professional Boundaries for Massage Therapists, Bodyworkers, and Movement Teachers*. 2nd ed. Baltimore: Lippincott Williams & Wilkins, 2005.





## 9

# Developing a Comfort Touch Program: Administrative Guidelines

## ADMINISTRATIVE OVERVIEW

Settings for Comfort Touch  
Administration of Comfort Touch Programs  
Private Practice

## QUALIFICATIONS FOR COMFORT TOUCH PRACTITIONERS

## PROGRAM PROPOSALS AND FUNDING OPTIONS

Rationale for Providing this Service  
Organizational Structure of the Program  
Funding

## MARKETING AND COMMUNITY OUTREACH

Presentations to Clinical and Administrative Staff  
In-Services for the Clinical Staff  
Articles for Staff and Community  
Public Speaking and Community Outreach  
Networking

The principles of Comfort Touch—slow, comforting, respectful—can serve as a mantra for any busy health professional. This work has proven to be practical and engaging. It possesses a simple beauty since it articulates not just a method, but a way of being with those in physical, emotional, or spiritual distress.

—Patrick Davis

As discussed throughout this text, the intentions and techniques inherent in the practice of Comfort Touch make it ideally suited for a broad range of clientele in a wide variety of settings. This chapter provides information to assist administrators of healthcare facilities

who are interested in incorporating Comfort Touch into their programs of care. Likewise, it will give the individual practitioners of Comfort Touch guidelines for approaching facilities into which they wish to offer their skills.



## Administrative Overview

As a complementary therapy, Comfort Touch can safely and easily be incorporated in healthcare settings as an adjunct to conventional medicine and nursing care. It can be administered in a number of different ways depending on the management focus of the particular facility in which it is practiced.

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### Settings for Comfort Touch

The possibilities for the implementation of Comfort Touch programs are numerous. The mission statements of many healthcare organizations include a commitment to the inclusion of complementary therapies with an appreciation for the value of human touch in caregiving. Hospitals, hospices, assisted-living, and skilled-nursing facilities are welcoming the skills of people trained in massage therapy to provide safe, appropriate, and nurturing touch for their patients and residents (Figures 9-1 through 9-4).

### Administration of Comfort Touch Programs

Programs of Comfort Touch in healthcare settings can be managed in a number of different ways depending on the populations being served, the settings of the facilities, and the administrative structure of the organization.

### Client/Patient Population and Focus of Care

Consider the population being served by a particular healthcare organization or facility. For example, a community hospital may serve a general population, including those in emergency care, and perinatal, surgical, and medical patients. A hospice generally serves the needs of the chronically and terminally ill. Other facilities focus on a variety of specialized needs (eg, rehabilitation, cancer care, or skilled nursing).

Understanding the focus of care is helpful when looking at the specific needs of the people being served. While the primary intention of Comfort Touch is always to comfort the client, it is useful for administrators and practitioners to orient their programs to complement other medical treatments and therapies being offered



**FIGURE 9-1. Comfort Touch in a hospital.** Karen Gibson, a nurse massage therapist and pioneer in the hospital-based massage therapy movement, offers the benefits of touch to a patient in a cancer care center of a hospital.



**FIGURE 9-2. Comfort Touch in an assisted-living home.** A nursing assistant comforts a resident of an assisted living facility.

by the facility. For example, Comfort Touch can provide a welcome balance for the patient who is undergoing rehabilitation after illness or injury, by affording relaxation and reduction of pain. Similarly, Comfort Touch can help to allay the loneliness and isolation, created by the processes of illness and aging, of an elderly patient in a hospice or homecare setting.



**FIGURE 9-3. Comfort Touch in a skilled-nursing facility.** A resident of a skilled-nursing facility enjoys the benefits of touch provided by a certified massage therapist.



**FIGURE 9-4. Comfort Touch in a rehabilitation hospital.** A registered nurse provides Comfort Touch to a patient in a rehabilitation hospital. The patient is able to relax in a semi-reclined position in the power tilt chair.

#### **Physical Setting of the Healthcare Organization**

The physical settings that house healthcare vary tremendously in structure, size, and in the environments in which they exist. The larger the organization, the more complex is its administrative structure. In a larger organization, a program of touch therapy may be initiated in one area of care, later to expand into other departments. Many medical centers are part of larger, multifacility organizations.

Home healthcare services can be an adjunct to inpatient medical centers, or they can be primary care programs that specialize in the care of patients in their own homes. Touch therapy programs administered through home care agencies require particular care in the hiring of touch practitioners, as direct supervision is more difficult to provide. The majority of hospice organizations are licensed home care agencies, providing direct services to patients in their homes. Home care agencies have central administrative offices with provision for clinical staff meetings and trainings.

#### **Administrative Structure**

Healthcare organizations can be either for-profit or non-profit businesses. While either structure can provide excellent quality of care, the chain of accountability may vary, as well as the interface with community activities, such as fundraising efforts to support facilities or services.

Administration of a touch therapy program can be provided in various ways, depending on the size and existing management of the healthcare organization. The structure of the organization will determine how referrals are made for Comfort Touch. Most often, requests for services come from clinical staff working with a patient (eg, nursing personnel or social workers). Some programs require specific permission of the physician involved with the patient. Others give tacit medical approval, owing to the fact that Comfort Touch is a safe and appropriate intervention in a medical setting when performed by trained practitioners of this modality.

Any of the following personnel may be involved in a program.

- **Director of clinical services:** Typically, the director of clinical services is a registered nurse who supervises all personnel who provide services directly to patients. This group would include nurses, nursing assistants, social workers, physical therapists, and occupational therapists. In some facilities, this also includes services provided by chaplains and providers of complementary therapies, such as massage therapy, music therapy, and art therapy. The director of clinical services works closely with the physician in charge of medical decisions (the medical director).
- **Wellness coordinator:** The wellness coordinator is charged with providing ongoing programs in personal fitness, including education in therapeutic exercise and nutrition. Programs vary widely, depending on the interests and needs of the community being served and the resources available. The wellness coordinator might be the one who oversees referrals for massage. In addition to serving the needs of the residents, she or he might coordinate activities designed to promote employee wellness.
- **Complementary care coordinator:** As complementary therapies, including massage, are being used more in medical facilities, a complementary therapies coordinator might hold the responsibility for screening, scheduling, and supervising these therapies. Complementary care can also be a part of employee wellness programs.
- **Activities coordinator:** Most residential facilities, including independent-living retirement homes, assisted-living and skilled-nursing facili-

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ties, have an activities program to provide social and educational opportunities for the residents. These can include a wide range of activities designed to provide for the physical, emotional, and mental well-being of the individual. Activities can involve participation in arts, crafts, music, excursions, lectures, and other social events. The activities coordinator might want to include an introduction to Comfort Touch as an activity for residents. For example, a skilled practitioner of Comfort Touch can present a program for residents and their family members in which they learn to share hand massage with each other. Comfort Touch to the shoulders and/or feet can also be offered.

- **Volunteer coordinator:** A Comfort Touch program might involve a volunteer component. This is particularly true in hospice organizations, because they have a history and mandate of volunteer participation in patient care. A certified massage therapist who is part of the clinical team might instruct selected home care volunteers in the principles of Comfort Touch, along with simple techniques to use with patients.

### Private Practice

Many Comfort Touch practitioners work in medical settings as part of their private massage therapy practices. In this case, the therapist is not an employee of a healthcare organization; rather, she or he is reimbursed for services directly by the patient, or the patient's family. The individual is still governed by the local and state requirements for certification, licensing, and insurance. Records of these, along with the individual's resume, references, and tuberculosis test results, should be on file with the facility.

Usually, it is necessary to sign in and out when entering a medical center or other healthcare facility or assisted-living home. It is wise to check in with the nursing staff before a visit to a patient/resident to get an update on your client's condition. Also, after your visit, report to the staff any relevant information that might affect the patient's care. Keep records of your visits, using the CARE Note format.

### Qualifications for Comfort Touch Practitioners

The practice of Comfort Touch must be consistent with professional standards of healthcare to ensure the safety and well-being of patients in medical settings and residents of nursing facilities. The roles and responsibilities of practitioners might vary somewhat from one organization or facility to another. If the individual has cre-

denials in another health profession, the practice of Comfort Touch might be incorporated into an existing job. For example, a registered nurse or physical therapist can incorporate awareness of the principles of Comfort Touch, using techniques that are appropriate and complementary to their existing scope of practice.

Comfort Touch practitioners interested in working in medical settings can expect to adhere to the following qualifications, whether to work in medical settings as members of staff, or as independent contract employees. These guidelines will assist both administrators and practitioners in developing successful programs.

- **Training and certification:** Requirements for certification or licensing of massage therapists vary from one locale to another, so check to make sure you are in compliance with state and local regulations. (At the local level, check with the city or county clerk and recorder. At the state level, check with the appropriate state regulatory agencies.) Also, complete the necessary training in Comfort Touch technique before beginning to practice it. Orientation to the specific facility in which services will be provided also should be in compliance with the rules of the organization.
- **Scope of practice:** Observe the scope of practice of your profession, practicing only those skills for which you are trained and/or licensed to practice.
- **Hygiene and Universal Precautions:** Understand and observe all rules of hygiene, including Standard and Universal Precautions. (See Appendix A.)
- **Tuberculosis testing and infectious diseases:** Adhere to the facility's rules regarding tuberculosis testing, and other required immunizations. Do not work if infected with a contagious condition, such as a cold or flu.
- **Professionalism:** Wear clean and appropriate attire, and act in a respectful manner at all times.
- **Timeliness:** Be on time for all appointments or scheduled times of work. Be prompt in returning phone calls regarding setting schedules.
- **Communication and documentation:** Maintain communication with other members of the healthcare team, reporting observations to appropriate supervisors when required. Complete all necessary documentation. (See Chapter 7.)
- **Confidentiality:** To protect the privacy of your clients, observe strict rules of confidentiality. Conversations about clients and written records concerning patients are to be shared only with authorized people who are directly involved in the patients' care.
- **Insurance:** You may be required to carry personal professional liability insurance. Provide



documentation if necessary. If you will be driving to see patients (as in a hospice or home healthcare agency), you will need to show a current driver's license and proof of motor vehicle insurance.

- **Background checks:** Criminal background checks of job applicants are required in most healthcare facilities, particularly for clinical

staff. The applicant may be required to list previous names, addresses of residences, and places of employment.

In developing a program of Comfort Touch, you can use the guidelines listed previously to create a job description for a massage therapist and/or practitioner of Comfort Touch. Figure 9-5 shows an example of a job

|  |   |
|--|---|
| <b>JOB TITLE:</b>  | <b>Massage Therapist/Comfort Touch Practitioner</b> |
| <b>REPORTS TO:</b>   | <b>Director of Clinical Services</b>                |
| <b>QUALIFICATIONS:</b>   |   |
| <ul style="list-style-type: none"> <li>• Mature individual, supportive of the Hospice concept and willing to complete the Hospice training (30 hours).</li> <li>• Has certificate of completion (or comparable documentation) showing a minimum of 500 hours of training in massage therapy from a state-approved massage therapy program.</li> <li>• Proof of professional liability insurance and/or professional affiliation.</li> <li>• Has completed training in <i>Comfort Touch</i> (minimum of 15 hours), and passed written and practical competency tests.</li> <li>• Willingness and ability to work with a wide variety of clientele and communicate within an interdisciplinary team.</li> <li>• Ability to be non-judgmental and flexible.</li> <li>• Ability to communicate with and support others.</li> <li>• Ability to be reliable and punctual.</li> </ul>   |   |
| <b>SUMMARY OF RESPONSIBILITIES:</b>  |   |
| The massage therapist provided hands-on comfort care to patients and/or their caregivers. All touch is provided with the intention of providing comfort, and using the principles and techniques outlined in the Comfort Touch training. The massage therapist may incorporate other skills for which they are trained into their service, with the approval of the massage therapy supervisor.  |   |
| <b>SUPERVISION:</b>  |   |
| Overall supervision by Director of Clinical Services (Director of Nursing) and direct supervision by the Massage Therapy Supervisor.   |   |
| <b>PERFORMANCE RESPONSIBILITIES:</b>   |   |
| <ul style="list-style-type: none"> <li>• Provides hands-on comfort care to patients and/or their caregiver, using principles and techniques outlined in the Comfort Touch training.</li> <li>• Provides massage therapy or other modalities of healing or bodywork, as per their training, and as is appropriate for the patient and/or caregiver, with the approval of massage therapy supervisor.</li> <li>• Maintains communication with other team members on a case, reporting observations or events to case manager (nurse or social worker) and/or massage therapy supervisor when needed.</li> <li>• Attends interdisciplinary team meetings as required.</li> <li>• Maintains confidentiality at all times.</li> <li>• Participates in educational in-services offered by Hospice (at least 2 per year).</li> <li>• Submits time records to human resources director on a monthly basis.</li> <li>• Maintains all required patient documentation and submits to clinical services staff on a weekly basis. Documents massage therapy and Comfort Touch sessions using the CARE Note format.</li> <li>• Meets all health and regulatory requirements of volunteers as interpreted by Hospice, including annual TB tests.</li> <li>• Keeps staff informed of availability on a regular basis.</li> </ul> |   |
| Signature of Applicant _____   | Date: _____   |

FIGURE 9-5. Massage therapist job description.

## Hints for Practice

### Visioning and Setting Goals

Are you an individual massage therapist or healthcare practitioner who is interested in sharing the skills of Comfort Touch with people in healthcare settings? Are you wondering how and where to begin? While it is important to have adequate training in the modality itself, it is also important to clarify your vision of the work you want to do, and to formulate a plan to implement your vision.

Sit down with paper and pen in hand and write as you consider the following:

- Make a list of your current talents, aptitudes, interests, and skills relating to your practice of Comfort Touch.
- Envision whom you want to see as your clients. Do you have experience with this clientele already?
- Envision the setting(s) in which you want to work. Have you visited this setting? What do you know about it?
- Envision the people you wish to see as your coworkers and peers. Do you have any contacts with

people you would like to work with as coworkers and/or peers?

- Do you want to work as an independent contractor or a paid employee? Do you want to offer volunteer service in order to gain experience?
- Make a list of the steps you intend to take toward implementing your vision. For example, list any training you intend to take; the people you want to interview; the facilities you wish to visit; the marketing brochure you will make. Set a timeframe to implement each of these actions.

Visioning and goal setting are the initial steps of any new endeavor. The more focused your vision, the easier it will be to implement. If something isn't yielding results, don't hesitate to make adjustments to your plan when and where necessary. Also, understand that as you take deliberate action, new opportunities will present themselves. Go where the energy is!

description used in a hospice setting. This form can be adapted to meet the needs of your own organization.

### Program Proposals and Funding Options

The development of a Comfort Touch proposal begins with a written document that outlines the intention of the program, and includes guidelines for its implementation within the healthcare organization. It should be presented to the individual(s) in charge of programs and funding for the organization (e.g., an executive director and/or a director of clinical services). It may need approval of an executive board of directors, in accordance with the structure of the organization. A proposal to implement the practice of Comfort Touch needs to include a rationale for providing the service, a suggested organizational/administrative structure for the program, and suggested options for funding.

#### Rationale for Providing This Service

Describe the benefits of Comfort Touch and how it will enhance the quality of clinical care for the specific population being served in the facility. Describe the charac-

teristics that make Comfort Touch a safe, appropriate, and effective complementary therapy in the medical setting or facility. (See Chapter 1.)

#### Organizational Structure of the Program

Describe how the program will be administered and supervised. Describe the qualifications and roles of practitioners, and specify who will provide initial training and ongoing supervision. Specify who will be in charge of scheduling, documentation, and billing.

#### Funding

Funding a Comfort Touch program can present a challenge, as there is typically little or no insurance reimbursement for massage therapy in most healthcare settings. However, as more scientific research continues to demonstrate the efficacy of touch therapies, the likelihood of funding options will increase. Meanwhile, existing programs are being funded in a variety of ways. A combination of different approaches can also be implemented to meet the needs and circumstances of a particular organization. For example, some programs offer initial sessions (1–3) to patients free of charge, followed by optional sessions per set fee.

**Fee for Service**

Touch therapies can be paid for directly by the patient or patient's family, in accordance with agreed-upon fees. Fees are generally in keeping with the hourly rates per massage sessions in the community. A sliding-scale fee, involving discounts based on need, can be used to accommodate a patient's ability to pay. In some settings it may be appropriate for touch sessions to be paid for through the purchase of gift certificates.

**Contracts for Hourly Rates**

In this option the facility contracts with the Comfort Touch practitioner—either as an independent contractor or as a part-time employee—for a set number of hours on a regular schedule (eg, 4 hours per day, 3 days a week). The facility schedules clients during those times. With this option, payment for the time is guaranteed to the therapist, no matter the number of clients scheduled. If there are more clients scheduled on a particular date, the sessions can be shorter to accommodate more people. This option allows for open scheduling, in which the timing of sessions can be flexible based on demand during a given day.

With this option payment is provided from general patient/client services funds, or from specific monies earmarked for complementary therapies.

**Grants/Scholarships**

Money to finance a Comfort Touch program can derive from funds raised through specific or general fundraising activities of the organization. Or it may be derived through charitable grants from individuals or community businesses or organizations.

**Research**

In some cases, Comfort Touch is provided to patients as part of research studies. Research studies for massage therapy in medical settings may be funded by different entities, including those operating through the National Institutes of Health. Some research is funded by massage-related organizations, educational institutions, and businesses. This is one way to initiate a program that would later need to be sustained through other funding sources.

**Student Fieldwork Practicums**

Also called internships or externships, student fieldwork practicums are unpaid educational opportunities for qualified students of massage therapy to practice Comfort Touch in a medical setting. They require a high degree of commitment from the educational insti-

tution (the massage school), and cooperation with the healthcare organization. Students must meet all the requirements for practice established by the facility, and must be supervised by a qualified massage therapist or other healthcare professional with training in Comfort Touch in the medical setting. Some facilities only allow students to work with staff and/or family members, while others extend the opportunity to work directly with patients.

The structure of an internship can also be approached as a continuing education opportunity for certified massage therapists who are interested in acquiring experience through practicing massage in a medical setting.

**Employee Wellness Programs**

Comfort Touch can be offered and funded through existing employee wellness programs. Often in the form of 20- to 30-minute sessions of touch in the seated position, this opportunity can be a way for Comfort Touch practitioners to offer the benefits of touch to the staff. It is a good starting place to educate staff members about the benefits of Comfort Touch for patients. Staff can be seated in their own office chairs as they receive the sequence of touch in the seated position (outlined in Chapter 5) with additional emphasis on tonic acupressure points.



## Marketing and Community Outreach

Whether you are an administrator of a touch therapies program or an individual massage therapist, it is important to let others know of your program and the skills you wish to offer. The following are suggestions for educating others within your own organization or to the public at large about these services.

**Presentations to Clinical and Administrative Staff**

Give a talk for clinical and administrative staff outlining the benefits of Comfort Touch for patients and the residents of the facility. If you have an existing program, explain how it works. If you are proposing a program, paint a picture of how the program can work, citing examples of other successful programs.

**In-Services for the Clinical Staff**

An in-service to clinical staff can include an introduction to the principles of Comfort Touch, with a simple

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**FIGURE 9-6. Comfort Touch In-service.** Members of a nursing staff practice Comfort Touch during an in-service training. In-services provide an effective and enjoyable way to introduce staff members to the principles and techniques of Comfort Touch as they share the direct benefits of the work with each other.

demonstration of basic skills. Participants will enjoy a hands-on learning experience that includes a simple exchange of shoulder or hand massage, using basic techniques of Comfort Touch (Figure 9-6).

### Articles for Staff and Community

Comfort Touch practitioners can submit short stories of their experiences and successes in their practices to in-house newsletters and journals. Sometimes local newspapers in the community are interested in including news of complementary therapies in a medical setting.

It is also useful to keep a file of published articles regarding research about the benefits of touch. Use these and other written or video resources when giving presentations.

### Public Speaking and Community Outreach

Local service organizations and community health organizations are often interested in learning about new and innovative programs offered in healthcare facilities. Many special interest groups host guest speakers to share information of interest to their members. Consider speaking about the benefits of Comfort Touch to staff and clientele of senior centers and retirement homes; family caregivers of the elderly; members of support groups for people with such conditions as diabetes, cancer, Alzheimer disease, Parkinson disease, etc. It is always best to include a simple demonstration. As with in-services, audiences can enjoy a simple exchange of hands-on skills (Figure 9-7).

### Networking

Never underestimate the value of connecting with other people and talking about your work, whether



**FIGURE 9-7. Community Outreach.** Speaking to health organizations and community groups provides an avenue to educate the public about the benefits of Comfort Touch. Public talks can incorporate the use of hands-on demonstrations, and simple hands-on exercises to be shared among the attendees.

they are healthcare professionals or interested individuals. Opportunities for change and innovation happen because of individuals, not because of institutions. Nurture relationships with people who are interested in the inherent value of this work. It is not necessary to “hard sell” Comfort Touch, because this work relates to basic universal human needs and desires. Do not spend too much time trying to convince people who do not indicate interest. Sometimes it is only necessary to plant a seed, and let it grow in its own time.

## STORY

### Meet Me Here



“I’ve got rocks in my head,” Agnes would say to her caregivers at the nursing home. Her words were usually attributed to a confused state of mind that resulted from Alzheimer disease. No one understood the 94-year-old woman when she complained, “The rockets are taking off in my head!”

Ron Baggett, a massage therapist employed by a hospice in Kansas City, Missouri, was assigned to see Agnes. “She was very wary as I started the first session, but within a few seconds of touching her shoulders her expression warmed and our friendship began.”

Ron discovered that her reference to “rocks in her head” was her way of conveying that her head felt too heavy to hold up. “The rockets taking off” described the neck spasms that jerked her neck with an audible click, sending popping sensations along her spine.

Agnes rarely recognized members of her own family or the nursing staff who cared for her daily, but after that initial session with Ron, she always recognized him and knew his name. She commented to others about

“Ron, the back doctor,” and how he helped her to manage the “rocks” in her head. Ron continued to see her, offering comforting touch, for nearly 9 months. Her response was always appreciative.

He was surprised one day, however, when she didn’t recognize him as he walked into her room. But when he touched her, he noted the familiar spark in her eye, as she broke into a smile, saying, “Oh, it’s you.”

She sighed gratefully as he proceeded to work with her. As he ended the session, Agnes grabbed his hand, looked him straight in the eye, speaking earnestly, “I want you to meet me here next week.”

“Of course, I’ll see you next week,” he assured her.

“No,” she shook her head and placed her left hand over her heart. Agnes was tapping her chest as she spoke, “I want you to meet me here next week. Do you hear me?”

Ron smiled and said, “Yes, I do hear you.” He gently squeezed her hand, then touched her head softly with one hand. He pointed to his own heart and added, “I’ll meet you right here.”

During that week Ron waited to hear of Agnes’ condition. On the day of their next scheduled visit, he learned that she had died peacefully in her sleep early that morning. Later, as Ron reflected on his experience with her, he said, “Agnes taught me a lot about letting my work become what the patient needs it to be.”

Ron’s willingness to truly listen to his client, coupled with a clear intention to offer comfort through touch, made this interaction a powerful healing experience for both of them.

and completion of the required patient care documentation (CARE Notes).

- The development of a Comfort Touch program can begin with a written proposal outlining the following: the rationale for providing the service; a proposed administrative structure for the program; and options for funding.
- Funding for a Comfort Touch program can include a variety of options, ranging from fee for service to a practitioner who is an independent contractor, to funding based on status as a part-time or full-time employee of a healthcare organization.
- As an administrator of a program or a practitioner of Comfort Touch, it is important to inform others within your organization of the scope of the program and its benefits for patients. Likewise, community outreach helps educate the public about the benefits of touch as a valuable complementary therapy for the elderly and for those in medical settings.



## Review Questions

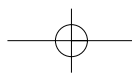
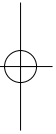
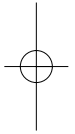
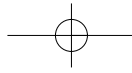
1. List the names of four to six medical centers and/or residential facilities for the elderly in your area.
2. Describe how you would convey the benefits of a Comfort Touch program to an administrator of a medical facility.
3. List several qualifications for a practitioner of Comfort Touch.
4. What is meant by “scope of practice?”
5. Describe the administrative structure you would prefer to be involved in as an administrator and as a practitioner of Comfort Touch.
6. In your circumstance, what do you envision as the primary vehicle for funding a program of Comfort Touch?
7. Name three or four organizations or groups in your community that might be interested in learning about the benefits of Comfort Touch. How would you go about learning more about one of them in order to make contact?
8. Describe the value of networking as you promote a program of Comfort Touch.

## Suggested Reading

- Corbin L. Safety and efficacy of massage therapy for patients with cancer. *Cancer Control*. 2005; July: pp 158–164.
- Moyer CA, Rounds J, Hannum JW. A meta-analysis of massage therapy research. *Psychological Bulletin*. 2004; 130(1), 3–18.
- Sohnen-Moe CM. *Business Mastery, Fourth Edition: A Guide for Creating a Fulfilling, Thriving Business and Keeping It Successful*. Tucson: Sohnen-Moe Associates; 2007.

## Summary

- As a complementary therapy, Comfort Touch can safely and easily be incorporated into any healthcare setting as an adjunct to conventional medicine and nursing care.
- Comfort Touch programs can be administered in a variety of ways, depending on the focus of care for the client population, the setting of the facility, and the management structure of the healthcare organization.
- The qualifications of Comfort Touch practitioners should be consistent with the professional standards of healthcare, to ensure the safety and well-being of patients in medical settings and home care, and the residents of nursing and assisted-living facilities. These qualifications include proper training and certification, understanding of the rules of hygiene, adherence to required medical tests and/or immunizations, communication with the healthcare team,



## A

# Infection Control: Standard and Universal Precautions

All healthcare providers are required to understand and observe necessary rules of hygiene to prevent the spread of disease. Observance of these rules protects both patients and healthcare workers. **Standard Precautions** are guidelines adopted by the Centers for Disease Control and Prevention that are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals and other medical settings. Standard Precautions synthesize the major features of **Universal Precautions** (blood and body fluid precautions) and body substance isolation (pathogens from moist body surfaces).

If you are a massage therapist or Comfort Touch practitioner working in a medical setting, you will be required to learn these precautions. With all due concern for observance of these precautions to avoid the spread of infection, it is still possible to provide a quality experience of touch for the patient. Check with your supervisor if you have questions about when to use personal protection equipment such as gloves, masks, or gowns. Even if you are wearing a mask or gloves, the techniques of Comfort Touch can be offered safely and effectively.

## Standard Precautions

These are the basic level of infection control that should be used in the care of all patients all of the time. They are used to reduce the risk of transmission of micro-

organisms from both recognized and non-recognized sources of infection. They apply to:

- Blood
- All body fluids
- Secretions and excretions (except sweat), whether or not they contain visible blood
- Non-intact skin
- Mucous membranes

Personal protective equipment (PPE) to carry out Standard Precautions include:

- Gowns
- Masks
- Eye protection
- Face shield (if splashes or sprays of blood or body fluids is likely)

Standard Precautions include:

- **Hand hygiene:** Wash hands for 20 seconds with soap and warm water, before and after patient contact. (Remember to keep fingernails short and clean.) Wash hands after touching blood, body fluids, excretions, and contaminated items, whether or not gloves are worn.
- **Gloves:** Wear clean, nonsterile gloves when touching or coming into contact with blood, body fluids, secretions, or excretions. Remove gloves promptly after use and discard before touching noncontaminated items or environmental

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surfaces, and before providing care to another patient. Wash hands after removing gloves.

- **Mask, eye protection, face shield:** Protect eyes, nose, mouth, and mucous membranes from exposure to sprays or splashes of blood, body fluids, secretions, and excretions.
- **Gowns:** Fluid resistant, non-sterile gowns are used to protect against soiling of clothing during activities that may generate splashes or sprays of blood, body fluids, secretions, or excretions.
- **Patient-care equipment:** Handle soiled patient-care equipment, including linens, in a manner that prevents skin and mucous membrane exposure, contamination of clothing, and transfer of microorganisms to other patients and environments. Clean, disinfect, or reprocess nondisposable equipment before reuse with another patient. Discard single-use items properly. Take care to prevent injuries when handling needles, scalpels, and other sharp instruments or devices. Place disposable syringes and other sharp items in appropriate puncture-resistance containers.

### Additional Precautions

There are additional measures that can be taken, when appropriate, to reduce the spread of infection. Standard Precautions always apply as the basic level of infection control.

- **Contact Precautions:** These are used in the care of patients known or suspected to have a serious illness easily transmitted by direct patient contact or by indirect contact with items in the

patient's environment. In addition to Standard Precautions, Contact Precautions include the use of a private patient room, with additional care given to the use of gloves and gowns for workers when entering and providing care in the patient's room. Particular care must also be taken with patient transport out of the room, and with patient-care equipment.

- **Droplet Precautions:** Droplets can be generated during coughing, sneezing, talking, and during certain medical procedures, such as suctioning. Droplets may contain microorganisms and generally travel no more than 3 feet from the patient. These droplets can be deposited on the host's nasal mucosa, conjunctiva, or mouth. In addition to Standard Precautions, wear a surgical mask when working within 3 feet of the patient. In addition, it is recommended that the patient be placed in a private room, with care taken upon patient transport.
- **Airborne Precautions:** Airborne pathogens are microorganisms that are much smaller than droplets, and can remain suspended in the air for long periods of time. These microorganisms can be dispersed widely by air currents and may become inhaled or deposited on a susceptible host within the same room or over a longer distance from the source patient, depending on environmental factors. Therefore, special air handling and ventilation are required to prevent airborne transmission. Standard Precautions are used in patient care, with additional respiratory protection for healthcare workers. Patients should be in private rooms, with special care provided on patient transport.



## Integrating Aroma: Cautions and Considerations

The practice of therapeutic touch has long had an association with the use of oils and scents. Traditionally, massage practitioners use oils or lotions on the skin to allay the friction created by certain gliding or kneading techniques and to moisturize the skin. Scents, in the form of essential oils, are often incorporated into these oils for aesthetic and therapeutic benefits. Essential oils are also used in candles, air fresheners, and water-based sprays that diffuse scent into the room.

The practice of Comfort Touch does not require the use of lotions or oils, because it is based on broad, encompassing techniques of acupressure that do not cause friction on the skin. It is also usually practiced on a client who is clothed, so the use of oils on the skin is not practical. But many massage therapists are accustomed to and/or drawn to the use of fragrances in their practice of touch therapies, so the question arises, "Is it beneficial and/or safe to incorporate the use of aroma into the practice of Comfort Touch?"



### Causes for Concern

It is important to recognize some of the problems and concerns associated with the use of scents. Many of the substances used in popular scented products are synthetic chemicals with known detrimental effects. There is also cause for concern when using products that are listed as having natural or organic ingredients. Essential

oils derived from plants, whether organically grown or not, are highly concentrated substances, requiring 20 to 100 ounces of plant material to produce an ounce of essential oil. Strongly scented essential oils can mask rancidity in carrier oils, such as almond or sunflower.

### Allergies, Sensitivities, and Irritation

The primary cause for concern in the use of scents is the potential for allergies, sensitivities, and irritation. Whether the scents are derived from synthetic chemicals or essential oils distilled from whole plants, many people are sensitive to the effects of these substances, whether they are airborne or applied to the skin. The user of essential oils must always be alert to the possibility of allergic reactions. Sensitivities may develop over time and can be especially hard to identify if a variety of essential oils are used in combination. Allergies can manifest as sneezing, itchy eyes, headaches, dizziness, skin irritation or rashes, or severe respiratory distress.

In working with the elderly and the chronically ill, the touch therapist should be especially sensitive to the fact that many in this population already have compromised respiratory and/or immune function, so allergies and sensitivities to scent can be a critical issue. Some in this population also have limited ability to communicate verbally, so might have more difficulty in communicating their needs regarding scent.

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### Individual Needs and Preferences

Exposure to a particular scent, with its complex chemical components, can trigger associations to prior experience. It can remind us of a person, place, an event, or a particular substance or emotional response. The person's reaction can be positive and uplifting if the association is a pleasant one, but it can also be evocative of disagreeable feelings if the association is not favorable. For this reason, it is best not to assume that a particular scent will affect one person in the same manner it affects another. Also, remember that it is our primary intention to comfort the people we touch. Avoid projecting your own preferences on your clients, or trying to treat them using the purported benefits of a particular scented product.

### Desensitization of the Sense of Smell

Frequent use of essential oils can result in desensitization, the loss of responsiveness to smell. For example, a massage therapist who uses a particular essential oil regularly, whether on her or his own body or in the practice of massage, may gradually lose the ability to smell the full intensity of that aroma. This can lead to even greater use of the scent, with the unintended consequence of imposing that scent on others.

The human sense of smell is designed to discern many different scents. One should be able to tell if a food is fresh or rancid, desirable, or undesirable. One should be able to distinguish one substance from another. The well-developed sense of smell can help us to identify particular plants in the wild or in the garden. Smell is one of the methods by which a mother and a baby bond. Scent can attract people to each other, and it can repel people from each other. The sense of smell alerts us to danger, as in the smell of a gas leak or a fire, or other toxic substances in the environment.

Overuse of essential oils, or other strongly scented substances, diminishes our ability to use our sense of smell to its full potential. Ultimately, this can also diminish our enjoyment of the full range of pleasurable scents available to us.

### Cleanliness

Remember the importance of good personal hygiene, and avoid the use of strong scents on your own body. Strive to create and maintain a clean environment in which you work. It is preferable to use unscented cleaning products. You might want to open windows or doors between sessions to bring fresh air into the room.



## Using Scents Sensibly

Given the cautions mentioned previously, we can consider ways in which it might be appropriate to incorporate the use of aroma into the practice of massage. There is no doubt that exposure to aroma can enhance our enjoyment of life. The smell of fresh flowers and fragrant greens are uplifting and pleasant to many people. The herbs and spices used in cooking are the everyday **natural scent therapy** of many traditions, adding flavor to food, awakening the senses, and stimulating digestive juices. A cup of steaming herbal tea can prompt one to take a deep breath, inhaling the volatile oils of the herb.

Here are some suggestions for ways to safely integrate aroma into a massage therapy practice:

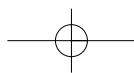
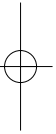
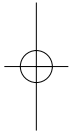
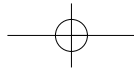
- **Use live plants or fresh flowers:** Notice the scents of live plants if you have a garden. Bring a few stems of fresh lavender or a small bouquet of roses or carnations to your massage sessions. Not only will the scent be likely to delight your clients, but the color and sight of the plants or flower will enhance the quality of the atmosphere you are creating.
- **Use dried flowers:** For example, a sprig of lavender stems and flowers tied with a ribbon is a delightful addition to the décor of a room, subtly imparting its scent over time. A basket of rose petals is a beautiful sight, as well as a sensual aromatic treat to many people.
- **Use coconut oil:** Natural coconut oil is a stable oil that is more resistant to rancidity than most other common oils. It melts at 76°C, has a very light smooth texture, and has a scent that is often considered pleasant. It can be used as a nurturing oil on dry skin.
- **Use infused oil for skin care:** Whole plant material can be infused in pure olive oil (which is a very stable oil), to extract its medicinal qualities, and to impart its scent. Use aromatic fresh plant material that has been allowed to dry for a few days. For example, place finely chopped lavender leaves in a jar; fill it with pure olive oil, and cap it with a canning lid so that no air gets in. Let it sit on the counter out of sunlight for 2 to 3 weeks. Do not refrigerate. Room temperature is necessary to the process. Strain the oil through a handkerchief and store in a cool, dry place. It can be left unrefrigerated for several weeks, or it will keep for several months to a year in the refrigerator. Other plants that can be used include: big sagebrush (*artemisia tridentata*), rosemary, lemon balsam, or fresh St. John's wort flowers (*hypericum perforatum*).



## Communication

If you incorporate the use of scent in your practice, be sure to check with your clients to make sure that any oil or other scented material you use is acceptable to

them. Even fresh flowers can be too much for some people, particularly if they have respiratory conditions such as asthma, COPD, or hayfever-type allergies. Honor the client's needs and preferences. If the client requests that you use a special scented lotion of his or her own, you can honor that request, if it is acceptable to you.





## Recommended Resources: An Annotated List

### Books

- Beers MH, Berkow R, eds.** *The Merck Manual of Geriatrics*. 3rd ed. Whitehouse Station, NJ: Merck & Company; 2000. The Merck Manual of Geriatrics is a comprehensive, thumb-indexed handbook detailing an interdisciplinary approach to care of the elderly. Currently out of print, but still in distribution, the content is available and continuously updated online at [www.merck.com](http://www.merck.com).
- Bowden B, Bowden J.** *An Illustrated Atlas of the Skeletal Muscles*. 2nd ed. Englewood, CO: Morton Publishing Company; 2005. A useful reference guide indicating the location of the motor points (referred to in the text as “trigger points”) of the skeletal muscles.
- Brooke E.** *Medicine Women: A Pictorial History of Women Healers*. Wheaton, IL: Quest Books; 1997. In this fascinating history of women healers, Elizabeth Brooke explores their role in various historical and cultural contexts. This book provides a context to understand the traditions of healing from the primary caregiving role of women, through the development of high-tech medicine to the resurgence of interest in holistic medical treatment, with its emphasis on providing care through nurturing touch.
- Callahan M, Kelley P.** *Final Gifts: Understanding the Special Awareness, Needs and Communications of the Dying*. New York, NY: Bantam Books; 1992. Hospice nurses Maggie Callahan and Patricia Kelley share the richness of their experience in tending to the terminally ill. They recount stories of the ways in which the dying patients communicate their needs, reveal their feelings, and even choreograph their final moments. This inspiring book offers helpful advice to all caregivers on the art of listening with compassion, enhancing the quality of experience for all concerned.
- Curties D.** *Breast Massage*. Moncton, NB: Curties-Overzet Publications; 1999. Massage educator Debra Curties explains the anatomy and physiology of the female breast, and establishes safe protocols for the practice of therapeutic breast massage. She describes techniques that are used to treat post-surgical scarring, ease the discomforts of pregnancy and breastfeeding, and to alleviate the congestion and edema which cause breast pain. She teaches that massage therapists can play a role in supporting their clients’ regular breast monitoring practices.
- Davis MS.** *Caring in Remembered Ways*. Blue Hill, ME: Heartsong Books; 1999. This inspiring memoir by Maggie Steincrohn Davis is filled with stories emphasizing the importance of caregiving as an essential part of meaningful human interaction.
- Duff K.** *The Alchemy of Illness*. New York, NY: Bell Tower; 1993. Drawing from her experience with chronic fatigue syndrome, counselor Kat Duff offers acknowledgement and inspiration to people suffering from chronic illnesses. It offers useful insights and lessons in compassion for caregivers.
- Dunn H.** *Hard Choices For Loving People: CPR, Artificial Feeding, Comfort Care and the Patient with a Life-Threatening Illness*. 4th ed. Herndon, VA: A & A Publishers; 2001. This booklet by chaplain Hank Dunn is written for people who are making medical treatment decisions in the face of life-threatening illness. He discusses the issues involved when considering the use or

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cessation of life-prolonging treatments (such as cardiopulmonary resuscitation (CPR), artificial hydration and nutrition, antibiotics use, etc.) versus the use of “comfort measures only.”

- Dunn T, Williams M.** *Massage Therapy Guidelines for Hospital and Home Care*, 4th ed. Olympia, WA: Information for People; 2000. This manual was written and compiled by Tedi Dunn and Marian Williams, pioneers in the development of hospital-based massage programs. It is a resource for bodyworkers, administrators, and massage educators. They draw on the wisdom and experience of other notable people in the field, including Karen Gibson, Irene Smith, Dawn Nelson, Gayle MacDonald, and Laura Koch.
- Feil N.** *The Validation Breakthrough: Simple Techniques for Communicating with People With “Alzheimer’s-Type Dementia.”* 2nd ed. Baltimore, MD: Health Professions Press; 2002. The simple and practical communication techniques developed by internationally recognized expert Naomi Feil have helped thousands of professional and family caregivers to improve their relationships with confused clients or loved ones and to understand and handle challenging behaviors.
- Foster MA.** *Somatic Patterning: How to Improve Posture and Movement and Ease Pain.* Longmont, CO: EMS Press; 2007. In this richly illustrated sourcebook, Mary Ann Foster shares her extensive knowledge of somatic patterning, a therapeutic modality that works to change harmful or inefficient body-use patterns using awareness and movement as primary tools.
- Frank A.** *At the Will of the Body – Reflections on Illness.* Boston, MA: Houghton Mifflin; 1991. Arthur Frank draws on his own experience with life-threatening illnesses—heart disease and cancer—to explore the meaning of life, while offering many insights for caregivers.
- Gach MR.** *Acupressure’s Potent Points: A Guide to Self-Care for Common Ailments.* New York, NY: Bantam Books; 1990. This reference guide to acupressure points by Michael Reed Gach includes over 500 illustrations and photos showing how to find potent points used in traditional acupressure to help relieve a myriad of ailments from headaches and muscular pain to nausea and fatigue.
- Greene E, Goodrich-Dunn B.** *The Psychology of the Body.* Baltimore, MD: Lippincott Williams & Wilkins; 2004. Elliot Greene and Barbara Goodrich-Dunn explore the intricate connections between the mind and the body and the underlying psychological factors that influence the massage therapist–client relationship. This text gives practical guidance to assist bodyworkers in understanding and responding appropriately to the emotional issues of their clients.
- Hass E.** *Staying Healthy With the Seasons.* Berkeley, CA: Celestial Arts; 2003. This classic of integrative medicine, written by physician Elson Haas and originally published in 1981, is a balanced blend of Eastern and Western medicines, nutrition, herbology, exercise, and a wealth of other health topics. It has a clear and concise introduction to the applications of traditional Chinese medical theory.
- Holmes J.** *John Bowlby and Attachment Theory.* London, UK: Routledge; 1993. Jeremy Holmes explores the work of John Bowlby whose formulation of Attachment Theory—the propensity of humans to form affectional bonds and the consequences of their loss and disruption—has greatly influenced the field of developmental psychology.
- Juhan D.** *Job’s Body: A Handbook for Bodywork.* 3rd ed. Barrytown, NY: Station Hill Press; 2003. Deane Juhan examines the physiology and psychology of the human response to touch, combining excellent illustrations with a detailed but readable technical discussion.
- Kubler-Ross E.** *On Death and Dying.* New York, NY: Touchstone; 1969. This classic work by noted physician and psychiatrist Elizabeth Kubler-Ross, explores the now-famous psychological stages of death: denial, anger, bargaining, depression and acceptance. Her work greatly influenced the development of the hospice movement, and laid a foundation for the subsequent study of the psychosocial aspects of coping with chronic illness and dying.
- MacDonald G.** *Massage for the Hospital Patient and Medically Frail Client.* Baltimore, MD: Lippincott Williams & Wilkins; 2005. Gayle MacDonald provides a valuable resource text for massage therapists, health professionals, and administrators wanting practical information to assist in developing programs of safe, effective massage therapy as part of complementary care in medical settings.
- MacDonald G.** *Medicine Hands: Massage Therapy for People with Cancer.* 2nd ed. Forres, Scotland: Findhorn Press; 2007. Gayle MacDonald deconstructs common myths about the use of massage in cancer treatment, and stresses that the real issues for massage therapists center on supporting the cancer patient with the benefits of appropriate massage while ameliorating the discomforts of medical treatments.
- McIntosh N.** *The Educated Heart: Professional Boundaries for Massage Therapists, Bodyworkers, and Movement Teachers.* 2nd ed. Baltimore, MD: Lippincott Williams & Wilkins; 2005. This handbook offers guidance for understanding relationship dynamics and establishing professional and ethical boundaries in client–therapist interactions. Replete with real-life examples, Nina McIntosh presents practical solutions to sensitive situations including confidentiality, sexual attraction, socializing with clients, and negotiating fees.
- Montague A.** *Touching: The Human Significance of Skin.* 3rd ed. New York, NY: Harper & Row; 1986. A groundbreaking work first published in 1971, this book provides a compelling examination of the importance of tactile interaction—touching—on all facets of human development. Anthropologist Dr. Ashley Montague draws attention to the skin and the effect of touching on mental and physical health. He devotes a chapter to the importance of touching for older people.
- Nelson D.** *From the Heart Through the Hands: The Power of Touch in Caregiving.* Forres, Scotland: Findhorn Press; 2006. Both inspirational and informative, this text by massage therapist Dawn Nelson is a compilation of her knowledge gleaned from many years of experience as a hands-on caregiver.

**Nelson D.** *Making Friends With Cancer*. Forres, Scotland: Findhorn Press; 2000. This is Dawn Nelson's personal story, facing the fears and challenges of living with and surviving a diagnosis of cancer. She urges the reader to make informed choices and conscious commitments to live in the present moment.

**Pert C.** *Molecules of Emotion: The Science Behind Body–Mind Medicine*. New York, NY: Simon and Schuster; 1997. Candace Pert, a research scientist, recounts her work in developing an understanding of the biomolecular basis for emotions. Her work furthers the scientific basis for understanding the link between the body and the mind.

**Rando T.** *How To Go On Living When Someone You Love Dies*. New York, NY: Bantam; 1991. Clinical psychologist Therese A. Rando brings understanding to the experience of grieving, outlining common phases in the process. She emphasizes that different people respond to loss in different ways, and provides practical tools to assist others to move from acknowledging and experiencing the pain of loss to adapting into a new life reality.

**Rose MK.** *Bereavement: Dealing with Grief and Loss*. Longmont, CO: Wild Rose; 1996. This booklet is a concise guide to understanding the grieving process. It discusses the losses for which a person mourns, describes different aspects of the cycle of grief, and gives helpful suggestions for coping with the stress of loss. It suggests practical ways for friends and caregivers to support bereaved individuals who are dealing with loss.

**Smith I.** *Providing Massage in Hospice Care: An Everflowing Resource*. San Francisco, CA: Everflowing; 2007. *Everflowing* is a modality of bodywork developed by Irene Smith, a leader in the field of massage for the elderly and the chronically ill. This manual represents over twenty years of her experience in developing protocols, skills, and coping strategies for facilitating bodywork with dying persons. It addresses the multidimensional challenges and personal healing nature of this profoundly intimate work.

**Thompson G.** *Shiatsu: A Complete Step-by-Step Guide*. New York, NY: Sterling Publishing Company; 2000. Illustrated throughout with the beautiful color photography of Sue Atkinson, this practical workbook by Gerry Thompson makes the benefits of the traditional Japanese healing art of Shiatsu accessible to everyone. He emphasizes self-care for the practitioner through correct body alignment, along with simple routines for self-Shiatsu treatment.

**Weed S.** *Healing Wise—Wise Woman Herbal*. Woodstock, NY: Ash Tree Publishing; 1989. Herbalist and health educator Susun S. Weed explores the major traditions of healing—the scientific (conventional), the heroic (alternative), and the wise woman (nurturing)—defining a context to understand approaches to healthcare and lifestyle. She also enumerates 7 Steps of Healing to guide the individual in making practical healthcare decisions.

**Werner R.** *Massage Therapist's Guide to Pathology*. 4th ed. Baltimore, MD: Lippincott Williams & Wilkins; 2008. This well-organized and comprehensive text written by Ruth Werner is designed to assist the massage therapist in understanding the pathology of a full range of human diseases and dysfunctions, including the implications of the use of conventional massage for each condition.

**Worden JW.** *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner*. 3rd ed. New York, NY: Springer Publishing Company, Inc.; 2004. J. William Worden describes the mechanisms of grief and the procedures for helping clients accomplish the "tasks of mourning" to facilitate moving through the process of normal grieving. While it is written for mental health professionals, it is also useful for allied health professionals and hospice personnel who facilitate bereavement support groups.



## Video/DVD

**Hedley G.** *The Integral Anatomy Series: Vol. 1: Skin and Superficial Fascia* [DVD]. New Paltz, NY: Integral Anatomy Productions; 2005. In this video production anatomist Gil Hedley offers the viewer rare visions into the inner layers of the human skin and superficial fascia. These stunning images inspire the hands-on therapist with valuable new insights and information about the living bodies they touch.

**Rose M.** *Comfort Touch—Massage for the Elderly and the Ill* [Video/DVD and 40-page written guide]. Boulder, CO: Wild Rose; 2004. This video provides a practical introduction to the principles and techniques of *Comfort Touch*®, a nurturing form of acupressure that is safe and appropriate for the elderly and the ill. The author shares the essential elements of this work with demonstrations of its application with clients in the seated, supine, and side-lying positions.



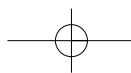
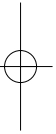
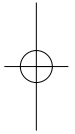
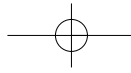
## Websites

**<http://nccam.nih.gov>**. The National Center for Complementary and Alternative Medicine (NCCAM) is the Federal Government's lead agency for scientific research on complementary and alternative medicine (CAM). They disseminate authoritative information to the public and professionals.

**[www.comforttouch.com](http://www.comforttouch.com)**. This is the educational site for information about *Comfort Touch*®, nurturing acupressure for the elderly and the ill. It includes information about the principles and techniques of *Comfort Touch*®, trainings, resources, and featured articles.

**[www.hbmn.com](http://www.hbmn.com)**. Founded by Laura Koch, the Hospital-Based Massage Network supports massage and touch therapists pursuing integration of complementary care into mainstream medicine through their work.

**[www.nhpco.org](http://www.nhpco.org)**. The National Hospice and Palliative Care Organization (NHPCO) is the largest nonprofit membership organization representing hospice and palliative care programs and professionals in the United States. Through educational programs and materials, the organization is committed to improving end-of-life care and expanding access to hospice and palliative care.





**A**

**Acupressure** An approach to bodywork based on an understanding of the meridians or pathways of energy identified in traditional Chinese medicine and acupuncture. Pressure is applied along the meridians and to specific points, called “*tsubo*,” found along these pathways.

**Acute illness** Sudden and/or short-term illness or presentation of symptoms; if symptoms persist, may develop into chronic illness or disability.

**Aging** A process of gradual and spontaneous change, resulting in maturation through childhood, puberty, and young adulthood and then decline through middle and late age.

**AIDS** Acquired immune deficiency syndrome is a disease of cellular immunodeficiency resulting from infection with the human immunodeficiency virus (HIV). It is characterized by opportunistic infections. It is transmitted from person to person via bodily fluids (blood, semen, vaginal fluid, and breast milk).

**Alternative medicine** Therapeutic practices that are used *in place of* conventional medicine. An example of an alternative therapy is the use of a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that might be recommended by a conventional doctor.

**Alzheimer disease** A degenerative disorder of the brain, 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.

**Amyotrophic lateral sclerosis** Also known as Lou Gehrig’s disease or ALS, it is a progressive condition that destroys motor neurons in the central and peripheral nervous system, leading to the atrophy of voluntary muscles. Loss of autonomic muscle function often leads to loss of respiratory function.

**Atherosclerosis** A hardening of the arteries resulting from the accumulation of fatty deposits along the arterial walls.

**B**

**Bereavement** is the process of mourning—the response to loss—in which an individual might experience a range of physical, mental, and emotional reactions, including but not limited to sadness, fear, regret, and yearning for whom or what was lost.

**Body energy therapies** Also called *energy medicine* or *vibrational healing*, these modalities are based on an understanding and awareness of subtle energy that surrounds

and permeates the human body. This energy is referred to by various names, including chi, ki, prana, etheric energy, aura field, chakras, and orgone. Body energy therapies derive from many cultural and spiritual healing traditions and include Qigong, 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 major organs and nerve plexuses.

**Bursitis** Inflammation of a bursa, which is a pad-like sac or cavity found in the connective tissue in the area of a joint. Bursas are lined with synovial fluid that acts to reduce friction in areas of movement.

**C**

**CARE Notes** Method for documenting massage therapy. Based on a model of narrative charting, it records the Condition of the client, the Action taken, the Response of the client, and Evaluation of the session.

**Cataracts** A leading cause of blindness due to opacity of the lens or capsule of the eye. It can be effectively treated by surgical removal of the affected lens and implantation of a plastic lens.

**Cerebral palsy** 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.

**Cerebrovascular accident (CVA)** Sudden loss of consciousness followed by paralysis caused by interference to the blood supply in the brain, resulting from hemorrhage or formation of emboli (blood clots). A CVA can be fatal, or result in significant loss of physical and mental function. Also called **Stroke**.

**Chi** Chinese word meaning “vital energy,” used to describe the flow of energy or life force throughout the body. Also called **ki** in Japanese.

**Chronic illness** Illness or presentation of symptoms of long-term duration. May begin as an acute illness.

**Chronic obstructive pulmonary disease (COPD)** A group of diseases, including chronic bronchitis and emphysema, characterized by chronic airflow obstruction.

**Client information form** A form used to record pertinent information about a person receiving massage therapy. It

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includes the client's name, contact information, medical history, current health condition, and other information relevant to receiving touch therapy.

**Client-centered** This is a concept whereby the needs of the client are acknowledged and, whenever possible, influence treatment and communication choices made by the therapist. For example, the client chooses her or his own positioning for the massage session, and the therapist adapts to that. Likewise, conversation is focused primarily on the needs and interests of the client.

**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.

**Comfort Touch®** A nurturing style of bodywork designed to be safe, appropriate, and effective for use with the elderly and the ill. It follows specific principles that guide the intention of the therapist to comfort the client. Comfort Touch techniques generally rely on broad, full-hand contact which encompasses the part of the body being touched. Pressure is directed perpendicularly into the part of the body being touched, with specific attention given to the appropriate amount of pressure to ensure a sensation that is calming and soothing.

**Complementary medicine** Therapeutic practices that are designed to nurture the individual physically, mentally, and emotionally. They may be used alone or in conjunction with, and are therefore complementary to, conventional medicine. Examples include massage therapy, nutritional therapy, and music and art therapy. In combination with conventional medicine, these practices may also be referred to as *integrative medicine* or *holistic healing*.

**Congestive heart failure** Heart condition characterized by diminished blood flow to the tissues of the body, and consequent accumulation of excess blood in the various organs because the heart is unable to pump out the blood returned to it by the great veins. It is usually caused by coronary artery disease.

**Connective tissue** Provides supporting framework and connection among the parts of the body. Formed of fibrous substance, the bulk of connective tissue is intercellular substance or matrix and, except for cartilage, is highly vascular. Forms of connective tissue include mucous, loose, adipose, fibrous (fascia), lymphoid tissues. Dense connective tissue includes cartilage and bone. Blood and lymph are considered connective tissue, the ground substance of which is a liquid. Epithelium, muscle, and nerve tissue are not connective tissue.

**Contracture** Static muscle shortening due to tonic spasm or fibrosis; to loss of muscular balance, the antagonists being paralyzed; or to a loss of motion of the adjacent joint.

**Conventional massage** Dominant form of massage practiced in the Western world, it is based on the strokes of Swedish Massage—effleurage (gliding), petrissage (kneading), friction, vibration, tapotement (percussion), and joint movements. Usually practiced on a client who is lying on a massage table and disrobed but fully draped. The therapist usually uses lotion or oil when performing the massage. See also **Swedish Massage**.

**Conventional medicine** Dominant form of medicine in the developed world, it involves the use of diagnostic methods and technologies, standards of research or evidence-based practices, and employs the use of pharmaceutical drugs and surgical procedures.

**Coronary artery disease** Narrowing of the coronary arteries that supply blood to the heart muscle itself. The narrowing is usually caused by atherosclerosis, a hardening of the arteries resulting from accumulation of fatty deposits along the arterial walls.

**Cortisol** A steroid hormone secreted by the adrenal cortex that is involved in the response to stress; it increases blood pressure and blood sugar levels and suppresses the immune system. It acts as an anti-inflammatory.

**Curing** Connotes the restoration of someone to a state of health, free from disease or ailment. Curative measures may include appropriate medical interventions, such as surgery or pharmaceutical treatment. Curing, in this sense, requires a diagnosis and an intervention that changes the stated diagnosis. For example, the use of surgery, radiation, and/or chemotherapy, which cures the individual of a malignant tumor.

### D

**Deep vein thrombosis** 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 life-threatening complications if it breaks off and travels via the bloodstream to the lungs.

**Diabetes** A disease of impaired glucose metabolism that results from inadequate production (Type 1 diabetes—insulin dependent diabetes mellitus) or utilization (Type 2 diabetes—non-insulin dependent diabetes mellitus) of the hormone insulin, a vital substance necessary to convert carbohydrates into energy. Elevated levels of glucose in the blood (hyperglycemia) lead to acute symptoms and long-term complications.

**Doula** A person trained to give nonmedical support to women who are preparing for birth and to assist during and after the event.

### E

**Edema** An accumulation of an excessive amount of watery fluid in cells or intercellular tissues; swelling.

**Empty calories** Refers to food that contains caloric content but without appreciable nutrient content.

**Endorphin** Opioid peptides originally isolated in the brain but also found in many parts of the body. In the nervous system, endorphins bind to the same receptors that bind exogenous opiates, producing pharmacological effects of pain relief and euphoria.

**Epinephrine** Along with norepinephrine, is a hormone produced by the adrenal glands in response to stress, and is associated with the physiologic responses to fear and anxiety.

**Epithelial tissue** Cells that line the outer surfaces of the body and line the body cavities. It forms the secreting portion of glands.

## F

**Fibromyalgia** A chronic pain disorder that affects fibrous connective tissues of the muscles, tendons, and ligaments, and is characterized by the presence of myofascial “tender points.” The disorder is often accompanied by fatigue, insomnia, headaches, and/or depression.

**Full Sensory Perception** The quality of perception that makes use of the physical senses, including touch, hearing, sight, and smell. It is an important factor in developing practical, intuitive skills in clinical practice.

**Functionality** Individual ability to function in one’s body, utilizing the physiological functions of the body in a normal state or in healthy adaptation to changes. Also can refer to mental function, for example, cognitive function and memory.

## G

**Galvanic skin response** A change in the electrical resistance of the skin that is a physiochemical response to a change in emotional state.

**Glaucoma** A disease of the eye that is characterized by an increase in intraocular pressure, resulting in damage to the optic nerve, leading to blindness. Early stages of the disease present as loss of peripheral vision.

**Grief** A normal emotional response to an external loss; distinguished from a depressive disorder, since it usually subsides after a reasonable time.

**Grounding** A state of being in which the individual is confident of one’s skills, and carries a sense of stability and connection to the earth. As with a radio, the quality of “grounding into the earth” allows a greater ability to tune into the world around oneself, and still maintain a focus to work and communicate clearly with others.

## H

**Healing** The process of making one well or of restoring to a state of health or wholeness. While curing implies the notion of ridding one of disease, healing emphasizes the acknowledgment of the individual as a whole human being, regardless of one’s current condition.

**Hepatitis** Inflammation of the liver, usually due to viral infection. Various types include A, B, and C.

**HIV** The human immunodeficiency virus, which attacks the immune system, leaving the victim vulnerable to a host of opportunistic infections. Infection with HIV is the cause of acquired immune deficiency syndrome (AIDS).

**Homeostasis** The balanced state of all the body’s systems and the chemical and neurological processes that control them.

**Hospice** An institution that provides a centralized program of palliative and supportive services to dying persons and their families, in the form of physical, psychological, social, and spiritual care. Services are provided by an interdisciplinary team of professionals and volunteers who are available to provide care to patients in their homes or in specialized in-patient settings.

**Hypoglycemia** Abnormally low levels of glucose in the blood.

**Hyperglycemia** Abnormally high levels of glucose in the blood; a primary sign of diabetes mellitus.

## I

**Integrative Massage** Originally called Neo Reichian Massage, this style of bodywork was influenced by the psychotherapeutic work of Wilhelm Reich, and his theory regarding the relationship of psychological tension to muscular armor in the body. Developed at the Boulder College of Massage Therapy in the 1970s, integrative massage uses strokes derived from Swedish massage to release this muscular armor, thereby creating the experience of relaxation while fostering integration of body, heart, and mind. Broad, fluid strokes, which are applied in a slow rhythm, move from the core of the body to the periphery, while emphasizing the interconnectiveness of the parts of the body.

The term also refers to therapeutic massage that combines eclectic techniques and approaches.

**Intuition** The process of arriving at a conclusion without having gone through a rational decision making process. It is the sense of knowing what to do without necessarily knowing why. It may be a sudden insight based on perceptions that are primarily unconscious. See **Full Sensory Perception**.

## K

**Ki** Japanese word meaning “vital energy,” used to describe the flow of energy or life force throughout the body. Also called **chi** in Chinese.

## L

**Lipodystrophy** Disturbance of fat metabolism, causing uneven distribution of fat in the body. It may involve loss of fat from face, arms, and legs, and accumulation of fat in other areas, such as the back of the neck. There can also be associated high levels of cholesterol and triglycerides.

## M

**Macronutrients** The basic components of food; protein, fat, and carbohydrates.

**Macular degeneration** A disease of the eye characterized by degeneration of the macula of the retina, resulting in loss of central vision.

**Medical massage** Any form of massage or bodywork that is practiced with the intention of promoting the health and well-being of the client. Emphasis may be on treatment of a specific condition, or it may be to induce an overall state of relaxation. Also called *therapeutic massage* or *clinical massage*.

**Meridian** A pathway or channel of energy in the body, used to describe the flow of *chi* or *ki* in the body, according to Asian bodywork traditions of acupuncture and acupressure.

**Micronutrients** Nutritional components of food other than the macronutrients (protein, fat, carbohydrate); vitamins and minerals.

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**Motor point** Point where the motor nerve enters the muscle, and where visible contraction can be elicited with minimal stimulation.

**Multiple sclerosis** 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. Symptoms of multiple sclerosis can be exacerbating-remitting—meaning that there are episodes of neurologic dysfunction followed by periods of recovery.

**Muscle tissue** A type of tissue composed of contractile cells; it affects movement of an organ or part of the body.

**Muscular dystrophies** A group of more than 30 genetic diseases characterized by progressive weakness and degeneration of the skeletal muscles that control movement. Loss of muscle function can also affect the cardiac muscle and the muscles affecting respiratory function.

**Myelin** A fatty substance that forms an insulating sheath around various nerves in the body. It increases the speed of nerve impulse conduction.

**Myopia** Defect in vision in which objects can be seen distinctly only when they are very close to the eyes. Also known as nearsightedness.

### N

**Natural scent therapy** The use of natural scents to enhance the quality of life. This therapy avoids the use of artificial chemical scents and concentrated essential oils in favor of scents used in cooking, herbal teas, fresh flowers, and fragrant plants and oils.

**Nervous tissue** Cells that make up the nervous system—including the brain, spinal cord, and nerves—that are specialized to generate and conduct electrical impulses throughout the body.

**Neuropeptide** An endogenous peptide (as an endorphin) that influences neural activity or functioning.

**Nociceptor** A peripheral nerve organ or mechanism for the reception and transmission of painful or injurious stimuli.

**Nutrient density** Refers to food that is high in nutrient content relative to the number of calories they contain.

### O

**Orthopedic massage** An approach to massage that is designed to assess and treat specific soft-tissue pain or dysfunction. It is used in the treatment of neuromuscular injuries, to enhance athletic performance, or to assist others in physical conditioning.

**Osteoarthritis** A degenerative condition of the joints, characterized by the destruction of articular cartilage, particularly in weight-bearing joints. Usually due to wear and tear of the joints, and consequent irritation and inflammation, it is a common condition in old age. 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.

**Oxytocin** A hormone produced by the pituitary gland that is involved in uterine contractions in labor, as well as in lac-

tation. It is associated with human bonding behaviors, and is believed to have a role in stress reduction by reducing blood pressure and cortisol levels, and increasing tolerance to pain.

### P

**Pain** An unpleasant sensation associated with actual or potential tissue damage and mediated by specific nerve fibers to the brain, where its conscious appreciation may be modified by various factors.

**Pain-Spasm-Pain Cycle** A theory proposed by Janet Travell (1942) that states: "Painfulness of the skeletal muscle presumably caused the muscle to spasm, which in turn caused more pain, establishing a self-perpetuating cycle." Techniques of massage can be used to break that cycle.

**Palliative** Denotes the alleviation of symptoms without curing the underlying cause, to reduce the severity of symptoms, or to comfort the individual suffering with injury or illness.

**Parasympathetic nervous system** A division of the autonomic nervous system that is concerned with restoration and conservation of body energy.

**Parkinson disease** A chronic nervous system disease, characterized by a fine, slowly spreading tremor, muscular weakness and rigidity, and irregularities of the gait.

**Perception** A cognitive awareness derived from sensory stimulus; the mental interpretation or meaning derived from sensory stimulus.

**Peripheral neuropathy** Damage to the nerves of the hands, arms, feet, or legs resulting in numbness, pain, or weakness; a complication of diabetes and other illnesses.

**Post-polio syndrome** A variety of musculoskeletal symptoms and muscular atrophy that create new difficulties with activities of daily living 25 to 39 years after the original symptoms caused by the viral infection of poliomyelitis.

**Postural sway** The subtle rocking motion that occurs when sitting or standing in a still, upright position, caused by the intermittent contractions of the tonic muscles. This involuntary swaying continually rebalances the body around its vertical axis.

**Presbyopia** A loss of elasticity of the lens of the eye due to advancing age, with resulting inability to focus on near objects.

**Prone** The position of the body when lying face downward.

### R

**Retinopathy** Pathology of the eye, characterized by damage to the retina of the eye, leading to blindness. Diabetic retinopathy is a form of the disease resulting from long-term complications of diabetes that affect the fine blood vessels of the eye. Can be treated by laser surgery.

**Rheumatoid arthritis** 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. It affects people of all ages.

## S

**Scope of practice** Denotes the appropriate guidelines by which a person may practice within their profession or line of work, defining which procedures, techniques and methodologies are allowable and which are excluded by the person's training and certification or licensing.

**Senescence** The process by which the capacity for cell division, growth, and function is lost over time, ultimately leading to an incompatibility with life—that is, the process of senescence ends in death.

**Sensation** Physical feeling derived from the operation or function of the sense organs of the body.

**Septicemia** Systemic disease caused by the spread of microorganisms and their toxins via the circulating blood.

**Shiatsu** A Japanese style of bodywork based on an awareness of energy pathways or meridians in the body. Pressure is applied on, along, or around the meridians to increase the flow of energy, release tension, and allow deep relaxation. In traditional Shiatsu, the client is usually clothed and lies on a cotton mat called a futon. Shiatsu literally translates as "finger pressure," but other parts of the body, such as thumbs, hands, or feet may be used to apply pressure.

**Spasm** A sudden involuntary contraction of one or more muscles; includes cramps and contractures. Spasms may be clonic (characterized by alternate contractions and relaxation) or tonic (sustained).

**Standard Precautions** Standard Precautions are guidelines adopted by the Centers for Disease Control and Prevention that are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals and other medical settings. Standard Precautions synthesize the major features of Universal Precautions (blood and body fluid precautions) and body substance isolation (pathogens from moist body surfaces). Standard Precautions apply to blood; all body fluids, secretions, and excretions except sweat, regardless of whether they contain visible blood; non-intact skin; and mucous membranes.

**Stroke** See **Cerebrovascular accident (CVA)**

**Superficial fascia** Composed of adipose tissue and loose connective tissue, the superficial fascia is located beneath the skin. Varying in thickness, it covers the entire body, providing insulation and protection for the deep fascia, muscles, and organs beneath it. It stores fat and water and provides passageways for nerves and blood and lymph vessels.

**Supine** The position of the body when lying face upward.

**Swedish massage** A commonly practiced form of massage, the intention of which is to promote circulation of blood and lymph and release muscular tension. It uses a variety of strokes, including effleurage (gliding), petrissage (knead-

ing), friction, vibration, tapotement (percussion), and joint movement. It is usually practiced on a client who is lying on a massage table, disrobed but fully draped. The therapist usually uses lotion or oil when performing the massage. See **Conventional massage**.

**Sympathetic nervous system** A division of the autonomic nervous system, which is involved in the expenditure of energy in the body.

## T

**Tactile receptor** A sensory nerve ending that responds to various kinds of stimulation, like heat, cold, pressure, or pain.

**Tendonitis** Inflammation of a tendon, the fibrous connective tissue that attaches muscle to bone.

**Therapeutic massage** Any form of massage or bodywork that is practiced with the intention of promoting the health and well-being of the client. Emphasis may be on treatment of a specific condition, or to induce an overall state of relaxation. Also called **medical massage**.

**Tonic points** 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.

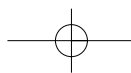
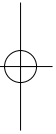
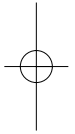
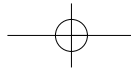
**Transient ischemic attack (TIA)** Temporary interference with blood supply to the brain. Symptoms may last a few minutes up to several hours, and there is usually no evidence of permanent brain or neurological damage following the attack. TIAs can be warning signs of impending stroke.

## U

**Universal Precautions** Guidelines set forth by the Centers for Disease Control and Prevention that are observed to protect against blood-borne pathogens. They involve the use of protective barriers such as gloves, gowns, masks, or protective eyewear to reduce the risk of exposure of the healthcare worker's skin or mucous membranes to potentially infectious materials.

## V

**Vascular dementia** A syndrome of intellectual decline caused by 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. It can be the result of stroke or transient ischemic attack.



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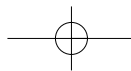
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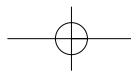
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