

# chapter four

## MUTUAL TOUCH

Of my three main themes of exceptional nursing care, the second is what I call “mutual touch.” This chapter develops the theme of mutual touch using my field notes, the words of the exceptionally competent nurses I studied, and again, poems combined with narrative comments.

I define what mutual touch means to me, and discuss the importance of touch in health care to provide some context for my descriptions of eight types of touch that I observed exemplary nurses using: procedural, non-physical, talking, trigger, social, diagnostic, comforting, and the final touch.

I examine the nature of touch is, how it fits in our affects touch, the qualities language, and how touch mediums of communication. Throughout the chapter, I refer to the nursing literature on the use of touch in effective health care.



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MUTUAL TOUCH DEFINED

Touch by its nature is reciprocal; it affects both the person initiating the touch and the person being touched. It is impossible to touch someone without also being touched yourself; therefore, touch is a shared activity. As this opening poem suggests, perhaps both the nurse and the patient are affected when a touch occurs.

—  
**THE HUG**

Arms entwined.  
 Warmth exchanged.  
 Heart beats felt.  
 Concern sensed.  
 Care given.  
 Care given.

—  
 Early in my observations of exceptionally competent nurses, it became evident that touch was important in the care given. These care providers used every opportunity to touch their patients in a spectrum of ways to accomplish a variety of purposes. Touch seems to be one way they make a connection. One field note reads,

She often sits on the bed next to her patients, or she stands very close to their chairs. This physical closeness seems to create an air of familiarity. It makes their relationship close very quickly. With these nurses and their patients, there is a sense of urgency.... They seem to be saying, "We might not have too long; let's cut through the formalities; let's not play games; let's invite each other in right away."

After another day in the unit, I recorded this observation on the use of touch.

It was by touching, by holding her hand, laying a cold cloth on her forehead, and rubbing her sore back, that the nurse communicated that she cared. All that she did with touch said how much she wanted to help.

#### THE IMPORTANCE OF TOUCH IN HEALTH CARE

The debate between the importance of touch versus technology in nursing was happening as early as 1982 when Naisbitt wrote, “We must learn to balance the material wonders of technology with the spiritual demands of our human nature” because “when high tech and high touch are out of balance, dissonance results.”<sup>47</sup> In agreement with this point of view Tough adds, “Beyond technology nurses have much to offer patients, they can offer themselves as well as their hands.”<sup>48</sup>

Upon entering a hospital, people encounter an unfamiliar, aseptic environment. Uniformed caregivers move swiftly about the maze of corridors. Steel-wheeled chairs and stretchers clatter, and machines flash and beep. The alien odour of antiseptic solution drenches the air. Hospitalization is a frightening, disorienting, depersonalizing experience.

In such an environment, Watson points out, “The caregiver provides a human presence that touches another’s mind or spirit.”<sup>49</sup> Human touch becomes imperative. It restores the human element, telling patients in a concrete way that there are caring people here. Touch can reach past the bureaucratic-technological system and scientific treatment, allowing the patient to reach out of the solitude of suffering.

While in hospital, a patient’s psychological well-being is threatened. There is depersonalization and sensory deprivation. The effect is anxiety provoking. Ryan adds that anxiety is among the most common and strongest responses to hospitalization.<sup>50</sup> This point is also made by Sims who explains that anxiety associated with the stress of hospitalization must be countered by intervention involving caring, touch, and human contact.<sup>51</sup>

One branch of the caregiving community which has recognized the importance of touch is nursing. Montagu attributes the use of touch by nurses to two conditions. First, the majority of nurses are women, and second, nursing tasks often require that nurses are in close physical proximity to their patients. He concludes that nurses have been in a far better position to appreciate the importance of touching in the care of the patient, and therefore it has become a natural part of nursing.<sup>52</sup> In agreement with Montagu, Bottorff contends that touch is universal and basic to the nurse-patient relationship.<sup>53</sup>

One of my field notes describes the liberal use of touch by an exceptional nurse.

The use of touch is very evident. On entering the room of almost every patient, the nurse takes the patient's hand, or places a hand on their shoulder. The nurse almost always goes to the patient's face, instead of addressing a patient from the foot of the bed or the doorway. Standing close, making physical contact, and talking directly to their patient is the most common position these nurses take.

Marie said, "Nursing is wonderful because you get to touch the patient." Jane states, "Touch is used by nurses in different ways than it is used by other caregivers. Doctors touch the patients because they have to. We touch the patients because we choose to."

The nature of the nurse-patient relationship is such that touching is both inescapable and acceptable. Touch is the most personal of our senses because it brings two human beings into physical contact. To carry out nursing procedures, the nurse must move into the patient's personal space. Barraja-Rohan explains that everyone has this personal space — an invisible area that surrounds their body. This space, the author claims, is dynamic and varies from person to person.<sup>54</sup> Only by decreasing the physical distance and crossing

into this area are the touching behaviours such as holding, hugging, grasping, and stroking possible. The physical space of both the patient and the nurse overlap when one touches the other.

Although it is understood that nurses move into the patient's physical space to provide care, the nurse must also be willing to accommodate the patients in their own spaces. For it to be a meaningful touch in which messages are communicated and received, there is usually unspoken agreement that both are willing for this encounter to occur.

Nurses have implicit permission to touch patients because of their role. Benner emphasizes the unique role of nurses in that, "By their very position, nurses are asked different questions and looked to for different kinds of help than other professionals."<sup>55</sup> Julie expresses a similar view. She said, "Nursing invites you into places you would never go, across the barriers to people, holding their hands and being close." As Routasalo concludes, touch is an integral part of nurse-patient interaction in virtually all nursing situations.<sup>56</sup> The more the patient needs help in daily activities, the more the nurse will try to help by means of touching. After completing a review of the literature related to nursing and touch, Routasalo concludes that, in spite of its obvious importance, touch has received only marginal attention in nursing studies.<sup>57</sup>

The nurses' comments and stories reflected a belief in the importance of touch in nursing care. Jane states, "Touching is critical. Empathy, caring, love, and concern are all transferred through your eyes and hands." Lana emphatically proclaimed, "Touching—I think it is necessary. I think it is mandatory." After a particularly demanding day, Moria commented, "I like to leave a bit of myself behind for my patients. I do that with my touches.... I hope that the feeling of being safe and cared about that I communicate to them with my touch lingers on after I have gone. I believe that it does." Cindy confided, "I have had a really good day when I have made a connection with a patient—feeling comfortable sitting on their bed or giving them a hug, touching them in some way."

## THE NATURE OF TOUCH

In the following sections, various aspects of touch are addressed in an attempt to bring the reader to a greater understanding of the nature of touch. Specific mention is made of the use of touch in our society, the culture-specific influences on the use of touch, the qualities of touch, the language of touch, and the potential in combining touch with other mediums of communication.

*What is touch?*

Touch is a powerful, sometimes disregarded, always complex channel of interpersonal communication. Chang describes touching as a therapeutic event, an avenue of connection and communication having physical, emotional, social, and spiritual significance with potential positive impacts on patients' well-being and comfort.<sup>58</sup> Watson contends that touch causes the dissolution of boundaries between two persons.<sup>59</sup> It is described by Langer-Albert and Short as a conductor of messages,<sup>60</sup> and by Montagu as capable of "soothing ruffled feelings, assuaging pain, relieving distress, giving reassurance, and making all the difference in the world."<sup>61</sup> Gadow called touch philanthropic, a gift from one who is whole to one who is not.<sup>62</sup>

Benner goes further, describing touch as a conveyer of "messages as well as physical stimulation and comfort."<sup>63</sup> She emphasizes that touch signifies an emotional involvement on the part of the nurse, a concern or caring for another. Watson agrees saying "Touch is concern made tangible...an expression of the nurse's participation in the patient's experience."<sup>64</sup>

We struggle with putting into words that which seemingly lies beyond words. Because of this sense of helplessness with the language, we turn to touch, the silent communication. Barraja-Rohan supports this assessment, adding that touch is always individualized and the interpersonal communications that happen through touch achieve a significance that verbal language cannot achieve.<sup>65</sup>

Referring to the shared nature of touch, Montagu writes, “Touch differs from all other senses in that it always involves the presence, at once and inseparable, of the body we touch and our body with which we touch it.”<sup>66</sup> Touch is automatically reciprocal. A nurse cannot touch a patient without also being touched. In this way, the nurse and patient share the experience. Touch is a way to reassure another person that you are present in the fullest sense of the word.

The exemplary nurses, when discussing their touching behaviors, emphasized the importance of touch being genuine to be effective, to achieve this sense of being there for the patient. They said, “The touching has to develop in time. When I touch someone or embrace them, it has to be real for me, too.” “It needs to be real. If it’s phony, forget it.” “It can’t be forced. You have to be comfortable with it yourself first.”

Although it obvious that many nursing interventions involve the use of hands and touch, the concept of touch is still not well developed in the literature.<sup>67-69</sup> It has been suggested that the subjectivity involved in touch and multiple variables of touch may be the reasons for the lack of research regarding physical touch.<sup>70-72</sup>

### *Touch in society today*

Although there is agreement that touch is an important interpersonal method of communication, fundamentally necessary for development and maintenance of health, Barraja-Rohan explains that it is increasingly being denied many people.<sup>73</sup> In Montagu’s words, “Cuddling, caressing, embracing, stoking, the basic human touches, are withheld from the majority of people in our society.”<sup>74</sup>

When a person is sick, disfigured, and deformed from cancer and cancer treatments, the withdrawal of human contact would seem even more likely. Withdrawal happens at a time when the benefits of touch are critically needed. Jane observed, “The elderly and dying especially hunger to be touched. Many of my patients — when I offer them my hand, they clasp it so tightly like it is a lifeline or some

treasure they are guarding. Sometimes they even reach for me before I reach for them." Cindy said, "Touch seems especially important for the elderly patients.... Their hearing and vision are not good, and they are often starving for touch." Researchers support these observations, explaining that in older adults and the chronically ill especially, the need for tactile stimulation is a hunger which often remains unsatisfied.<sup>75,76</sup>

### *Touch and culture*

Montagu cautions that a wide range of class and cultural differences in attitudes and practices related to tactile behavior exists.<sup>77</sup> The nurses I studied were cognizant of these cultural variances and respected their patients' beliefs and preferences.

During a conversation, Marie remarked, "I am quite reserved about touch initially. I stand back at first and see what dance they want to dance. I think it's just good nursing to assess it. Not all the same approaches work for every patient, or every nurse."

Routasalo emphasizes that patients from varying backgrounds may differ in both the manner in which they express the need for touch and the manner in which they satisfy it, but the need is universal and is everywhere the same.<sup>78</sup> To be truly beneficial, it is apparent that tactile communication must be used appropriately, taking cultural mores into consideration.

### *The qualities of touch*

The qualities of touch can vary. To be effective in patient care situations, certain elements of touch are most desirable. For example, caring is transmitted through touching that is neither rushed nor rough in quality.

Bartenieff and Lewis detail three different qualities of touch: the fleeting light poke, the constrictive two-dimensional grip, and the three-dimensional enveloping hold.<sup>79</sup> They describe the three-dimensional touch as slightly bound in nature and explain that it

communicates reassurance and support to the patient. In their opinion, this non-linear, total touch is the most effective in nurse-patient relationships; “A perfunctory peck on the cheek is no substitute for a warm embrace, nor is a conventional handshake capable of replacing a caressing hand.”<sup>80</sup>

The nurses I interviewed also identified different qualities of their touches. Being mindful of the importance of individualizing their care, the nurses suggested that they were careful to use touches with which their patients felt comfortable. Marie commented,

The last thing I want to do is scare one of my patients or their families members off because they feel smothered by my physical attention. I try to fit the approach to the patient. Sometimes it’s hard to tell with people. If you just talk to them, they may seem reserved and not very demonstrative. But if you do take the risk and give them a little test hug, they usually cling on very tightly.

It is difficult to determine some qualities of a touch from a distance. As an observer, I could not determine the amount of pressure (whether hard or soft, light or heavy) and the temperature (whether warm or cold) of touches. However, it was possible to see that the touches used by the exceptionally competent nurses were gentle, not rough, and deliberate and slow rather than rushed. This observed moment provided an example:

“What can I do to help you sleep better on your first night with us?” the nurse asks a newly admitted patient. The patient, a very frail cachexic man, is withdrawn and reserved. He says nothing.

Not giving up, the nurse makes suggestions. “How about a back rub or a foot rub?” She watches the patient for a

clue, and when he smiles slightly at the mention of a foot rub, they set a mutually agreeable time for it to occur.

It is one of the most genuine messages of caring I can imagine. The lights are dimmed, the lotion warmed, her voice is soft and often silent. She stands at the foot of his bed so she can look at him as she does her work. Although her night is hectic, she takes her time, moving slowly and lovingly. When she is finished, she wraps his feet in warmed towels to prolong the physical and psychological effects after she is gone. The message that he is still an important and worthy person, and that she cares for him, is clearly communicated through her touch that some would say is not necessary. He wouldn't agree.

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**YOU HAVE THE TOUCH**

The touch.

Soft,

gentle,

deliberate,

warm.

Comfort made tangible.

—

*The language of touch*

In the literature, touch has been described as a language. Montagu suggests it is the language of the senses.<sup>81</sup> Tactile symbols create the language of touch, producing a channel of communication. Different qualities of touch, used in various combinations, are like the phrases of the language. Messages are communicated through this channel. The repetitive nature of touch is like the repetition of words in the language. Repetition in touch adds emphasis the same way that repetition in spoken language does.

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**REPETITIVE TOUCH**

I move my hand over yours,  
over and over and over.  
I don't want to just say,  
"I am here for you."  
I want to say it very loudly.

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The language of touch can communicate affection and warmth,<sup>82</sup> acceptance and support,<sup>83</sup> caring,<sup>84</sup> and it can reassure.<sup>85</sup> Like other languages, these exceptional nurses believe the language of touch can be learned. Many spoke of learning it through experience. Marie noted,

In the beginning, I never touched my patients except to do care. It took me a long time to get comfortable with it; it took me a long time to learn to look past what I was seeing in the bed and see the real person lying there and to feel all right about touching them. Part of it was experience — life experience and nursing experience. Maybe part of it, too, is just being more comfortable with yourself and the situation.

**TOUCH COMBINED WITH OTHER MEDIUMS OF COMMUNICATION**

Touch is seldom used in isolation, as the sole means of communicating with a patient. Regularly, as nurses touch their patients and their patients touch them, they also engage in other verbal or non-verbal interactions. Most commonly, silence and eye contact were combined with touch.

*Touch and silence*

Touch and silence are often combined; although touch may be accompanied by words, it is frequently more meaningful without them. There are times when the best expressions of empathy and concern

are in non-verbal touch. The following is an example of how touch and silence were combined to provide support for a family member.

Her husband of many years has just died from his cancer. She has been out of the room making calls to relatives as the nurse tidies up the patient's room and prepares the body. The wife enters the room and, approaching the nurse, says, "How can I thank you?" and begins to cry. The nurse embraces her in a tight, enfolding hug. For a few minutes, the wife sobs softly into the nurse's shoulder. As she cries, the nurse continues the hug.

When the crying stops, the nurse gently releases her and wipes her tears with a tissue that has been waiting in her pocket for just such a crisis. Maintaining contact with the wife by keeping her arm around her shoulder, the nurse walks the woman to the elevator. No words are ever spoken. No words are needed.

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**MAGNIFIED TOUCH**

Silence,  
a magnifying glass  
for touch.

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*Touch and eye contact*

The emotional truth is often expressed non-verbally. Montagu suggests that non-verbal messages expressed through eye contact are very powerful. He adds, "The eyes have a language of their own."<sup>86</sup> When the languages of touch and eye contact are combined, messages that might otherwise be conveyed very awkwardly in words are exchanged instantly and emphatically.

As Montagu explains, "There is something about eye contact

that is almost palpable,"<sup>87</sup> and when it is combined with touch, there seems to be a synergistic effect resulting in a potent communication medium. Because of the intensity created in the combination, touch and eye contact were used together discriminately by the nurses being observed, with some caution and with respect. Usually these moments were short. They often occurred in emotionally charged situations where people either did not know what to say, or wanted to say more than words would seem to allow. This is an example of such a moment I witnessed:

She had been a star, an entertainer, a celebrity. Now breast cancer had robbed her of her dignity and her wish to live. On two occasions she had tried without success to hasten her departure from this world. Moments ago, the nurse had discovered in her belongings enough medication to end her life. At the moment of this disclosure, their eyes met and stayed locked as the nurse walked to her and took her hand. For several seconds they maintained this stance, frozen together in time.

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**ABSOLUTE CONNECTION**

Entranced in your eyes,  
the messages come strongly and swiftly.  
As you reach out and touch me,  
you complete the circuit.  
For a moment we are one,  
understanding each other completely.

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**TYPES OF TOUCH**

It is difficult to label a particular touch as belonging to a single category, although certain touches seemed to fulfill specific purposes. A particular touch encounter, however, may achieve a variety of

objectives and carry multiple messages. Each touch experience is unique and can be a very private experience between the participants. The stories of the nurses in the study provide insight into the experience from the nurse's perspective, and the observations capture only what could be seen. On occasion, I did ask the nurse to comment on a touch encounter I had observed, to provide additional insight.

In the following discussion, the examples of touches observed and recorded in discussion and narrative exchange have been grouped according to their apparent primary purpose. Going beyond the types of touches described in the literature, eight different types of touch were identified through analysis of the study data: procedural touch, non-physical touch, talking touch, trigger touch, social touch, diagnostic touch, comforting touch, and the final touch.

*Procedural touch: When a touch is more than a touch*  
 Patients are touched as part of many nursing procedures. However, how a nurse touches a patient during these procedures communicates a great deal about the nurse's feelings for that patient as a person. In this way, a procedural touch may be more than a touch for task-related purposes.

In Bottorff's study of the uses of touch by oncology nurses, the task-oriented or procedural touch was the one most frequently employed by the nurses she observed.<sup>88</sup> It is the touch that is part of the performance of nursing tasks, such as starting an intravenous line, administering medications, or changing a dressing. If nurses are accomplishing their technical duties, these touches are necessary.

The exemplary nurses I studied did use procedural touches. However, the procedures were done in such a manner that the touches took on certain qualities. These nurses made therapeutic use of the task-oriented touches, taking the opportunity to do their "work" and meet some of the patients' emotional needs simultaneously. For example, when they inspected a subcutaneous needle site, they touched

the patient to fulfill this procedure, but they did so gently, without rushing to open the gown to access the location. Their actions communicated their concern and respect for the patient.

Often a procedural touch was accompanied by a secondary touch that was not required to complete the task. A squeeze of the hand, a stroke of the arm, or a caress of the face, said, "I care about you." In this way, an instrumental and expressive touch were combined.

As they performed interventions, these nurses were able to remain focused on the patients. By maintaining eye contact and talking to the patient when it was not critical that they be looking at the site of the intervention, they increased the patient's comfort with the situation and sometimes gathered important data. For example, they were able to assess how a patient was tolerating a procedure as it was being done, and then modified their approach if it was causing the patient physiological or psychological distress. If a procedure was potentially embarrassing or painful for the patient, the nurses were careful to maintain emotional contact by touching the patient throughout the process.

One specific procedural touch that was used liberally and effectively by most of the nurses I observed was the bath. Jane commented on the importance of bathing patients. She said, "Perhaps it is the symbolic nature of water as the source of life, maybe it is the comfort provided by warmth on sore joints, or it could be the stimulation from water pressure on the skin, but whatever the reasons, nurses love to bathe their patients."

Other nurses made comments about their use of bathing as an opportunity to communicate with their patients. They also talked about the tactile stimulations of the bath, the whirlpool jets, and the bubbles. Julie laughed and commented,

We really do wash our patients a lot, probably more than we need to. Let's face it, they usually don't get really dirty. I think it is a form of therapy. When you combine the

stimulation of the water on the skin and the rubbing and scrubbing, it does more than just stimulate their circulation.... It makes them feel much better.

Moria also supported the importance of bathing patients saying, "I give every patient some kind of bath every day. It's a great time to talk to the patients.... There is something about that situation — all the barriers are removed with the clothes, and we really talk." Finally, Lana made this observation, "Giving someone a bath is such an intimate time. I can't think of any better way to get to know my patients."

The dressing change is another nursing procedure that involves touching. This account from my notes on an observed dressing change illustrates the combination of procedural touch with secondary touch.

The old dressing is gently removed. As she works, she watches the patient's eyes and face to see how he is tolerating the procedure. Carefully the wound is cleaned, but before applying the antiseptic, she warns the patient the solution may feel cold. The nurse accurately applies a new dressing. As she spreads the tape to hold the gauze in place, she rubs her hand on the skin around the wound site. She asks the patient if it feels all right and makes necessary minute adjustments. As she leaves the room, she give his hand a squeeze and winks at him. They exchange a smile.

In another field note, I recorded this observation of a nurse starting an intravenous line.

She enters the patient's room and explains the doctor has requested that an intravenous be started. In a careful and complete manner, she explains the procedure and

what the patient can expect. Returning a few minutes later with the equipment, she applies the tourniquet over the patient's pajama sleeve so as not to pinch the skin beneath. Gently, she rubs the patient's skin to increase circulation so she can locate the vein. As she rubs, she looks at and talks to the patient. Before she inserts the needle, she warns the patient that there will be pain. She asks the patient how the needle feels, completes the procedure efficiently, and reassures the patient as she leaves by squeezing her shoulder. The nurse places the call bell within the patient's reach and asks the patient to call if she has any concerns.

These observations demonstrate how the exceptionally competent nurses approached two different nursing procedures. The dressing is complete and the intravenous is started, but in each situation the patient's feelings are respected while they are comforted and reassured through touch.

### *Non-physical touch*

The second type of touch observed was the non-physical touch. In exploring this area, I saw examples that supported Estabrook's claim that touch can be more than skin to skin contact.<sup>89</sup> Any modality that allows the human presence to be felt is, in a way, a form of touch. Music, art, literature, intellectual exchange, and non-contact physical closeness could all be viewed as variations of touch that might be called non-physical.

The exemplary nurses found ways to touch their patients non-physically. Peter, was especially skilled at what I called encircling. He would seldom lay a hand on the patient other than to perform procedural touches, but would often have his arm just behind the patient's back or around the patient's shoulders. Although no physical contact was made, I sensed that the feeling of support was present.

The following is an excerpt from a letter I wrote to Peter summarizing some of my observations of our time together.

I was most affected by your gentleness of manner and by the tenderness of your touch. Your hands are so amazing. Even from a distance, I could sense an aura of warmth flowing from them. You have no need to physically touch your patients because you have the ability to encircle them with compassion and caring without direct contact. What power! Your patients are very fortunate to have you as their nurse.

My corresponding field note said, “He doesn’t touch as much as he is physically close...and looks directly at the patients, staying at eye-contact level. He encircles them with his warmth without direct contact.”

Montagu suggests eye contact is a variation of non-physical touch. He calls eye contact “touching at a distance.”<sup>90</sup> In conversation, Julie echoed this view when she said, “To me, touching is critical. It communicates empathy, caring, affection, concern.... All of this is transferred through touches with your hands and touches with your eyes.” Levine describes eye-contact touching as “looking through soft eyes.”<sup>91</sup> Soft eyes, he claims, allow you to see with the heart. I believe this is often the way that the nurses I observed looked at their patients.

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**SOFT EYES**

Your eyes throw light at me.  
 Some of it I store—my source of hope,  
 some of it I consume—my source of energy,  
 some of it I reflect—our source of unity.

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*Talking touch*

What are the messages embedded in touch? At certain times, when it seemed inappropriate or too difficult to use words, or the right words to communicate a feeling could not be found, touch was used. I have labeled this type of touch talking touch. Bartenieff and Lewis describe touch as “the authentic voice of feeling.”<sup>92</sup> They conclude, “like music, [touch] often utters the things that cannot be spoken. Nothing need be said, for everything is understood.”<sup>93</sup>

In some ways, talking touches share similarities with Bottorff’s category of comforting touch.<sup>94</sup> Comforting touches, by Bottorff’s definition, are given for the purpose of calming, soothing, quieting, reassuring, or encouraging patients. Although talking touches do in part meet these goals, they also are used to communicate a variety of additional messages. As the following examples illustrate, talking touches can be used to give patients specific messages or directions and are a vehicle for the nurses to share their feelings with patients and family members. The following field note describes the use of talking touch by one nurse.

As she cared for the patient and the grieving family, she never said, “I really care,” but she said it many times non-verbally by her gentle touching of the patient. Her concern with keeping him comfortable in his final hours — hair combed, mouth and lips moist, her willingness to be the someone close by when the family faced the final moment — all told the family what they needed to hear.

Hagen found in her doctoral research that touch communicates the feeling of love.<sup>95</sup> Touches such as stroking, caressing, and cradling show involvement, concern, responsibility, tenderness, and awareness of the needs, sensibilities, and vulnerabilities of the other person.

In one of my field notes, I documented how Marie communicated a multitude of feelings to the patient and family members through talking touches.

The patient is very ill — in fact, actively dying. As the wife and daughter pace anxiously in the hallway outside his room, the nurse approaches them and touches each on the arm as if to say, “I see how difficult this is for you.” She leads them into the room and pulls a chair close to each side of the bed, encouraging them to sit with him and hold his hands. From time to time, the nurse gently places her hand on his pulse or touches his extremities, monitoring him closely but unobtrusively. The priest, summoned by the nurse at family’s request, prays for the patient; as he does the wife looks questioningly at the nurse. She responds to the non-verbal question of “How much longer?” by placing her arm around the wife’s shoulders. The patient dies peacefully. The nurse beckons the family to follow her down the hall to a quiet room where they can sit for a while. She stays with them, sitting close by and touching them often as they cry.

In talking with Marie later about this moment, she said, “Sometimes those little touches just let the patient or family member know that I am there for them. What I am meaning to say is I’m available to you in this time of need.”

Some exemplary nurses indicated they use touch to communicate to patients that they are important to them. Jane commented, “If I think about why I do what I do...I always use a person’s name, stand close, look at them, and touch them lightly on the hand or forearm as I speak. To me, this tells them that I am not too busy for them and that I do care.”

Touch was used to talk to the patients when the news was too sad

or difficult to be put into words. Julie remarked, “When the patient has just heard some really terrible report from the doctor, there is absolutely nothing to say that will match the intensity of the emotion.” Lana agreed, “Bad news can only be met with touch. Putting it into words and talking about it right away make it too real. Nobody can bear it — not the patient or me. At times like that, I just hold them.”

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**NO MATCH**

Stumbling over my tongue,  
words are a feeble match for the  
relentless pounding of grief.

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*Trigger touch*

This story provides an example of a trigger touch — a touch that elicits the release of pent-up emotion in the person touched.

Her husband was only 30, dying a slow painful death from stomach cancer. She was so strong — sitting by his bed all day, sleeping by his side at night, eating all of her meals next to him. The days stretched into weeks and still she stoically sat, asking the nurses and doctors for very little as she met most of her husband’s physical and emotional needs. I wondered about her pain and I worried about her. I sought an opportunity to get inside, and finally one day it came.

His supper tray was late, and she was pacing the halls awaiting its arrival. Her forehead was riveted with strain and anger. I approached her slowly, silently — and when we were close in physical distance, I touched her elbow and said, “It looks to me like you are sitting on the edge of tears. Can you share them?” In a great guttural cry, the weeks of frustration and anguish poured freely.

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**JUST ONE TOUCH**

Just one spark,  
can start the forest burning.

One rock removed,  
begins the avalanche.

A single touch  
can prompt a stampede of emotion,  
the strength of which  
could make any iron man shiver and shake  
and beg for mercy.

But don't be afraid.

Unlike the fire and the avalanche  
that bring destruction,  
once the stampede of emotion has past,  
genuine calm can prevail.

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Moria observed, "Anger, sadness, or despair may come rushing out as a hand laid on a shoulder or a hug says, 'I'm here for you; I care about you; you can trust me with yourself.'" Watson supports this observation saying that touch may release a person from self-absorption or suffering.<sup>96</sup>

In conversation, Cindy told me that she watches for critical talking moments — times when a patient or family member who has been under stress "looks ready to let it go." She said, "Most times it's a little touch combined with a few words that give them permission not to hold it in any longer."

I observed Cindy using the approach she described. The wife of a man whose condition had been deteriorating daily was sitting outside her husband's room reading. Approaching the woman, Cindy knelt before her and, taking her hand, said, "You must be tired." With that small gesture, the words, worries, and tears that had been stored up for many days came out without hesitation.

In analyzing her approach, Cindy said, “It is a risk every time you do something like this. You might get rejected — verbally or non-verbally — but usually they really want to talk; they just need to be given the chance. You also have to be prepared to deal with whatever you uncover.”

### *Social touch*

Bottorff identified a form of touch she called social touch.<sup>97</sup> By her definition, social touch is human physical contact that fosters social bonds, attachment, and permits individuals to maintain their emotional integrity. Montagu explains that, “cheek patting, hair patting, and clucking under the chin, in the Western world, are forms of behaviour indicating affection and social recognition.”<sup>98</sup>

In my observations, many of the playful touches such as pretend punches, taps on the nose or cheek, or toes pulled gently were all touches of a social nature. Such physical contacts were made appropriately either during moments that were less emotionally intense or to diffuse a difficult situation.

Some social touches seemed to convey a sense of friendliness and playfulness between the two people involved. For example, I observed one nurse trying to get a response from a patient who, although he was physically quite well, had been lying in bed, staring at the ceiling and refusing to interact with anyone since his admission two days earlier. In my field notes I wrote,

Every time we enter the room, she places her face very close to his, takes his large hand firmly in hers, and talks to him in a playful, yet respectful voice. On one occasion, she touches his hand to her nose in a sprightly affectionate gesture...and there it is — a tiny upward crease forming at the edge of his mouth. She has a reaction.

Jane habitually pinched her patient's big toe as she entered or left the room. When I asked her about it, she said, "I just do it to sort of lighten things up.... It's like a bit of fun in a rather serious place. I hope it relaxes them and lets them know it's still okay to play."

At other times, nurses used modifications of more conventional social touch such as the handshake to signify official acquaintance. Although a formal shaking of the hands was seldom observed, Maureen described how she introduces herself to patients.

When I introduce myself, I go up and tell them my name and touch their hand lightly. It's like a handshake, only more. It formalizes our meeting for the first time, but it allows me to find out about them. Do they like to be touched, for example, or are they very apprehensive about being here?

In this way, the social touch serves more purposes for these nurses than a traditional recognition of the other. It is, in some ways, also a first assessment of the patient's needs and a communication to the patient that the nurse is willing to engage in mutual touching.

### *Diagnostic touch*

Through touch, nurses may "identify...body heat, discern skin textures, and recognize changes, favorable or unfavorable" in the patient's condition.<sup>99</sup> I have called touch that is primarily used for such purposes diagnostic touch.

The nurses I observed used their hands to assess the patient. For them, touch was an important means of discriminating between diagnoses. Several nurses talked about this important function of touch saying, "Feeling my patient's skin tells me a lot.... I touch them to see if they're cold, sweating, dry, or feverish." "I read my patient's status with my hands." "I have tested myself; I can tell a patient's temperature with almost perfect accuracy without using a

thermometer.” “I couldn’t start an IV if I couldn’t see the veins with my fingers.”

How did they develop such an acute and accurate sense of touch? The consensus among the nurses I discussed this with was that they learned through experience. Lana said, “When I first started, I didn’t know what hot was. Now that I have felt thousands of foreheads, I compare what I feel to what I know normal feels like.” As the cited comments imply, diagnosis of a patient’s physical status often comes to exceptionally competent nurses through their sense of touch.

### *Comforting touch*

Touching was a means used by these nurses to comfort their patients. Morse claims that the two major components of comfort are talking and touching. She explains, “Comfort measures vary according to situation, context, and meaning to each subject.”<sup>100</sup> Depending on these factors, the nurse can choose to comfort a patient by talking, talking with a little touching, or touching with little talking. In Morse’s opinion, all three approaches could comfort a patient.<sup>101</sup>

Benner recommends the use of touch in providing comfort, “Nurses frequently use touch to provide comfort and reach out to a withdrawn, depressed patient. Often, this human warm contact is the only avenue of comfort and communication available.”<sup>102</sup> Montagu agrees and explains that “taking almost anyone’s hand under conditions of stress is likely to exert a soothing effect, and by reducing anxiety it gives both the receiver and the giver a feeling of greater security.”<sup>103</sup>

The nurses I interviewed were in agreement with these authors. Julie stated, “Our families in this society are so dispersed and alienated, the only way you get them comfort is through the touch of human kindness.” Jane commented, “I think that a lot is communicated through touch. You can show concern...and break down a lot of barriers with touch. It affirms the patient as more than an object. It gives them the ultimate gift — comfort.”

The use of touch and physical closeness may be important ways to communicate to acutely ill persons that they are important as human beings; yet critically ill patients are seldom touched by their caregivers in non-technical ways. Barriers created by the mechanical means used to support life may inhibit the use of human contact in providing comfort. A situation I observed provides an example of how the exemplary nurse worked around these impediments to bring the patient comfort.

The patient is dwarfed by the obtrusiveness of the machines. On both sides of the bed, infusion pumps beep out their progress. Multiple bags of red-labeled solutions drip along, keeping time with the mechanical tones. Chest tube suction devices bubble and honk intrusively. Both side rails are in their upright position — the aim, to keep the patient in — the result, the world is kept out. The nurse walks up to the unresponsive patient and for a minute watches his shallow breathing. Then she reaches past the cumbersome array of machines and rests her hand on his still shoulder. As she leaves, she gently brushes a few strands of hair back off his forehead.

One day on the unit, Julie talked to me about how she uses touch to provide psychological comfort to the newly admitted patient. She said, “When a patient first comes through those doors, no matter how prepared they think they are, they really aren’t. I try to establish some connection with them right away. Often it’s just as simple as a little touch.” Later she told this story.

We had an HIV fellow with Kaposi’s sarcoma, a new admission. I was going to help him with his meal. I didn’t have any gloves on. This was his first supper with us and

he was totally coherent and a little anxious. I introduced myself and was giving him some help with his housecoat and he said, “You don’t have any gloves on; aren’t you scared?” I said, “Well, are you going to bite me?” He laughed and said, “No, but in the other hospital that I just came from, everyone wore gloves and gowns every time they came into my room.” I just explained to him that, when I changed his dressings, I would wear gloves but that there was no medical reason to now, and I just kept helping him with his clothes.

I think I really made him feel comfortable — not that I even touched him that much at that moment, but I showed him I was willing to touch him. I don’t think he had been touched by human hands that weren’t covered in gloves for a long time. Touching him removed huge potential barriers between us and made him feel a lot less anxious.

In making this patient comfortable and comforted, the nurse felt more comfortable herself. Touching is a symbol of caring — a means to share feelings. It has a dual nature; we use it to comfort each other.

In another field note, I recorded how Jane comforted and calmed a patient who was struggling to breathe.

Even before we entered the room, I could hear the desperate gasps for air. As I laid my eyes on him, I could see his struggle. Starved for oxygen — physiologically by his disease, and psychologically by his mind — he fought for every breath. I watched as the nurse walked to his side and took his hand. In a very soft and reassuring voice, Jane said to him over and over, “Take it easy. Relax. Take it slower.” Her repetitive words were

matched by repetitive stokes of his forearm. She was so calm herself, and as his eyes fixed on hers, together they slowed his breathing down until the desperation left.

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**THE COMFORT OF A TOUCH**

Soothe, support, strengthen.

You can do it all with  
just the perfect touch.

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*The final touch*

Many of the exemplary nurses expressed the belief that the sense of touch is one of the last — perhaps the last — senses to leave the dying person. The following field note illustrates how Maureen used this type of touch.

Sophia was dying. Life had become heavier than death. Her nurse was aware of her reality and visited her room often that day. Most times, there was no medical reason for her visits; she would just hold Sophia's hand and stroke her forehead. Sometimes she would pull up a chair and sit for a few minutes and read some of the get-well cards that Sophia could no longer see for herself. This seemed to be exactly what Sophia needed — someone who was willing to be near, to touch her gently.

The nurses agreed with Watson, who claims, "Patients who have no apparent verbal capacity can usually feel a gentle touch and understand its message of caring interest."<sup>104</sup> Because of this belief, the exceptional nurses used touch, sometimes exclusively, in communicating with patients during their last days. Maureen phrased it like this:

I believe that when someone is dying they feel touch until the very end. I tell the family that, and I encourage

them to hold hands and stroke the patient's forehead. I do it too, just to let them know I am still with them.

Julie said,

I use touch a lot when a patient is dying or has just died because I believe it is extremely important. I have found that the families watch you. When I go into a room just after a person has died, I always talk to the patient and say goodbye and I always touch them. It seems to make it okay for the rest of the family to do that. I have had a lot of positive feedback from families about it.

She then went on to tell me this story:

A young man was dying — in a coma and totally non-responsive. I called his Mom and Dad (they lived out-of-town) and they arrived just in time for their son's dying day. I encouraged them to help me with his care, to touch him, and to talk to him. I got them chairs and coffee and checked in on them often. When I cared for him myself, I reminded him of the presence of his family, and I tried to set an example for them to follow.

Near the end, they were doing really well and I witnessed something I will never forget. His Mom was washing his face — probably just like she had when he was a little boy. For just one short moment, he opened his eyes. He hadn't done that for many days. I know he saw her and she saw him. It was a wonderful moment, a last goodbye.

When I asked about her approach to caring for patients near death, Lana simply said, "I never leave a dying patient without a hand to

hold.” Several nurse researchers agree with this belief that touch is important in the last hours of life. Chang contends that a great many needs of terminal patients will be satisfied non-verbally through empathetic nursing care.<sup>105</sup> The psychological impact of non-verbal communication, especially of touch, on the dying patient cannot be underrated. Watson, agreeing with this point, reports that “our first contact with life is through touch as an infant...our first comfort in life comes from touch and usually our last. Through touch we may communicate with comatose, dying patients when words have no way of breaking through.”<sup>106</sup>

A story written by Marie illustrates that the use of touch in the final moments is effective even if the nurse is unfamiliar with the patient and family.

It was a busy shift. I had been away on holidays for a month, and this was my first shift back. The only patients I knew on the ward were the six I was assigned to. It was about 2100 hours, and I needed a dressing tray so I was walking quickly towards the clean utility room to get one. The hallways were darkened, and as I walked by a patient's room, I was grabbed by the arm by a visitor beckoning me. “Nurse, please come,” he said. I entered the room of a patient who was taking his last breaths. He ceased breathing and I looked up at the faces surrounding me. “Is he gone?” asked a younger man, presumably his son. “Yes,” was all I could think of to say.

I felt so inadequate at that moment; I didn't know his name, the family, or the previous circumstances. I stumbled, “I'm so sorry,” and sat down with them holding onto a hand and a shoulder. I knew I was needed by my own patients, but this moment demanded every inch of me now. I noticed how peacefully he died so I shared that

with the family, and they shared a few memories with me. For those few initial moments, we mostly just sat and held hands. It was like they needed a nurse present for this rite of passage. Soon, the patient's nurse arrived, and I scurried down the hall realizing I had a dressing to do.

When I talked to Marie later about this episode, she offered further insights. She said,

This man was taking his last breaths. All I could do was bring his family closer and put their hands on him while I supported them. I realized afterwards how quickly we move in and out of people's lives. I did not know their names, but that short interlude was strengthening to me. I was needed, and I also received. I think it was touching that allowed us to make an intense connection in a very short time. Nurses seem to have the right, and privilege, to touch people — even people who were complete strangers moments before. Touch is one of the most important ways I communicate.

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**THE UNKNOWN PATIENT**

You call for a nurse,  
and the nurse in me instinctively responds.

You are alone and afraid  
in this moment of need.

I don't know you,  
yet you are so familiar to me.  
I sense your anguish, your uncertainty.

Hand in hand we unite our spirits  
and send your loved one on his journey.

—

TOUCH AND SILENCE

Touch and silence have many similarities. Although they need not always be companions, touch seems to be a natural complement to silence. Like the dialogue of silence, mutual touch is a non-verbal form of inter-human communication. Touch shares a further similarity to silence in that both affect the sender and the receiver, the toucher and the touched.

Touch, like silence, can be effective in both emotionally demanding circumstances and during everyday patient encounters. Both touch and silence were used to communicate and receive messages, feelings, and emotions that would be difficult to share in any other way. Touch and silence both facilitate the sharing of emotions.

Comparing further, messages sent through silence and touch involve the similarity of instantaneousness. That is, messages embedded in silence and touch are received as they are sent. There is usually no delay. Both participants can send and receive understandings at the same time, making these two modes of communication efficient.

Unspoken messages are embedded in touch and silent exchanges — messages that may give the patient comfort and humanize the situation. Although silence and touch are often only a part of a nursing intervention, they are components that seem important in exceptional nursing practice.

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**THE IMPRINT**

Your touch.

A gentle brush across my cheek.

How can something so faint,

so soft,

so subtle,

leave such an indelible imprint

on our souls?

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