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EXPOSITION

Channeling healing energy: The power of touch in the chiropractic clinical encounter, Part three

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Abstract: Osteopath Dr Viola Frymann placed an emphasis on the art of touch in the therapeutic encounter. In 1970 the founder of SOT Major DeJarnette noted regarding touch '*Light fingers, soft touch, slow movement, warm hands. Eternal patience with difficult problems*'. Our touch with cranial technique in particular is likewise processed through the patient's central nervous system, mind, and spirit. This can affect a patient's emotional state and guides the nature of caring they might sense from their doctor.

Chiropractors can use our touch or palpation as non-verbal communication to guide our chiropractic care as well as possibly obtain pertinent information about our patient's history

Indexing Terms: chiropractic; chiropractor; touch; palpation.

Touching a patient should be more than a passive experience for a chiropractor. There is so much that can be perceived by the doctor but also that can be transmitted at the same time through that touch to a patient. The field of chiropractic for this reason is so much more different than allopathic and other practitioners that are examining a patient but virtually not touching them with a therapeutic intent.

> *... Touch is bi-directional, the patient 'feels' you as much as you feel the patient. What are you conveying through your touch and palpation?'*

Over the course of my decades of clinical practice I have experienced many things about touch and the clinical encounter and in part three of this series on channeling healing energy I hope to be able to share what I have learned.

One of my mentors was *Viola Frymann*, DO, a prolific osteopathic clinical physician and researcher. When I was initially studying with *Major Bertrand DeJarnette*, DC (1) and helping him when he treated patients in Los Angeles, California during the 1980-86 period of time, I noticed his method of care was different than what he taught in his books and seminars. Since DeJarnette had also studied osteopathic medicine I figured I would go to an osteopathic college and search their library for literature and possibly video lectures. For over a year I would go to the library at the *College of*

Osteopathic Medicine of the Pacific, Pomona, California at least once a week and spend the day reading.

During my time at the osteopathic library I came upon many of Dr. Frymann's writings and a gold mine of her lectures. She combined a profound depth of knowledge with a powerful palpatory connection to the patients she treated. On multiple videos she demonstrated a calmness, stillness, and tenderness as she touched, palpated, and treated patients. One of her fascinating articles on this topic was entitled '*Palpation: Its Study in the Workshop – Parts 1-4*.' (2)

She begins the process of understanding how to enhance the '*power*' of palpation by noting that, '*The first step in the process of palpation is detection, the second step is amplification, and the third step must therefore be interpretation*.'

'*The interpretation of the observations made by palpation is the key which makes the study of the structure and function of tissues meaningful. Nevertheless it is like the first visit to a foreign country. Numerous strange and unfamiliar sights are to be seen, but without some knowledge of the language with which to ask questions, or a guide to interpret those observations in the life and history of the country, they have little meaning to us. The third step in our study then is to be able to translate palpatory observations into meaningful anatomic, physiologic or pathologic states*.' (2)

In Frymann's article on palpation she discusses various exercises, but what I have found particularly important is the depth of sensitivity she demonstrates with how she considers '*the various phases of general palpation and what may be discovered in each one*.' (2)

1. '*A very light touch, even passing the hand ¼ inch (about 8mm) above the skin provides information on the surface temperature. An acute lesion will be unusually warm, an area of long standing, chronic lesion may be unusually cold as compared to the skin in other areas*
2. '*Light touch will also reveal the cutaneous humidity, the sudorific or sebaceous activity of the skin*
3. '*The tone, the elasticity, the turgor of the skin may be noted by light pressure*
4. '*A slightly firmer approach brings the examiner into communication with the superficial muscles to determine their tone, their turgor, and their metabolic state*
5. '*Penetrating more deeply similar study of the deeper muscle layers is possible*
6. '*The state of fascial sheaths and condensations may be noted*
7. '*In the abdomen similar palpation will provide information about the state of the organs within,* and
8. '*On deeper penetration, firm yet gentle, contact is reached with bone*.' (2)

DeJarnette discussed something very profound and pertinent for the chiropractic profession in his 1939 book entitled '*Technic and Practice of Bloodless Surgery*.' This is because, in general, chiropractic care can be a form of bloodless orthopedic and neurosurgery. Chiropractic care or bloodless surgery is '*more complicated than incisive surgery, because in incisive surgery it is possible see within, while in bloodless surgery, you must feel through and visualise the conditions that exist within. It requires much time in which to develop the necessary touch that is so all important to the science of healing. Bloodless surgery does not require strength for its success, rather it requires an exact anatomical knowledge of the structures under consideration, their normal position and relationship to adjoining structures, and a visualisation of the path over which these structure have traveled to gain their present abnormal position*.' (3)

Another key point is that the art of palpation begins before you even physically touch the patient. Before entering a room it is important to calm and quiet your mind so that you learn to be receptive of what it feels like to be in the presence of your patient. It is important to not have a presumption about how that patient will be or feel based on their history. Also ideally you are not entering the room with your personal agenda but more about what is your patient's rhythm, emotional state, and

feeling tone. If possible try to synchronise, if appropriate, your behaviour and emotional state with theirs.

It is also helpful to consider what another of my mentors suggested, '*It is not about disregarding the patient's suffering, the challenges they are presented, or even the pain they are experiencing, but trying to hold a place for the health and wellness of the patient and speak to that during the chiropractic therapeutic encounter*.' (4)

Frymann is offering us a path to follow as we enter the room and that palpation begins before we even touch a patient's body. Palpation actually occurs when we explore a feeling of temperature emanating from the patient's skin and using what we find to help us guide our care. It is not about immediately going to feel a vertebra or bone position but instead explore the myriad of layers of tissue that give us insight into this individual patient's experiences. It is helpful to ask yourself questions about what you notice with this gentle touch and incremental deeper layers of palpation.

For instance:

- What does it mean if the patient tenses and cannot relax with your touch?
- What does it mean if a patient is ticklish?
- What does it mean if there is tension in the outer most layers but a relaxed softness with deeper palpation?
- What does it mean if there is a relaxed softness in the outer most layers but significant tension on deeper palpation?
- What would it mean if you felt these different palpatory sensations, but varied in different parts of the patient's body?

Clinically I have found a trend that a patient that is tense, is reactive to gentle touch, and has difficulty relaxing is a patient that has had physical, emotional, or sexual abuse. These types of patients need to be handled very sensitively and compassionately since sometimes they are not aware of their past abuse, though their body speaks loudly and clearly.

While a patient might laugh and squirm away from what they perceive to be a '*ticklish*' touch most commonly this is a protective response to a region of guarding or apprehension. Usually this guarded response is related to past trauma, which is commonly emotional or psychogenic in nature. Interestingly you can have the patient touch that region and it will tend to quell any ticklish response and often I have had to palpate a very sensitive/ticklish region with the patient's hand between my fingers and their body. (5, 6, 7)

I have also found a tendency that the layers of tension or guarding in a patient's body relate to the history of trauma they might have sustained. Similar to the rings in a tree's trunk sharing the history of a tree's growth and life, tension in the myofascial skeletal system of a patient can similarly share their life's experience. Tension and guarding found on deep palpation suggests old trauma and when tension and guarding are found on superficial palpation of the tissues this often suggests more recent acute trauma.

The other side to palpation is what the patient senses when the doctor touches them. This is often something not adequately studied or considered in the chiropractic encounter. I have had multiple *Alexander Technique* (8, 9) instructors and they have all on some level discussed the need to synchronise their body to how they want their 'student' to relax. If they want a student to have a relaxed neck, before they would touch the student they would make sure that the *Alexander* Instructor's neck was released, so prior to touching the instructor would subtlety make sure to relax their suboccipital muscles allowing their occiput to float upward and forward.

I find this concept very important, but not just with touch but with our mental and emotional attitude. Before I touch a patient I want to make sure by whole body is relaxed and calm. I want to make sure that my mind is clear, focused solely on my patient, and feel my heart open with caring.

In some ways it is easy to imagine what it might feel like when we are being touched by someone who doesn't seem to like us, someone who is thinking about a stressful experience they had earlier that day, or by someone who doesn't even want to be with us in the treatment room. What if a patient is feeling sad about something and the doctor is happy about an experience they had earlier that day and doesn't seem to be '*in touch*' with the patient's feelings? What if a patient is excited about feeling better and the doctor doesn't seem to be listening to them or paying attention to what they are saying?

What the doctor brings into the room with their physical and emotional state affects how a patient feels our touch and also might unconsciously affect their response to our palpation. It is important to consider how it might be when we enter a room with awareness and sensitivity, feeling the room as we enter it, and what affect it might have on the clinical encounter?

I often remember thoughts DeJarnette shared in his 1970 Cranial Technique manual: '*Light fingers, soft touch, slow movement, warm hands. Eternal patience with difficult problems*.' (10)

While cranial technique may directly affect the cranium and possibly the brain and its related tissues and fluids, our touch to a patient's body is likewise processed through the patient's central nervous system, mind, and spirit. This can affect a patient's emotional state and guides the nature of caring they might sense from their doctor.

What is clear to me is that we are all tender spirits and ultimately want to be loved and feel that someone cares about us. Touch is one powerful way to communicating this therapeutic connection to a patient in a subliminal way with a caring intention. Essentially we can non-verbally use our touch to communicate a therapeutic caring intervention, which can be a powerful way to access the unconscious and subconscious aspects of somatic imbalance and/or dysfunction in our patients. Likewise we can use our touch or palpation as non-verbal communication to guide our chiropractic care as well as possibly obtain pertinent information about our patient's history.

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About

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Editor's note

This theme will continue in the *Journal* over the months to come. We are grateful to Dr Blum for sharing his personal experiences.

The two previous papers are:

Blum C. Channeling healing energy: The power of words in the chiropractic clinical encounter, Part two. URL Asia-Pac Chiropr J. 2023;3.3 URL apcj.net/Papers-Issue-3-3/#BlumHealingEnergy2

Blum C. Channeling healing energy: The value of compassion in the chiropractic clinical setting. Part one. URL Asia-Pac Chiropr J. 2022;3.2. URL apcj.net/Papers-Issue-3-2/#CompassionCharlesBlum