

TOUCH MATTERS



The Importance of Attuned and Compassionate Touch

By Robyn Scherr and Kate Mackinnon

We manual therapists seem to instinctively understand the value of attuned touch: touch that aims to connect as work, rather than simply going through the motions of performing an intervention. Ours is a touch that nurtures, allowing clients to experience a sense of well-being and safety, whether that sense is the end goal of a session or is meant to prepare the nervous system to receive techniques that are more orthopedic or remedial.

Regardless of the modalities we use, attuned touch allows us to connect with our clients and notice how they are responding to our work at a refined and nuanced level. We do this in real time, modifying our touch to address our client's changing needs throughout a session. It's second nature for most of us, so we often don't really even consider how it is that we attune. We're just doing what we do.

THE DECLINE OF SOCIAL TOUCH

Social touch that connects us to one another in everyday life has fallen off, leaving whole swaths of our population starved for touch. For far too many clients, our session work is when they receive the most touch in their day, week, or month. It dismays us that touch has been systematically removed from many arenas

where it used to be seamlessly integrated, such as education and health care.

While we honor our specialized skill of employing touch in our work, we don't want to be the most significant source of touch for our clients! We believe everyone should be able to experience attuned and healthy compassionate touch in all areas of their lives. Being able to touch in a safe and connected way is not just a gift or talent; these are skills that can (and should!) be taught.

Yes, touch belongs everywhere. And bodyworkers are perfect advocates for touch in our communities because we understand the benefits of touch like no other profession.

THE ABSENCE OF TOUCH IS CATASTROPHIC

The lack of attuned touch in touch-averse cultures—like the dominant culture in the US today—leads to a host of ills, both personal and society-wide. The impact of this deprivation has been widely studied, and is summarized clearly in the study “Relational and Health Correlates of Affection Deprivation.”¹

Although affection can be and is communicated in nontactile ways as well (Floyd, 2006a), touch is especially strongly connected to mental, physical, and relational well-being

(see, e.g., Floyd & Deiss, 2012). The skin is the largest and first to develop of the human sense organs (Field, 2006), and touch is the only one of the five senses essential to human survival (Field, 2002) . . . As research shows, being deprived of affectionate touch is associated with various deficits in well-being. The very idea of deprivation is conceptually void, however, unless an underlying need for affectionate touch already exists. A formidable body of empirical work supports the claim that, from infancy on, the receipt of supportive, nurturing, affectionate touch conveys substantial social, psychological, emotional, and physical benefits among humans . . . affection deprivation was significantly associated with a host of deficits related to general well-being, social well-being, mental health, and physical health. Affection deprivation was also related to insecure patterns of interpersonal attachment.

We need to have touch in all areas of our life so we can learn healthy boundaries in all kinds of situations. It takes practice to be able to discriminate between touch that is healthy and good for us and touch that is harmful, coercive, or simply not attuned. When we aren't allowed to develop this awareness, we are more vulnerable to abuse. We are also more likely to violate other people's boundaries, because we do not have practice noticing or respecting them, or having ours noticed and respected.

Jane Stevens, a widely recognized expert on adverse childhood experiences (ACEs), and the publisher of ACEsTooHigh.com and ACEsConnection.com, maintains that healthy compassionate touch is vital to mitigate ACEs' negative effects on children. She consults with institutions internationally on how they can integrate best practices based on ACEs science, and noticed with alarm that many schools had integrated a no-touch policy for students in the mistaken belief that restricting or prohibiting touch is protective and reduces violence.

Knowing how many kids desperately need hugs and other safe and appropriate physical interaction, it broke her heart to see kids hurting for lack of compassionate touch, especially because she knows compassionate touch can be taught safely. When we see the level of violence within our school systems, and recall that 2018 was the deadliest year on record for school shootings in the US, we know that this is an urgent calling.

BENEFITS OF ATTUNED AND COMPASSIONATE TOUCH

There is a significant body of research demonstrating the importance of touch for our physical and emotional well-being through all stages of our life cycle—from birth through childhood and adolescence, into adulthood and old age. We never outgrow our need for attuned and compassionate touch.

Tiffany Field, a leading researcher and founder of the Touch Research Institute, performed a comprehensive review of the past 10 years of pediatric massage therapy research in “Pediatric Massage Therapy Research: A Narrative Review,” published in 2019 in *Children*.² Field states that the research suggests “massage therapy has positive effects on several pediatric conditions . . . Potential underlying mechanisms for the massage therapy effects include increased vagal activity and decreased stress hormones.”

Many of the studies enlisted parents and other nonmedical caregivers to give massage. It's noted that in some

studies these caregivers, while shown the techniques, were not tested for compliance. And yet the benefits were the same for the infants and children, and there were also positive effects for the caregivers, such as better sleep regulation for mothers with infants and decreased anxiety levels for mothers of children with asthma.

One study examining the effect of massage on children with Down's syndrome noted improved outcomes following a five-month massage period performed by their mothers. Significantly, the improvement continued at a six-month follow-up assessment. Field makes a profound statement in her commentary: “. . . massage therapy effects do not typically persist when therapy is discontinued.” As we know, massage is more than just depth, direction, and pressure. Much of what these caregivers learned was how to attune to their infants and children: to pay attention to them, notice their responses, and respond in kind while touching them. The benefits of learning attuned touch become ongoing.

EVIDENCE FOR ATTUNED AND COMPASSIONATE TOUCH

A compassionate touch program was developed for preschool and elementary school students by the Upledger Foundation. In 1997, a small research study was conducted in Wisconsin, where the Compassionate Touch Program was taught to 101 school children.³ The study showed an increase in positive and caring behaviors while also demonstrating a decrease in aggressive and problem behaviors. There are measurable benefits to teaching healthy compassionate touch to young children.⁴

A groundbreaking piece of research showed that we can read the emotional state of one another remarkably accurately through touch alone. Matthew J. Hertenstein, the lead author of the paper “Touch Communicates Distinct Emotions,”⁵ states, “We documented that the tactile modality can signal at least six emotions:

anger, fear, disgust, love, gratitude, and sympathy. Accuracy rates ranged from 48 percent to 83 percent, which are comparable to those observed in studies of facial displays and vocal communication.” Touch is vital for communication. We are literally hardwired to use and understand touch, just as we are hardwired for speech and facial expressions. Touch is an integral part of our social engagement system.

In a fascinating study titled, “Tactile Communication, Cooperation, and Performance: An Ethological Study of the NBA,”⁶ touch between NBA players was examined. The authors summarized, “Consistent with hypotheses, early season touch predicted greater performance for individuals as well as teams later in the season. Additional analyses confirmed that touch predicted improved performance even after accounting for player status, preseason expectations, and early season performance. Moreover, coded cooperative behaviors between teammates explained the association between touch and team performance.” Attuned touch improves individual physical performance and group cohesion.

In the study “The Soothing Function of Touch: Affective Touch Reduces Feelings of Social Exclusion,”⁷ from University College London, gentle touch was found to counter feelings of social isolation—putting people at ease and helping them feel more connected. In the conclusion, the author states, “Mammals have a well-recognized need for closeness and attachment, so it wasn't a big surprise that social support reduced the emotional pain of being excluded in social interactions. What is interesting however is that social support was optimally conveyed only by a simple, yet specific, instance of touch. No words, or pictures were necessary, at least in the short term. This finding builds on evidence that the same kind of touch can have unique effects on physical pain, and it can have implications for the role of touch in various mental and physical care settings.” We agree with the authors that touch has a significant role in care settings, and believe this study points toward the benefits of touch in

the public sphere as well. We see that in addition to improving medical outcomes, attuned touch promotes cooperative and pro-social behaviors, communicates emotions just as reliably as language and facial expression, counters negative stress, and enhances our feeling of safety.

TOUCH ADVOCATES: BECOMING PART OF THE SOLUTION

As manual therapists who primarily use craniosacral therapy, we recognize that the work we do with people is so successful because of the attunement of our touch. We saw the desperate need for touch, in the news and in our immediate community, and founded Touch Advocates. We feel our mission is to promote attuned and healthy compassionate touch in families, schools, and health-care systems to help everyone enjoy lives filled with connection, health, and love.

In December 2012, there was a horrific school shooting at Sandy Hook Elementary in Connecticut that shook many of us to the core. Afterward, a report looking toward how an event like this could be prevented recommended three interventions: create more stringent gun control measures, provide more robust mental health resources, and implement social and emotional learning (SEL) programs in all schools. SEL programs aim to help “. . . children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.”⁸

Scarlett Lewis, the mother of six-year-old Jesse Lewis who was killed at Sandy Hook, founded the Jesse Lewis Choose Love Movement (JLCL)⁹ as her response to this terrible tragedy. The JLCL SEL program, The Choose Love Enrichment Program, has been adopted by school districts in all 50 states. When Kate asked if touch was a part of the curriculum, Lewis answered that no SEL program had a touch component, to her knowledge. Yet

when Lewis talks at schools and she asks children, “Show me what anger looks like,” the children will make an angry face and tense up their bodies. She then asks them to show what love looks like, and they turn to one another and give a hug or hold hands.

So Kate used her background in pediatric physical therapy and craniosacral therapy to partner with the JLCL to create the Healthy Compassionate Touch (HCT) curriculum.¹⁰ Lewis considers healthy compassionate touch to be “the cornerstone of healthy connection and emotional well-being. Kate and Robyn focus on the essential ingredients of meaningful existence, including healthy compassionate touch, that can and should be applied in any setting. My beloved son called this ‘Nurturing Healing Love’ in his last message he left for us on our kitchen chalkboard. This is what will heal our world.”

We believe this is the first SEL curriculum to include touch. The HCT curriculum is now an integral part of the Choose Love program, and is available to download for free by any teacher. It has

been crafted so it can be customized by each teacher and classroom from preschool to 12th grade, making it applicable to every culture and learning environment.

HCT IN SCHOOLS

Molly Oto, a toddler teacher at Valley Montessori School in Livermore, California, notices her students are positively responding to HCT. “I love the willingness the children have to engage in positive options in social situations,” Oto says. “By nature, children want safety, happiness, and for others to smile and be peaceful. This program helps teach them real examples of how to give respect and receive love in all its forms.”

Maria Elena Ventura is a high school Spanish teacher at Granada High School in Livermore who moved from El Salvador many years ago. She’s keenly aware of cultural differences when it comes to touch, commenting how naturally and easily touch is used among her Hispanic students and also with her throughout the school day.

You Play a Vital Role

Margaret Mead said, “Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has.” There is no one person, organization, or agency that can solve the crisis around touch that we see in our schools, medical settings, and society today. We invite you to bring your skills and passion to this vital endeavor of bringing more attuned and healthy compassionate touch back into public life. We literally need all hands on deck.



After helping create one of the high school videos for the HCT program, Ventura decided to do an experiment with a class of predominately Caucasian students, who she observed used touch less often.

She stood at the doorway of her classroom each day prior to the start of class and offered each student a “high five” as they entered. Ventura observed how the students would look up from their cell phones and connect with her. She noticed an instant change in the students: they gave her more eye contact and were more willing to speak Spanish during class. After using HCT in her classroom for over a trimester, she reported an even deeper connection with her students. She commented that she was now more quickly able to notice if something did not seem quite right with a student, so she could offer added support. This is an added benefit of bringing attuned touch into the classroom.

DECLINING TOUCH IN HEALTH CARE

Another arena where touch has been restricted is health care. In recent decades there has been a movement away from touch in medicine, because of a mistaken belief that touch is not a reliable diagnostic

tool. This move away from touch is documented as leading to misdiagnosis and poor health outcomes,¹¹ in addition to adding to the culture-wide problem of touch deprivation. Because generations of physicians were not taught to place a high value on palpation and physical exam, many do not have strong palpatory skills or even much experience touching their patients.

Touch is used in medicine to gather information and administer interventions, but the quality of that touch is rarely (if ever) considered. Few professionals with high levels of patient contact—from physicians to respiratory therapists to lab and imaging technicians—receive any instruction on how to touch in a way that promotes connection and feelings of safety in their patients. So touch in medical settings is often traumatizing for patients and their families. It’s also upsetting and draining for the health professionals, and their lack of skill around touch contributes to burnout.

To begin addressing the lack of attuned and skillful touch in medical settings, Robyn used her background in health education, medical assisting, and craniosacral therapy, and together with Kate created a touch curriculum for

health-care workers. This curriculum aims to bring attunement skills to the touch health professionals already employ, to teach palpation in a way that opens health professionals to discovery and allows them to stay present in their own bodies, and to advocate for more touch in patient care.

Helene Fronck MD, FACP, assistant clinical professor of medicine at UC San Diego and Certified Physician Coach, says, “Medical care should be an intimate, trusting experience in which the provider opens to the patient’s experience, allowing patients to feel heard, seen, supported, and cared for. Knowing how to place our hands on another person’s body is essential if we want to effectively communicate these things and receive sufficient input through touch to diagnose accurately. Today’s physicians are being trained to leave touch out of their encounters with patients altogether. This deprives the provider of important information and the patient of therapeutic benefit. Training physicians and all health-care workers to attune their touch is essential to regaining meaningful and fulfilling connection with patients at this crucial time when professional burnout is at epidemic proportions.”

BECOME AN ADVOCATE FOR TOUCH

You are already an agent of change. Whether or not you’ve considered it, your skills translate into your clients’ everyday lives, creating a ripple effect out into your community. We ask that you step into the role of change agent, bringing even more awareness and clarity to what you offer around touch, so your clients understand how their experiences in session can influence how they relate to touch out in the world. To become a touch advocate:

- **Help your clients understand consent.**

When working with both children and adults we model how to ask for consent to touch by explaining where on the body we perform our assessment, gaining verbal consent to touch those places, and then asking our clients to tell us when they are ready for us to put our hands on. We also let them know that if at any time they want us to move

or take our hands off, we will do so immediately—and we always keep that promise. Consent is not something that we get once, at intake: it's asked for, and received, throughout every session. We never know somebody's complete history, even when we may believe we've done a thorough intake, so we can't guess what may or may not be distressing touch.

- **Help your clients learn how to embrace touch that feels helpful, and choose not to endure touch that is intrusive or painful.** Once session work has begun, we encourage our clients to develop a sense library of what feels nurturing to them, what feels like “good work,” and what isn't, like too much pressure or too quick a pace. This clearly signals to our clients that their experience is important, worth noticing and responding to. The Healing from the Core¹² curriculum offers excellent training in this arena.

- **If you have the skill set, teach.** For years we have presented a class through the Upledger Institute called ShareCare, where participants with no health-care background can learn about the craniosacral system and its influence on the body. Students learn a few hands-on techniques designed to relieve headaches, reduce stress, control pain, and promote relaxation for themselves and their loved ones.

You may already teach couples massage or self-massage to your clients. We encourage those of you who teach to offer consent-driven touch education to “mommy and me” classes, at care centers, at your CrossFit box—wherever you have your own personal connections. Any setting where we can educate about more attuned touch benefits our communities.


- **If you're a parent, download the Healthy Compassionate Touch videos and worksheets** at www.jesselewischooselove.org, and present them to your school. One of the videos shows Kate teaching HCT using the book *I Can Show You I Care*, modeling how to demonstrate these skills. If you work with children, spend a few minutes

talking with families about how they can use HCT with one another.

- **Use your voice to bring touch into the public sphere.** Talk with your colleagues about the value of attuned touch, and share how you develop and refine your own attunement skills. Discuss healthy compassionate touch with your friends and loved ones. Start conversations about touch in your social circles. Find out what people's fears are, where their comfort level is, and why. Promote curiosity, and invite the people you talk with to become touch advocates themselves. Every conversation has the capacity to ripple out and change many lives for the better. **m&b**

Notes

1. Kory Floyd, “Relational and Health Correlates of Affection Deprivation,” *Western Journal of Communication* 78, no. 4 (July 2014): 383–403, <https://doi.org/10.1080/10570314.2014.927071>.
2. Tiffany Field, “Pediatric Massage Therapy Research: A Narrative Review,” *Children* 6, no. 6 (April 2019): 78, <https://doi.org/10.3390/children6060078>.
3. John E. Upledger, “New Glarus Study,” 2004, www.iahe.com/docs/articles/dr.-john-e.-upledger-compassionate-touch-program--new-glarus-study.pdf.
4. This program is not currently running, but a book aimed at school-age children called *I Can Show You I Care: Compassionate Touch for Children*, written by longtime Upledger Institute instructor Susan Cotta, illustrates the program beautifully. We use this book in our classes and highly recommend it for every SEL program.
5. Matthew J. Hertenstein et al., “Touch Communicates Distinct Emotions,” *Emotion* 6, no. 3 (August 2006): 528–33, <https://doi.org/10.1037/1528-3542.6.3.528>.
6. Michael W. Kraus, Cassey Huang, and Dacher Keltner, “Tactile Communication, Cooperation, and Performance: An Ethological Study of the NBA,” *Emotion* 10, no. 5 (October 2010): 745–49, <https://doi.org/10.1037/a0019382>.
7. Mariana von Mohr, Louise Kirsch, and Aikaterini Fotopoulou, “The Soothing Function of Touch: Affective Touch Reduces Feelings of Social Exclusion,” *Scientific Reports* 7, no. 1 (December 2017), <https://doi.org/10.1038/s41598-017-13355-7>.
8. “Overview of SEL,” CASEL, accessed February 2020, www.casel.org/overview-sel.
9. Jesse Lewis Choose Love, accessed February 2020, www.jesselewischooselove.org.
10. Jesse Lewis Choose Love, “Integration Programs,” accessed February 2020, www.jesselewischooselove.org/extension-programs.
11. Talal Asif et al., “Importance of Thorough Physical Examination: A Lost Art,” *Cureus* (May 2017), <https://doi.org/10.7759/cureus.1212>; Andrew Elder et al., “The Road Back to the Bedside,” *Jama* 310, no. 8 (August 2013): 799, <https://doi.org/10.1001/jama.2013.227195>; Junaid Zaman, Abraham Verghese, and Andrew Elder, “The Value of Physical Examination: A New Conceptual Framework,” *Southern Medical Journal* 109, no. 12 (December 2016): 754–57, <https://doi.org/10.14423/smj.0000000000000573>.
12. “Healing from the Core,” accessed February 2020, www.healingfromthecore.com.

 Kate Mackinnon and Robyn Scherr are the founders of Touch Advocates. Find out more at www.touchadvocates.com.

Join us!

We hope you are inspired and empowered to help transform the violence and discord in our society by being a committed and vocal advocate for attuned and healthy compassionate touch. We'll say it again: touch belongs everywhere!

—Kate Mackinnon and Robyn Scherr, founders of Touch Advocates