

The Concept of Touch

Identify personal interpretations of touch and their influence on professional interactions.

Describe professional touch.

Introduction

Massage is professional, structured, therapeutic touch.

As a massage therapy practice, many difficult questions arise:

What is professional touch?

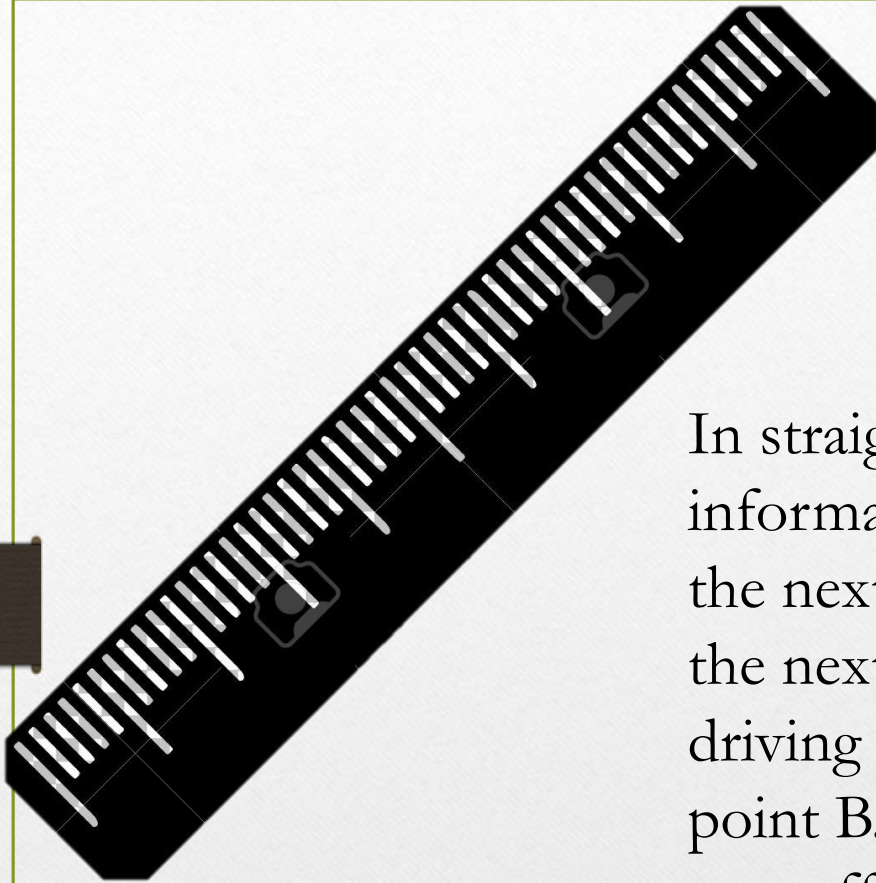
In what way is therapeutic touch different from casual touch?

An awareness of such difficult questions during the course of study will help with decision-making.

Types of Learning

In spiral learning, your brain learns by circling around and around through the information, collecting an increased understanding with each revolution.





In straight line learning, a piece of information is presented once, then the next piece is presented, and then the next, and so on, much like driving down a road from point A to point B. Straight line learning is not very effective.



As you learn the profession of massage, novel repetition eventually spirals into the ability to become a creative and skilled massage therapist

Professional Touch

Profession – an occupation requiring training and specialized study

Occupation – a productive or creative activity that serves as one's regular source of livelihood

Professional – a person who engages in a profession

Professionalism – the adherence to professional status, methods, standards, and character

Concept of Professional Touch

Professionals may sell a product, but a profession is built around the skilled ability to provide a service, such as therapeutic massage.

Professional relationship criteria:

- Skilled service provider

- Standards of practice apply

What is the definition of a service?

A service is something done for another that results in a specific outcome; for example, the car is fixed, the garden is tendeded, communication skills are taught, emotional problems are sorted out, bodily functions are restored, and spiritual or life paths are discovered. In return, income (livelihood) is received for that service.)

When a professional relationship exists, certain agreed-upon criteria apply. The person providing the service is skilled (educated) and operates within certain standards of practice, including technical application and ethical conduct

Professional Touch

Professional touch

Skilled touch delivered to achieve a specific outcome

Recipient reimburses the professional for services rendered

Purposeful

Education required

Additional skills include communication and interpersonal skills

What is involved in the education needed to attain the necessary skill for professional touch?

Knowledge of systems of the body, systems of massage, and systems of social and cultural interaction are involved in attaining the skill necessary to provide professional touch.

Therapeutic Touch

Therapeutic applications – pertains to healing or curative powers

Healing – the restoration of well-being

Therapeutic applications promote a healing environment

Something that is therapeutic provides the structure for beneficial change or support for current healing practices.

What is an example? (*A walk in the woods or a conversation with a compassionate friend can be therapeutic. Students' answers will vary.*)

Various bodywork modalities, medical and mental health practices, and empowering spiritual rituals can be therapeutic.

Touch

Massage therapists need to consider the nature of touch in order to understand the role of professional touch.

We must differentiate the therapeutic value of touch in the professional sense from forms of touch shared between people outside of the professional environment.

Touch is a survival mechanism. Scientific study has enabled the description of physiologic responses to touch, such as changes to our nervous systems and body rhythms.)

The Science of Touch

Touch is the collection of tactile sensations that arise from sensory stimulation of the skin and muscles.

The autonomic nervous system is highly responsive to skin stimulation.

Research supports the belief that touching in a structured way is a very important, if not absolute, need of all living beings.

The Experience of Touch

Touch

Concrete sensation of abstract sensations

Fundamental, multilayered, and powerful form of communication

Not until you touch the client and feel the person will you begin to understand that individual's body. The client can sense through your touch if you understand the information the body provides.

Touch as Communication

Touch communication

More ambiguous than verbal

Relies on interpretation of its meaning through past experience and current circumstances

Many factors involved in the interpretation of the message

Potential for misunderstanding increases.

Understanding each person's culture and personal experiences should be considered when designing individual interactions of touch.

Cultural Influences

Culture – the arts, beliefs, customs, institutions, and other products of human work created by a group of people at a particular time

Tendencies may be defined by culture

Awareness may help initial touch relationship

Beware of tendency to stereotype! Beliefs about social interaction and personal space can vary according to group; thus, it is easy to offend someone without meaning to.

Gender Issues

Women and men may have different conceptions of the appropriateness of touch.

Women generally require smaller personal space with less restrictions

Men's personal space is larger and more structured

Biology, survival behaviors, social learning, and cultural customs are some of the influences that affect the development of these patterns.

Though recognizing gender norms is helpful, remember that stereotyping of specific behaviors as always feminine or always masculine simply is not accurate.

Influence of Age on Touch

Age differences may be a factor in interpretation of touch

Dynamics change based on age of both practitioner and client

The touch of a young practitioner may be interpreted differently than the touch of an older practitioner.

A younger person touching an elderly person may be acceptable, but the interpretation of touch may change when two people of the same age touch.

Influence of Life Events

Life events affect how an individual processes touch.

Factors include:

- Touch trauma (pain, medical interventions)

- Isolation (no touch)

- Excessive touch stimulation

- Healthy, appropriate touch history

Any of these experiences and many more affect the way a person understands another's experience of touch.

Spiritual Touch

Many spiritual rituals incorporate touch

Involve concepts of

healing of the body (that which is organic),

the mind (that which is of thought),

or the spirit (that which is transcendent and sacred)

Each person deserves respect for his or her personal truth and individual spiritual path.

Diversity and Touch

Response and interpretation to touch given and received may vary day to day

Occurs because people are in a constant state of flux

Person's response to and need for touch cannot be predetermined

As professionals, it is important that we be aware, sensitive, and open to an appreciation of the wide variety of influences that affect professional touch and also that we diligently seek an understanding of our own desires, motivations, and responses to touch.

Physical and Psychological Perspectives on Professional Touch

Inappropriate touch

Hostile or aggressive touch:

Avoid touching a client when angry, or when he or she is angry with you.

Erotic (sexual) touch:

It is inappropriate for professionals to foster any type of erotic feelings with a client; erotic feelings should never be expressed.

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Invasive touch:

Body areas of touch sensitivity: taboo areas include the anus, genitals, mouth, ears, and nose

Aggressive touch—touch used to establish or maintain power—and erotic, or sexual, touch should always be avoided in a professional setting, even though professionals are people with complex needs and desires

Forms of Appropriate Touch

Touch technique – basis of therapeutic massage methods

Classification of intention of touch therapy:

Mechanical touch – used for a specific anatomic or physiologic outcome

Expressive touch – used to apply support and convey awareness and empathy for the client

As professionals, both forms must be perfected

Massage is the use of various forms of touch to achieve a specific outcome

Nontherapeutic forms of touch often encountered include inadvertent touch (e.g., accidental jostling in a crowd) and socially determined touch (e.g., handshake upon meeting).

Therapeutic forms include touch that communicates information or that expresses feeling as part of a therapeutic relationship (e.g., holding a client's hand while conversing at the end of a session).

Touch Intention During Massage

Pleasure factor can blur the boundaries of the professional relationship

Must consider client's sense of safety and security

Interacting professionally with the essential self (the sixth chakra) requires extensive training in mental health

It is important to recognize the value of therapeutic massage in meeting nonsexual pleasure goals, because pleasure sensation supports a balance of neuroendocrine functions that affect mood.

We can make sure a client feels secure on the massage table by demonstrating that the table is strong and stable. We need to assure clients of privacy verbally, through the use of proper draping, and a touch application that does no harm to them.

Dual Roles

Occur when a professional operates from many bases of knowledge when interacting with clients therapeutically

Potential for client to feel disempowered

Can manifest in various forms

Anger, Submissive attitude. Excessive admiration

The main concern with dual roles is the distribution of power in the therapeutic relationship. The more roles a professional plays with a client, the more power the professional acquires in the therapeutic relationship.

Uniqueness of Touch

Specific touch experience is difficult to replicate because it is multifaceted

Each interaction between two individuals is unique.

The person receiving the massage probably notices the difference in the touch, not the method, when the new therapists attempt to replicate the experienced therapists' actions because the experience level is different.

Subjective and Objective Qualities of Touch

Subjective quality of touch

Situationally unique

Objective quality of touch

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The desire for physical contact is an instinctive and physiologic need for well-being. The concrete experience of caring is most often conveyed through touch.

The History of Massage and Current Trends

To understand professional, structured, therapeutic touch, you must explore historical influences and the evolution of massage from its ancient foundations through projections for the future.

Historical Perspectives

Students must explore historical influences and the evolution of massage from its ancient foundations to better understand professional, structured, and therapeutic touch.

Massage has stood the test of time, proving itself a vital, health-enhancing technique and rehabilitative discipline.

Knowledge of history helps professionals develop a sense of professional identity and pride. Historical perspectives help us discover the strengths and weaknesses of the profession.)

History of Massage

Touch as a method of healing appears to have numerous cultural origins.

Therapeutic massage has strong roots in Chinese folk medicine and has aspects in common with Indian herbal medicine and Persian medicine.

Massage was first mentioned in writing about 2000 B.C. and has been written about extensively since 500 B.C.

Although therapeutic massage has strong roots in Chinese folk medicine, it has much in common with other healing traditions as well. The endurance of massage over the centuries is remarkable.

Ancient Times

Most ancient cultures practiced some form of healing touch.

Massage was well-established in Chinese medicine during the Sui Dynasty (A.D. 589–617).

Japanese learned methods through Chinese writings

Chinese introduced methods to India through trading forays

Ancient Times

Ancient Egyptian artwork shows foot massage.

Ancient Greek Olympians underwent friction treatment before games.

“Laying on of hands” was prominent in first-century Christianity.

Anointing (massage with oils) dates further back in Jewish practice.

Native peoples of the American continent used methods of joint manipulation and massage.

Hippocrates of Cos (460–377 B.C.) was the first Greek physician to describe benefits of massage.

His methods survived until the Middle Ages.

*Hippocrates called his art **anatripsis**,
which means “to rub up.”*

Galen, another Greek physician, contributed much written material on early manual medicine.

Massage came to the Romans from Greece.

Cornelius Celsus wrote *De Medicina*, which was later rediscovered by Pope Nicholas V.

De Medicina is a series of eight books, covering the body of medical knowledge of the day.

Julius Caesar is said to have had himself “pinched all over” daily to relieve his neuralgia and prevent epileptic attacks.

The Middle Ages

Islamic countries became the intellectual center of the world.

Avicenna, a Persian scientist and physician wrote the *Canon of Medicine*.

Regarded as a pioneer of aromatherapy

Invention of steam distillation and extraction of essential oils

The Canon of Medicine is a 14-volume medical encyclopedia. The book was based on a combination of Islamic medicine, the writings of the Roman physician Galen, Chinese materia medica and many other sources from the time period.

The canon is considered one of the most famous books in the history of medicine and remained a medical authority up until the 18th and early 19th century.

Massage, developed in the East as part of the Islamic Empire, was a continuation of Greco-Roman traditions.

It developed in the West as part of the folk culture of Slavs, Finns, and Swedes.

Practitioners of folk medicine were persecuted by the Church.

Massage regained respectability in Europe during the sixteenth century

The Nineteenth Century

Per Henrik Ling (1776–1839)

Developed Swedish massage, integrating movements of the Swedish gymnastics

Taught physicians from Germany, Russia, and England

System achieved worldwide recognition

Methods incorporated active, duplicated, and passive movements.

During the Middle Ages, massage had endured in the West only as part of healing traditions among the common people. Ling established systems and a school in which to teach it. In the school, he taught physicians from all over Europe and the United States who took the knowledge back to their own countries

Modern Revival of Massage

Dr. Johann Mezger of Holland

Brought massage to the scientific community

Introduced terms *effleurage*, *pétrissage*, and *tapotement*

Swedish movement cure spread through Europe

First institute outside Sweden established in Denmark

M. LeRon brought movement cure to Russia

In the nineteenth century, institutes of massage and scientific journals were established in many European countries.

Massage in the United States

Charles and George Taylor

Introduced the Swedish system to the United States

Dr. John Harvey Kellogg

Wrote dozens of articles and two textbooks on massage and hydrotherapy

Edited and published *Good Health* magazine

Douglas Graham

Wrote on massage and its use in almost every area of medicine until his death in the late 1920s

The Taylor brothers learned their skills from Dr. Mathias Roth, an English physician who studied directly with Ling. Roth, also a leader in the homeopathic movement, felt that massage worked on the same principles as homeopathy: the law of similars and the concept of “like cures like.”

Dr. John Harvey Kellogg was the founder of the Battle Creek Sanitarium in Michigan.

Massage Scandals of Late 1800s

Eroded public's confidence in the profession

Inconsistent method of education and certification
contributed to public's low opinion of massage

“Massage parlors” gave rise to association of vice

False advertising claims

Society of Trained Masseuses formed (1894)

Established consistent, rigorous standards

Later became Chartered Society of Massage and Medical
Gymnastics

The Chartered Society organization worked to provide a central registry of well-trained massage practitioners and to provide referrals for inquiries from the medical profession or the public, based on location and any special needs.

However, membership in the association was voluntary, and many ill-trained, unscrupulous practitioners continued to thrive.

Massage as Health Care

Institutes of massage appeared in France, Germany, and Austria by mid-nineteenth century

Dr. David Gurevich

Russian physician and instructor of Russian medical massage

Institute of massage and exercise founded in Russia

Between 1854 and 1918, the practice of massage developed from an obscure, unskilled trade to a field of medical health care from which the profession of physical therapy began. Treatments consisted of massage, mineral baths, and exercise.

According to Dr. Gurevich, massage was practiced by ancient Slavic tribes, especially in combination with therapeutic bathing, or hydrotherapy.

The practice of massage became widespread in Russia, and most medical clinics used massage therapy.

The Historical Influence of Women

About 70% to 75% of practicing massage professionals are women.

From the late 1800s to present day, women have been conducting research and writing textbooks to further the discourse on massage.

Many women have contributed to the development of therapeutic massage. (Examples include Mary McMillan, who wrote an influential textbook in 1932; Eunice Ingham, who systematized reflexology; and Sister Kenny, who used massage to treat polio in the mid-twentieth century.)

Massage in the Twentieth Century

Sigmund Freud, the famous Austrian neurologist, experimented with the use of massage to treat hysteria.

Dr. Randolph Stone developed Polarity Therapy from ancient and modern systems.

In 1916, Dr. James B. Mennell divided the effects of massage into two categories:

- Mechanical actions

- Reflex actions

Wilhelm Reich, who immigrated from Nazi Germany to the United States in 1934, is considered by many to be the founder of psychotherapeutic body techniques.

During the 1920s, Elizabeth Dicke, a German, developed soft tissue massage, and Emil Vodder, a Dane, developed manual lymphatic drainage.

In the 1950s, James Cyriax of London wrote a textbook categorizing pathologies of the soft tissues. His book is the foundation of soft tissue manipulation.

Dr. Herman Kabat

Researched neuromuscular concepts based on the work of neurophysiologists and Pavlov's conditioning of reflexes

Margaret Knott and Dorothy Voss

Wrote *Proprioceptive Neuromuscular Facilitation* (1956)

Frances Tappan and Gertrude Beard

Fran Tappan influenced the profession of massage through interviews, conferences on the future of massage, and consultation with many leaders in the field.

1960-Present:

The Most Recent Massage Revival

Acupressure received more attention than any other bodywork method during the 1970s and 1980s.

Researchers found that massage liberates endorphins (pain-killing chemicals stronger than morphine).

The Taylor brothers and Dr. Roth brought Ling's system from Sweden; Dr. Kellogg's pioneering and popularizing work originated from a utopian impulse; other ideas were derived from Hawaii and Tahiti.

Massage theory and practice came from many diverse sources.

Associated Bodywork and Massage Professionals was formed in the late 1980s.

The American Massage Therapy Association spearheaded a proposal for the development of a national certification process.

The vision of the Society of Trained Masseuses (founded in 1894) came to being in 1992, with the National Certification Examination, which involved much compromise among various groups. Besides the national exam, most states have licensing procedures.

Even with the national organization and the ever-increasing respectability of therapeutic massage, massage and bodywork methods have yet to consolidate into a single system. Such a system would have two tracks: wellness massage, practiced outside the health care system, and medical massage, practiced within the health care system.

Recent Events and Current Professional Trends

1990-Present

Desire for physical fitness reached its peak

“Sports massage” provided an avenue for mainstreaming
massage therapy

David Palmer – formalized concepts of on-site and chair
massage

AMTA established the Massage Therapy Foundation

Research continues to validate massage therapy.

Health care is moving in the direction of multidisciplinary teams where nurses and physical therapists probably will find themselves supervising massage paraprofessionals and working as partners with more comprehensively trained massage therapists who have earned a degree.

Recent Events and Current Professional Trends

Dr. Tiffany Field

Opened Touch Research Institute at the University of
Miami (1991)

NIH established Office of Alternative Medicine (1991)

Dr. Leon Chaitow

Wrote many books that have enriched the body of
knowledge for soft tissue methods

International Fascia Research Congress (2007)

Massage Therapy Body of Knowledge Project (MTBOK)

Composed of six massage and bodywork organizations

Massage Therapy Body of Knowledge (MTBOK), contains:

- (1) definition of massage therapy (scope of practice, terminology, and descriptions of the therapeutic massage field)
- (2) definition of the competencies of an entry-level massage therapist in terms of knowledge, skills, and abilities (KSA)

The stewardship group defined a body of knowledge as, “The domain of essential information, mastery over which is the knowledge, skills and attitudes necessary to practice.”

The mission of the MTBOK stewards is “to develop and adopt across the massage therapy profession a living resource of competencies, standards and values that inform and guide the domains of practice, licensure, certification, education, accreditation and research,” with an emphasis on articulating the foundational elements common to a massage therapy body of knowledge shared by all stakeholders in the profession.

The research produced by the Touch Research Institute has moved massage into the mainstream and into accepted health care practice.

Other noteworthy authors and professionals in the massage therapy profession: Ida Rolf, developer of the Rolfing system; Dr. Milton Trager, developer of Trager; and Dr. Janet Travell, coauthor with David Simons of the most comprehensive texts written on the subject of trigger points.

MTBOK

Most states license massage therapists

Alliance for Massage Therapy Education established
(2010)

The Alliance for Massage Therapy Education brings together directors and administrators from massage therapy schools, along with massage school teachers and those who provide continuing education seminars and advanced training in the field.

The Future of Massage

Massage now has enough validation to justify its use by the public and health care professionals.

The profession is becoming more sophisticated, requiring education in technical skill and pathology.

Bodywork professionals must work together to work for the common good.

Skills in pathology, medications, record keeping, communication, and professional ethics are also valuable for a practicing massage therapist.

Research literacy is a necessary component of massage education.

Ongoing education is available for those wishing to develop a specialization in massage.

Summary

Be aware of the ways in which culture, gender, age, life events, spirituality, and diversity influence the massage experience.

It is important to understand the difference between appropriate and inappropriate touch.

Knowing the history of massage helps provide a foundation for the study of therapeutic massage.

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