

Compassionate Touch® and Alzheimer's Disease... What would Maslow Say?

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It has been said that in 25 years, the United States will have two kinds of people: those who have Alzheimer's disease and those who are caring for someone with Alzheimer's disease.

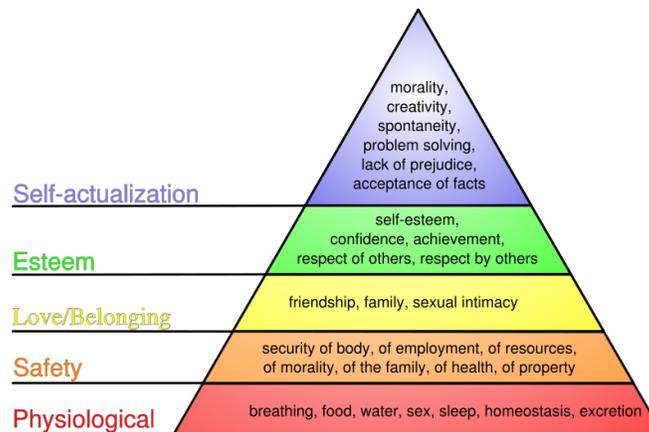
Dementia is a term meaning loss of memory and other intellectual abilities serious enough to interfere with daily life. Alzheimer's is the most common form of dementia.

As a Compassionate Touch® Practitioner, I have witnessed the transformation that occurs when intentional, skilled touch is offered, enhancing quality of life of individuals living with Alzheimer's disease.

For example:

- The woman, withdrawn and thought to be non-verbal, who looked me in the eye and said "thank you" following a hand massage.
- The gentleman whose agitation was calmed with a simple back rub allowing the nurse assistant to help him get dressed without the usual struggle.
- The activities director who said to me, "She has been here for several months, but when I gave her a hand massage, I felt like I really got to know her for the first time!"

So what is at the heart of these seemingly magical moments? There is clearly something profound happening that goes well beyond simple touch. We can explore the relationship between human needs and well-being to gain a greater understanding of how deep our touch truly goes.



Maslow's Hierarchy of Needs

Abraham Maslow (1908-1970) was an American psychologist and scholar. He is noted for his conceptualization of a hierarchy of human needs, and is considered the father of humanistic psychology. Maslow teaches that we must have survival and safety needs met before any social or spiritual needs can be realized.

The needs of the body, mind and spirit remain intact regardless of the condition of the body or mind. The person living with Alzheimer's disease continues to relate to his or her world based

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on whether or not these needs are being met. To explore the relationship between Alzheimer's disease, human needs, and touch I invite you to consider the following example of Faye, a woman I knew with Alzheimer's disease who lived in a skilled nursing facility. I saw her for Compassionate Touch® sessions twice a month for about a year.

The need for physical survival. As Alzheimer's disease advanced, Faye lost her ability to independently manage activities such as eating or toileting and relied on caregivers for physical needs. Her sleep patterns were disturbed and she became incontinent of bladder and bowel.

Effect of Compassionate Touch: Touch is as essential as breath for humans to survive and thrive. The sensory stimulation of gentle massage awakened Faye's awareness of her own body; physical discomfort was eased; and the quality of her sleep improved.

The need to have personal security and to feel safe. Typical of Alzheimer's disease, Faye lost her ability to recall recent events and her memory of her own life experiences faded. She did retain her ability to recognize her family. She had severe time confusion and did not understand where she was.

Effect of Compassionate Touch: The touch and focused attention seemed reassuring to Faye and she appeared less anxious. She seemed more grounded in the present moment which allowed her to enjoy our interaction.

The need for a sense of belonging and connection to others. For years Faye had been active within her church community (her husband was the minister). Alzheimer's disease and the move to the nursing home had removed her from contact with familiar people in her life. She became somewhat withdrawn and became anxious around unfamiliar people. She spent many hours alone in her room.

Effect of Compassionate Touch: Touch became a form of communication of its own as Faye's ability to verbally express herself declined. Our sessions were a time of social interaction that seemed to give her pleasure, decreasing feelings of loneliness and boredom.

The need to express feelings and have them acknowledged. A hallmark of Alzheimer's disease is that it decreases the person's ability to organize and express thoughts or communicate one's needs. Feelings are often expressed in ways that are difficult for care partners to understand, such as through sounds or movements. Faye retained her ability to verbally communicate but she had trouble forming sentences to say what was really on her mind. She often would get frustrated and just stop, falling quiet.

Effects of Compassionate Touch: Through touch and an open heart I was able to convey acceptance and compassion for whatever Faye was experiencing in the moment. Feelings that are acknowledged are diffused. During our sessions Faye often found the words and it became clear to me that she retained a level of awareness about her situation that was not casually apparent. Here are a few of the things she said during our sessions:

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"I'm not comfortable in my body. That concerns me."

"I don't especially want to mix in, but how do you make the switch?"

"Isn't it funny how the things that come out of our minds make us who we are, but it gets bent around?"

"I want to go home...home ...home. What is a home? A place where we live." Then, after a long pause, she said, "Are you afraid to stay around here?"

The need to give to others and to be treated with respect. We all feel good when we give of ourselves or are productive members of the society in which we live. We thrive in an environment of mutual understanding and respect. People with Alzheimer's disease can easily feel that they have nothing to contribute and I've observed that this idea is reinforced in our care system, leading to what I refer to as 'learned helplessness'.

Effect of Compassionate Touch: Faye enjoyed the one-to-one focused attention and would often look for ways to do something for me. She would offer me food or sometimes would put lotion on my hands. I noticed that if I would accept her gifts that she sat up just a little bit straighter in her wheelchair and her facial expression was brighter.

The need for a sense of self and a connection to spirit. Many people assume that Alzheimer's disease robs people of their identity. Experience has shown me that although memory and cognition become severely impaired, it appears that the person living with dementia seems to retain a sense of self—the essence of whom he or she really is.

Effects of Compassionate Touch: When the essence of the individual is acknowledged through the gift of touch and mindful presence it seems to allow it to shine through the fog of Alzheimer's disease.

Family and professional care partners can enhance care of people living with Alzheimer's disease by incorporating compassionate human touch to help satisfy needs on all levels. I think Maslow would be pleased!

Resources:

1. Kim, E.J.; Buschmann, M.T. (1999) The Effect of Expressive Physical Touch on Patients with Dementia. *International Journal of Nursing Studies*. 36(3), pp. 235-243.
2. Maslow, Abraham (1968) *Toward a Psychology of Being*, New York, NY, John Wiley and Sons, Inc
3. Chart source: J. Finkelstein, Wikimedia