

# THE POWER OF TOUCH

WRITTEN BY DAWN NELSON

**“When words fail, there is still touch.”**

—David M. Eisenberg, M.D., director,  
Harvard Medical School Osher Research Center, Boston



I sat down next to Louis\* at a respite care center in northern California. After our initial handshake, the elderly man continued to firmly grip my hand and confided in me that he wasn't sure why he was there and was embarrassed that sometimes he could not remember what he was saying.

I began rubbing Louis's back with my free hand and assured him that I understood what he was saying. I told him that we didn't have to carry on a conversation; we could just be together in the here and now. He smiled and relaxed as I subsequently massaged his back and shoulders for about 10 minutes.

Louis is among countless individuals with dementia who have been benefitting from gentle forms of various types of massage and/or skilled touch therapy, non-pharmacological approaches that an increasing number of therapists who feel “called” to this particular kind of work are using to help manage emotional, behavioral and communication challenges connected to this brain disorder.

From the moment of diagnosis and throughout the course of Alzheimer's disease or a related dementia, people with the disease, along with their loved ones, typically experience stress that rarely lets up. Gentle, focused massage is a powerful way to connect with these individuals and to help enhance their quality of life.

Unlike what many people think of as a typical massage—the rubbing and kneading of muscles with the hands, especially to relieve tension or pain—some practitioners are adapting their techniques for people with dementia and/or frail bodies. These gentle forms of massage and intentional touch may begin with something as simple as making eye contact and holding a person's hand in a consciously focused, attentive way to create a connection.

Currently, definitive scientific research regarding the effectiveness of various massage techniques for individuals with dementia is limited. One research review, for example, concluded that massage and touch may serve as alternatives or complements to therapies

FALL 2010 • care ADvantage • 25

## Finding a Massage Practitioner

There are certain characteristics to look for in anyone offering massage to someone with dementia. The practitioner should:

- be familiar with the symptoms of the disease;
- be comfortable relating to individuals in various stages of the disease process;
- be aware of the person's other health conditions and current medications;
- be able to adapt his or her massage techniques to the specific individual and situation; and
- never force physical contact.

Specific techniques are not as important as the quality of the practitioner's touch and his or her ability to be present with the individual in each moment as it unfolds. Since the moods and behaviors of people with Alzheimer's disease can change frequently and unexpectedly, practitioners need to be able adapt and be willing to accept the way things are. If the person with dementia seems unresponsive or uncooperative, a slightly different approach or simply waiting a few moments before trying the same approach again can often solve the problem.

Currently, 37 states regulate the message therapy profession, either in the form of a license, registration or certification, according to the American Massage Therapy Association.

—NELSON

for behavior management and other conditions associated with dementia, although more research is needed to provide conclusive proof.

However, anecdotal stories from massage therapists abound regarding the benefits of appropriately-adapted massage for people with Alzheimer's disease or a related dementia.

Massage practitioners and caregivers are finding that utilizing massage as a means of relating to and caring for these individuals can help improve circulation, soften contracted muscles, relieve minor aches and pains, promote relaxation and reduce stress.

Perhaps even more importantly, gentle massage or skilled touch sessions can provide significant psychosocial benefits for people with dementia, including one-on-one attention, skin-on-skin contact, sensory and tactile stimulation, an opportunity for social interaction, increased body awareness, mental stimulation, and restoring feelings of self-worth.

26 • care ADvantage • FALL 2010

Intentional, focused touch along with attentive and receptive listening to whatever a person needs or wants to express can be the sensitive support that an individual sorely needs. Gentle, compassionate massage offered unconditionally and in a caring way can be comforting and calming.

The skin-on-skin contact in touch sessions can ease loneliness and provide reassurance to those who feel lost and anxious. Focused physical contact also provides a touchstone for people who are spatially disoriented and confused by reminding them of their connection with the earth and with other human beings.

In addition to its health and emotional benefits, massage can help prevent or manage behavioral symptoms of dementia. Skilled touch can help prevent or manage challenging behaviors by providing a distraction that re-focuses the person's attention in another way.

In a six-month pilot program in Chicago, professional practitioners who used massage as an intervention for problem behaviors for nursing home residents with dementia found that certain kinds of touch applied on specific parts of the body correlated to specific behavior patterns. Back rubs worked wonders for those confined to wheelchairs all day, foot massages seemed to calm those exhibiting hyperactive behaviors, and hand massages helped those who were exhibiting anxiety or fear.

At the Schervier Nursing Care Center in the Bronx, NY, a one-year project looked at the effects of gentle massage on people with dementia who were exhibiting anxiety or agitated behaviors. Massage professionals trained certified nursing assistants at the facility to administer the touch sessions. Among the 59 residents who completed the three-phase program, pain scores declined at the end of each phase, and anxiety scores declined in two of the three phases. Eighty-four percent of the nursing assistants reported that the residents enjoyed receiving the therapy, and 71 percent thought this type of massage improved their ability to communicate with the residents.

Other anecdotal examples bear this out. For example, Henry, who lived in the Alzheimer's unit of a nursing home, became agitated every time anyone tried to remove his shoes. The facility's administrator discovered that offering a simple foot massage helped solve this problem: in a short time, Henry began to associate taking his shoes off with having his feet touched in a warming, pleasurable way.

Similarly, Rita, a silent, elderly woman in the advanced stages of dementia, became refocused as a result of massage therapy. Once, I was sitting beside Rita at a



## A Point

Many older Americans are getting massages for health and medical benefits rather than relaxation or stress reduction. Among people 65 and older who had a massage in the last five years, 41 percent received their last massage for medical or health reasons, while only 13 percent had massage for relaxation/stress reduction.

American Massage Therapy Association

dementia respite center, with my attention on the man sitting on my other side. The man was talking to me as I massaged his upper back. Suddenly, Rita reached out her arm as if to hit me—possibly because she, too, was yearning for attention and touch.

I quickly put one hand under the elbow of Rita's “striking arm” and took her hand with my other hand. Instead of trying to stop her action, I simply synchronized my movement with Rita's energy until it became an exercise or a dance we were doing together, so to speak.

Ultimately, she relaxed and I was able to massage her hands and put lotion on her arms. She then leaned her head and put lotion on her arms. She then leaned her head in a sweet and tender gesture that I experienced as a moment of gratitude and connection.

Skilled touch also becomes an important tool in relating to individuals who have lost some or all of their ability to communicate with words.

Cathy, an 85-year-old woman with progressed dementia, seemed unresponsive to almost all external stimuli and often sat in a chair simply staring into space for hours. Her family caregiver grew increasingly annoyed with Cathy's behavior and eventually stopped trying to interact with her.

When I was called in, I told Cathy why I was there and what I was going to do. As I gently massaged her upper back and shoulders, the rigidity in her body began to give way within a few minutes. By our third session, she would nod “yes” or “no” to a direct question—a vast difference from her previous unresponsiveness.

Eventually, when she consented to moving from her chair to the couch so that I could better access her back and legs to massage her, I detected shifts in Cathy's body energy as well as subtle changes in her demeanor both during and after our sessions.

Living in a dementia care residence, Mary could no longer communicate well through words, but she loved music and

liked to dance. I was able to use her preoccupation with movement both as a way of relating to her and as a tool to obtain her cooperation during our twice weekly sessions.

Our regular routine consisted of holding hands while singing and dancing our way to her room through the “sunshine in the park,” as she called the well-lit hallway that was dotted with large potted plants. Mary often agreed to take a short rest on the park-like wooden bench about halfway down the corridor. I would get down on my knees in front of her and quickly—since she never wanted to sit for long—remove her shoes and give her a foot massage.

During the foot massage, she would continue humming a song or chatting “collage” fashion about various things. Clearly enjoying it, this activity got her to be still and relax—a rare moment for her.

In time, Alzheimer's disease can progress to the point where a person seems to have no real sense of self and little connection with reality. When other ways of communication fail, sometimes the simple gift of focused, caring touch can truly make a difference. It is an acknowledgement to the individual that, regardless of the condition of his or her body or mind, that person still has value, is still part of the human race and is not alone.

\*Names have been changed to preserve confidentiality.

DAWN NELSON, MFA, CMT, of Walnut Creek, CA created COMPASSIONATE TOUCH for Those in Later Life Stages™ as an outreach program for the elderly, the ill and the dying in 1991 ([www.fromtheheart-hands.com](http://www.fromtheheart-hands.com)). She is the author of several books, including “From the Heart Through the Hands: The Power of Touch in Caregiving” (Findhorn Press, Inc., 3rd ed., 2009).

FALL 2010 • care ADvantage • 27