routine are worked out differently for each participant. This fixed protocol of the M technique makes it very simple to learn – a bit like learning the steps of a dance.

Discussion

The practice of the M technique on profoundly disabled children demonstrated the positive impact that a gentle repetitive stroke such as the M technique had within nursing care (*Breen Rickerby and Cordell, 2012*). The sensory interpretation of touch information of the children appeared to change. The perceptual world of the children became enlarged through their exploration. As the M technique was repeated over subsequent days, the children become more attentive and less distracted, developing an ability to stay focused in exploration and become curious about the range of sensory stimuli in their environment. The M technique reinforced the value of providing an experience that was qualitatively rich and one that placed the recipient, in this instance the child, central in the intervention.

Equally, the M technique has relevance across many nursing contexts owing to its transferable nature. In palliative care the M technique, as a less intensive and symptom relieving support, has been used as a method to relieve some of the distressing symptoms experienced by patients with palliative care needs (*Roberts and Campbell, 2011*). The M technique is utilised in Hospices across the USA and Europe. The introduction of the M technique as a part of client care appeared to aid the relief of the pain: the rhythmic stroking and distinctive pattern allowing the whole person to become more deeply relaxed. Clients found the predictive nature of the M technique an element of the relaxation process; the repetition of stroke focused the client's thoughts, with their breathing pattern deepening and becoming more regulated. In massage, the practitioner is working directly with the muscles and soft tissues whilst the M technique works with the skin receptor sites that send signals to the brain (*Buckle et al., 2008*).

The vulnerable frailty of the elderly in long term care settings imposes a very different role on the nurse than that of acute care. The practice of nursing the elderly involves a lot of personal contact during the delivery of fundamental physical care. The effectiveness of the M technique here was as non-verbal communication. The M technique was readily implemented whilst providing physical care. New ways of engaging with clients with impaired cognitive function is a long and difficult one, but one which the M technique transcends.

Conclusion

Having the M technique as a tool has enabled me to come closer to nursing as a human encounter in the relief of the alienating features, such as distress, anxiety and pain. The M technique is a hands-on form of communication through gentle touch and movement. The skills of the nurse extend well beyond those of bio-medical routines to embrace elements that engage a wide range of human senses. Although the focus in nursing tends to be on physical care, we should not neglect the idea that the core of nursing practice encompasses the whole person. The M technique had a significant and sustained benefit for a range of client groups. Consequently, the M technique could be safely added to the therapies used by nurses.

References

Adomat, R., Killingworth, A., (1994). Care Of The Critically Ill Patient: The Impact Of Stress On The Use Of Touch In Intensive Therapy Units. *Journal of Advanced Nursing*. 19 (5), 912–922

Arnold, E., Underman Boggs, K., (1999). *Interpersonal Relationships. Professional Communication Skills for Nurses*. Third Edition. W.B. Saunders Company, London.

Breen Rickerby, K., Cordell, B. (2012). Application Of The M Technique To Two Severely Disabled Children In Belarus. *International Journal of Palliative Nursing*. 18(7): 355–359

Buckle, J. (2000). The 'M' technique: Physical Hypnotherapy For The Critically Ill. *Massage & Bodywork*. 15(1): 52–5

Buckle, J. (2003). *Clinical Aromatherapy: Essential Oils in Practice*. Churchill Livingstone.

Buckle, J., Newberg, A., Wintering, N., Hutton, E., Lido, C., Farrar, J.T. (2008). Measurement Of Regional Cerebral Blood Flow Associated With The 'M' Technique-Light Massage Therapy: A Case Series And Longitudinal Study Using SPECT. *Journal of Alternative and Complementary Medicine*. 14(8): 903–10

Chang, S. (2001). The Conceptual Structure Of Physical Touch In Caring. *Journal of Advanced Nursing*. 33(6): 820–7

Ferrell-Torry, A.T., Glick, O.J. (1993). The Use Of Therapeutic Massage As A Nursing Intervention To Modify Anxiety And The Perception Of Cancer Pain. *Cancer Nursing*. 16(2): 93–101

Gleeson, M., Timmins, F. (2005). A Review Of The Use And Clinical Effectiveness Of Touch As A Nursing Intervention. *Clinical Effectiveness in Nursing*. 9(1-2): 69–77

Roberts, K., Campbell, H. (2011). Using The M Technique As Therapy For Patients At The End Of Life: Two Case Studies. *International Journal of Palliative Nursing*. 17(3): 114–8

Rousseau, PC., Blackburn, G. (2008). The Touch Of Empathy. *Journal of Palliative Medicine*. 11(10): 1299–300

Watson, J. (2006). Caring Theory As Ethical Guide To Administrative And Clinical Practices. *Nursing Administration Quarterly*. 30(1): 48–55

Watson, J. (2008). *Nursing. The Philosophy and Science of Caring*. Revised Edition. University Press of Colorado, Boulder.

Watson, J. (2009). Caring Science And Human Caring Theory: Transforming Personal/Professional Practices In Nursing And Health Care. *Journal of Health and Human Services Administration*. 31(4): 466–82

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