

The M Technique As Part Of A Nurse's Therapeutic Skill

Making A Difference

Dr Karla Breen Rickerby
PhD, MA, BSc (hons), BA, RN (Adult)



To be human is to feel. Touch is an integral element in the provision of nursing care and is closely linked to a caring framework (Arnold and Underman Boggs, 1999; Chang, 2001; Watson, 2006). Clearly, nurses use different kinds of touch, such as procedural touch for taking blood or giving injections (Gleeson and Timmins, 2005), necessary touch where the patient needs help with daily activities (Adomat and Killingworth, 1994), spontaneous touch when a patient is in distress (Rousseau and Blackburn, 2008), and touch (such as massage) as a therapeutic intervention (Ferrell-Torry and Glick, 1993; Breen Rickerby and Cordell, 2012). Watson (2008; 2009) suggests that elements of touch are central in underpinning a framework that guides the delivery of holistic nursing care.

The recognition of touch, through the use of the M technique, as a therapeutic tool in nursing came from practising within a nursing framework that drew from the evidence base of complementary therapy. The M technique was administered to a variety of individuals within a range of community environments: in palliative care, orphanages for profoundly disabled children and in care of the elderly settings.

The M technique

The M technique is a complementary mode of touch that fits within a caring-healing model that was pioneered by Dr Jane Buckle as a means for nurses to calm their patients. It was so named in order to differentiate it from conventional massage. In a longitudinal study, Buckle et al. (2008) used an experimental design to compare the effects of the M technique to those of Swedish massage

by measuring recipients' brain activity using single-photon emission computed tomography (SPECT). The results showed that although both methods of touch produced changes in brain function, there were some potentially key differences. The M technique produced greater changes, and these responses increased when the technique was repeated over time (Buckle et al., 2008). The M technique also proved to be more soothing and relaxing than the conventional massage. It should be noted that the study involved a small sample; nevertheless the results indicate that the technique may have therapeutic potential for at least some patients.

The M technique uses structured touch. Each movement is done a set number of times, at a set pressure, in a set protocol. A fixed pressure of 3 on a scale of 0 to 10 is used, where 0 is no pressure and 10 is crushing pressure. In traditional massage, the pressure is constantly changing between 5 and 7 depending on several variables. The M technique's gentle, repetitive stroking of the skin leads to calmness in both giver and receiver (Buckle, 2000). The giver can concentrate on being present rather than having to work out what to do next. The receiver quickly understands the repetitive nature of the therapy (Buckle, 2000). Knowing what is going to happen allows the receiver to relax at a very deep level (Buckle, 2000). The M technique has been described as physical hypnotherapy, or physical meditation (Buckle, 2003).

As the movements are structured in a series of strokes, everyone receives exactly the same routine. This is unlike massage, where the strokes, speed, pressure, and