## Jane Buckle talks about a technique she developed to help critically ill people

# Touch

#### How it came about

I trained as a nurse nearly 30 years ago and when working in critical care I realised the importance of non-verbal communication. Most of my patients could not talk to me and often there were so many machines monitoring body functions, it was hard to remember that underneath was a person.

I wanted my patients to know I cared. I felt I could communicate that to my patients through touch, but I was not sure how to touch, so I attended a massage course. This gave me confidence, but much of what I learned was inappropriate for very fragile patients. During the following years I created a system of structured stroking that would be suitable for the very fragile and I called it the 'm' technique® (with the 'm' standing for manual).

#### What is it?

The 'm' technique® is a registered method of touch – a series of stroking movements performed in a set sequence and at a set pressure. The 'm' technique® is gentle, soothing and almost hypnotic. It is different to conventional massage in that the structure and pressure does not change throughout the treatment. I have taught the 'm' in the USA since 1994 and in the UK since 2002. So far more than 6,000 people have learned the technique.

### Who or what conditions benefit the most?

The 'm' is aimed at people who are too fragile to receive conventional massage – that is the actively dying or hospice patient, the elderly, those with chronic pain, immediately post-operative or in intensive care, clients with high blood pressure or breathlessness and those with fibromyalgia who find conventional massage too painful.

#### Contraindications

The only contraindication to treatment is lymphoedema, for which the Vodder method is the only suitable option. Some skin conditions necessitate gloves or 'm'ing through clothes – the latter still has a very profound effect and can be useful for the elderly who do not want to undress.

#### **Training**

The certification training takes 14 hours to learn the basic strokes. There is also an instructional video, which students are encouraged to buy and watch five times



before taking a multiple-choice test and completing two detailed case studies to a set format. The course is open to anybody wanting to touch another person in a holistic way – no previous training is necessary. The only personal qualities needed are empathy, gentleness and the ability to follow and demonstrate the correct sequence and pressure. Many students who attend the courses are nurses, Massage Therapists, carers and volunteers.

In 1996, the 'm' technique® was tested in a medical laboratory at Columbia Presbyterian Medical Center, New York. The 'm' technique® was applied to the feet of medical students and a profound relaxation effect was measured using an eight-lead ECG machine attached to a heart variation monitor.

In 2005, the American Massage
Foundation funded research into the
physiological effects of the 'm' technique®
and massage on the brain, using SPECT
(single photon emission computed
tomography) at the University of
Pennsylvania. The results are currently being
analysed and it would appear that
'm' technique® has a more profound effect
than massage.

The 'm' technique® is so simple to learn, I have even taught it to a four-year-old girl, who was visiting her grandfather in an intensive care unit. She was angry and upset to be there, worried by the strange noises and equipment. Her father did not know what to do with her as he could not leave her outside on her own.

I asked her if she would like to touch her grandfather. She shook her head. I asked her if I could. She nodded with solemn eyes. I began to do the 'm' technique® on her grandfather's hand, quietly explaining what I was doing. She edged towards me. 'Would you like to try?' I asked. She shook her head sadly. 'It's really easy,' I encouraged, 'look'. She watched as I repeated the movements, then she held out her hands. Within a few moments she had grasped the essentials – slow speed, gentleness and rhythm.

She became quite engrossed in her task, communicating her love for her grandfather through the 'm' technique®. She was no longer a distressed child but a little therapist empowered and wanting to give comfort. I shall never forget the change in her, nor in the whole intensive care unit, as she began to quietly sing a nursery rhyme as she worked.

Another impromptu student was the

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hospital chaplain of a hospice I was visiting. The nun stood beside me watching as I 'm'ed a very agitated patient nearing the end of her life. The woman began to relax and stopped fighting the dying process. After a few minutes the chaplain asked if she could learn the technique. I showed her and she added it to her ministry. She said it felt like 'giving physical comfort at a soul level'.

The hospice environment brings us face to face with our own mortality and asks us to confront the need just 'to be'. I think the greatest gift you can give someone is to truly 'be' with them. But that is hard for many of us. We want to touch but we don't know how. The 'm' technique® can bridge that awkwardness, allowing touch to communicate in a way that words cannot.

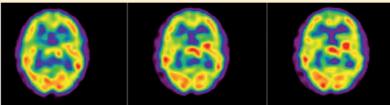
Touch is one of the last senses to leave us before we die. It seems obvious that touch is an important part of life, death and of bereavement. Touching through death allows communication at a spiritual level. The 'm' technique® is used in hospices across America by nurses, hospital chaplains, volunteers and relatives and is becoming more well known in the UK. I have found teaching the 'm' to be one of the most satisfying aspects of my career.

The 'm' is aimed at people too fragile to receive 'normal' massage

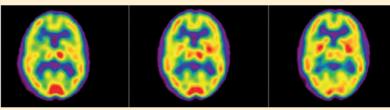
### 'M' technique® before and after brain scans

All the SPECT images below show the brain activity of one person. The colour red indicates where there is an increased bloodflow and therefore increased activity in the brain.

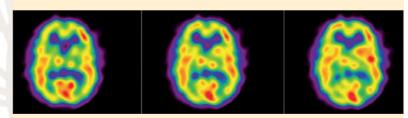
Row 1: The three images show the brain's activity before the first 'm' technique® massage



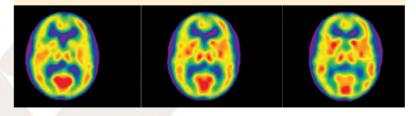
Images show the brain's activity after the first 'm' technique® massage



Row 3: Images show the brain's activity before the 10th 'm' technique® massage



Images show the brain's activity after the 10th 'm' technique® massage





Jane Buckle PhD is principal lecturer/programmes manager of Complementary Medicine at Thames Valley University. For more information about training in the 'm' technique®, visit www.rjbuckle.com