

## THE T Word

By

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The word touching—I call it the “T” word—is almost as taboo as the “S” word—sex—and is rarely mentioned in the mental health system. A cloud of mystery surrounds both of these words, the saying of the words as secretive and closeted in fear as the practice of either of them. My personal longstanding interest in touching is in part because I have observed many patients who I knew to be starved for touch, and because of my own need for touch. I grew up “touch hungry” and either thrive or don’t thrive depending on whether my touch needs are met.

It has been proven that touching is the most important sense at the time of birth and, infancy. Babies must be touched, held, and rocked or they will fail to thrive. Rene Spitz, now famous for his research in this area, studied babies who were cared for in orphanages and found that babies who went without touching, though their environments were clean and they were otherwise cared for, suffered from marasmus, an extreme form of withdrawal. Studies conducted in different cultures by a wide variety of experts, indicate that children grow up happy and well adjusted in places where touching is the norm. Few studies have been done with adults but one by James Prescott, a former official at the US Department of Health, Education and Welfare, looked at the root causes of violence and found that cultures in which there was a great display of infant affection had low incidences of adult physical violence.

Touching has been frowned upon in the mental health system. Everyone knows that you don’t touch psychiatric patients. Reasons given may vary from, “you will send a patient into a homosexual panic,” “patients do not want to be touched or hugged—they are too afraid,” or, “they will interpret touching as sexual.” It is my contention that patients are never asked. One psychiatric nurse at Vanderbilt University Hospital in Nashville, however, asked over 75 patients whether they would rather hold or be held. They all favored being held because they said they had had to be the nurturers. In a survey done at South Florida State hospital, persons were asked to identify what is helpful when they are upset for the purpose of the development of a de-escalation preference form. Many of the responses were, “I’d like to be hugged.”

It is not just psychiatric patients who are not touched. Our American culture is a nontouching society. Barriers exist to open touching and hugging in public, though the practice of massage is now highly endorsed. We are brought up to believe that competition is more important than compassion; instead of being taught how to touch we are taught how not to touch, and our textbooks say nothing about its importance. When I recently visited the library to find books on the subject of touching, I found only two, and the key book written by Ashley Montagu, entitled, *Touching*, was not available in definitions but none of them relate to sensory need for touch or mention skin touching. Desmond Morris, well-known anthropologists on the other hand, states, “A single intimate body contact will do more than all the beautiful words in the dictionary. The ability that physical feelings have to transmit emotional feelings is truly astonishing.”

A few physicians are beginning to focus on the value of natural approaches for healing. Hospitals are beginning to include artwork, murals, bright colored walls in children's wards; Hospice has created comforting environments for patients with cancer and have openly advocated for them to be touched. Humor, thanks to Norman Cousins, is recognized as a powerful healer. Pet therapy is being given the high sign of approval for persons of all ages; just check out the number of pet magazines with many articles about the value of petting your pets. Other examples of progress include the development of Comfort rooms instead of Seclusion rooms in psychiatric hospitals. Touching is often "touched on" in all of these new efforts. However it is only a few people like Helen Colton, author of Touch Therapy, who states how touch might affect our emotional wellbeing. She writes "We cannot survive and live with any degree of comfort and mental health when we are not able to feel. A complete loss of our sense of touch can send us into psychotic breakdown."

As a consumer survivor advocate, I write these words in hopes that other consumer/ survivors will join me to address the issue of touching and to propose changes in mental health policies to promote healing touch. (It should be noted that "no touch" policies are rarely written; they are among the unwritten rules that are noticed only when someone has been touched, sometimes inappropriately, but often because of supervisory discomfort, not the patient's)

I make the following suggestions of where we can start: (you may think of others)

1. We begin to use the words " person centered touch" along with "person centered language."
2. We promote the use of comfort rooms in hospitals instead of time-out rooms, which have comforting items in them, and where a person might receive a massage if requested.
3. We promote changes in training materials for psychiatrists and psychiatric nurses that talk about the importance of touching.
4. We identify our own needs for touch and include wellness programs in drop-in centers that use the practice of touching.
5. We begin to feel comfortable asking people, "Would you like a hug," and feel comfortable giving one.
6. We ask someone, "May I have a hug?" when we need one, remembering that 12 hugs a day are recommended.

In conclusion, I hope that the above is "Food for Thought" and that we begin to recognize the need for "Touch for Health." Have you had your hug today? Have you been touched today?