The Caring Touch
by Carolynne Stevens

This is one of a series of articles on using the five senses to evaluate, and to achieve, quality in human care facilities. This article explores the sense of touch. While the article is primarily addressed to human care facility operators and staff, it should be equally helpful for families and consumers in evaluating facilities.

Human beings need to have all five senses stimulated all the time. Touch is one of the five ways the brain receives stimulating information to enable it to develop, maintain and repair itself. Touch has the first, most direct and powerful effect on the brain's programming and re-programming activity. Accordingly, touch, including its inherent kinesthetic (movement) stimulation, is particularly important in working with young children and with adults with brain impairments.

First, let's think about touch from the standpoint of the tactile interest built into the program and the facility.

Activities

Activity programs should be fully in tune with the human need for tactile stimulation. There is something very satisfying for people of all ages in working with tactile media. . . Kneading bread dough. Working with clay for ceramics. Making sand pictures and landscapes. Soap carving. Wood working. Clay sculpting. Finger painting. Weaving. Knitting. Making collages. Shelling beans. Planting and weeding gardens. Arranging flowers. Washing dishes or water play. The list of interesting things to do that will provide tactile stimulation is nearly endless. Patting, pulling, pushing, tapping, hitting, swaying, swinging, rocking, pedaling, stomping, rubbing, rolling, stroking . . . Thick, thin, rough, smooth, warm, cold, gritty, mushy . . . Think of all the ways tactile stimulation relates to verbal/cognitive and physical involvement. It is no accident that so much of restorative therapy is built around using familiar tactile work and leisure activities to develop or repair brain functions. Good activity programs will constantly feed the powerful human need for varied tactile experiences.

Environment

The facility should also have tactile variety. In part, that means using many different surfaces, such as rough, smooth, soft, fuzzy, hard, curved, carved, straight, raised, recessed. Even when people do not actually touch surfaces, they experience tactile brain activity memories when then see varied surfaces. Nothing is more boring than an "all-alike" appearance from the lack of tactile variation. In addition to interesting surfaces, human care facilities should have a lot of objects that invite touching, holding and manipulating. Sculptures. Carvings.

**Human Touch**

Now, we come to the part of the human need for tactile connection that is, to make a pun, really "touchy" in today's society. Here's the dilemma. Human beings need human touch for their emotional and mental development and well-being — sometimes even for their will to live. The incidence of sexual molestation charges, however, has many human care facilities (and their attorneys) scared to death of permitting touching, even perfectly appropriate touching.

Facilities fear being accused of under-protective policies in the event they do have an undetected molester on staff, and they fear misinterpretation or false accusations against staff. Sadly, some facilities have gone so far as to forbid staff to hug young children or take them onto their laps for comforting closeness.

And, it's also true that some adults may interpret contact intended to be a friendly touch as unwelcome, presumptuous or condescending. It's likely, though, that these adults take offense more because of the way touch is initiated, e.g., the context or manner, rather than because they actually have no desire to be touched, since the latter is fairly unusual. Adults, however, have established their social boundaries, so caregivers must be particularly sensitive and responsive to their wishes with respect to touching, just as they would in other matters. Remember, too, that the use of touch and closeness will vary not only with individuals but also with cultural and regional differences.

Meeting the human need for physical contact is a thorny problem, but it's too important to dismiss merely because it is difficult to manage. Additionally, it is clearly impossible for human care staff to avoid some intimate contact with customers. Children and many adults need help with, for example, toileting, bathing or other body care routines. Training will help to assure that staff are respectful and adept at helping customers become comfortable with this type of contact. Except when a care routine clearly requires intimate contact, however, a good rule for staff and customers is: *Do not touch parts of the body normally covered by a bathing suit.*

**abuse countermeasures**

Two countermeasures need to be combined.

*The first countermeasure is to strengthen hiring practices.*

Licensing rules usually require all or some combination of safeguards that involve clearances for criminal records and listings in child/adult abuse registries, and
securing references. These are all important but by no means sufficient. Many abusers go undetected or unpunished.

While it is not practical to try to use abuser profiles in hiring, it is advisable to become familiar with the literature on the behavioral characteristics and social histories of "typical" abusers. Knowing more about the subject will help human care managers to spot warning signs and, more important, to select contrary characteristics. Fortunately, the characteristics of good caregivers are generally just the opposite of the characteristics of abusers. For example, abusers tend to enjoy having power over their weaker victims and seek to gratify their own emotional needs at the expense of others. In contrast, good caregivers:

- Enjoy empowering others; they like their clients to grow; they encourage independence;
- Are focused on the needs of their clients, not their own needs, i.e., are not self-centered;
- Are open rather than secretive; they welcome oversight and questions about their work;
- Are emotionally mature and independent; they do not need or want others' admiration, obedience or fear to feel good about themselves;
- Operate from trust rather than intimidation;
- Are protective rather than exploitative and are concerned about others' well-being.

After screening out undesirable applicants, the hiring authority should design the interview and, if possible, a work sample observation or other observation of direct interaction with clients to build information that shows how well the applicant matches the profile of a good caregiver. Because the two profiles are largely incompatible, the odds of hiring an abuser go down when the applicant's history, attitudes, characteristics, and behavior are well-aligned with those of a good caregiver.

**The second countermeasure is deterrence through vigilant management of the supervisory and physical environments.**

The best protection, for customers and for the facility and its staff, however, is to avoid or limit opportunities for abuse by increasing the likelihood of detecting abuse. Whenever possible, it is better to have staff working together or in the presence of other witnesses to reduce the probability of abuse or misinterpretation. When this is not possible, supervision can partially compensate. For example, the supervisor should "pop in" frequently but randomly so that a prospective abuser never has the advantage of predictable periods of isolation with customers.

For protection, some facilities have installed observation windows or electronic monitoring equipment. These approaches have a side benefit. They allow less
disruptive observation for purposes of normal staff development supervision. In common areas, e.g., activity rooms, classrooms, storerooms, or hallways, such installations pose no major invasion of privacy, although customers and staff obviously should be informed. Installations in even more high-risk areas for abuse, such as bathrooms and living quarters, pose a definite privacy-invasion issue, however. Security in these areas would require explicit permission as well as more controls, sensitivity and legal consultation about access to monitors or tapes. When these issues are carefully resolved, some monitoring systems may be acceptable, and facilities may find that the added security and safety are good marketing tools quite aside from the issue of deterring abuse. Customers may feel safer knowing that any emergency need for assistance will be known immediately.

**meeting the need for touch**

Now, back to the question of how to respond to the need for human contact. Infants, little children and some adults (such as developmentally disabled or regressed adults) have very high needs for caregivers' touch. . . To bond. To comfort. To direct their attention. To show caregiver approval. These essential needs cannot be met without frequent hugs, pats, hand-holding, and other reassurance of affection. Young children or developmentally disabled adults often initiate contact in the form of hugs, kisses or leaning on the caregiver, i.e., they have not learned to maintain our culture's normal social distance (about 18-24 inches). Caregivers must not ignore or appear to rebuff or reject these customers because, for them, touch and physical closeness are still primary and essential forms of human communication.

In time, children and many developmentally disabled adults may learn to be equally satisfied with smiles, verbal affection, and handshakes. Until then, however, their need for physical contact is as important as their need for food and water.

Elderly adults may also need physical contact. Often, they have no family or close friends left. They may have no one except staff or other residents to offer the basic human comfort of friendly touch or a supportive hug.

Hospitals and health care professionals have long understood that human touch is important for healing and overall well-being. For example, they include back-rubs, massages or skin care routines not only to maintain skin and muscle tone, but because these are also "socially acceptable" methods to provide human contact for its benefits in emotional support and well-being. Similarly, patients going into or recovering from surgery will have their hands held or stroked to reduce fear and disorientation through human contact.

Human care facilities can incorporate human touch into activities for all age and ability groups. For example, infants and toddlers love word-games that involve
touching and pointing to parts of their bodies or to articles of their clothing, reinforcing language development by linking words and concepts with the pleasurable sense of closeness and attention. Similarly, consulting an activities therapist or a good book on activities will locate many games and dances for all ages that involve linking hands or arms, or touching hands as objects are passed around.

Providing human touch in ways that are fully appropriate, safe and respectful requires good planning, good training and scrupulous supervisory oversight. Without the caring touch, however, some of the most dependent customers will be damaged in their capacities to develop emotionally and socially.

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