

## **EFFECT OF COMPASSIONATE TOUCH ON PRESCHOOL CHILDREN: A PILOT STUDY**

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### **INTRODUCTION**

Sadly, it seems that we have become an increasingly violent and life disaffirming society. In 1994, the most recent year for which comprehensive statistics are available, homicide claimed the lives of 24,926 Americans. 8,116 of these victims were between the ages of 15 and 24 which is a rate of 22 youth homicides per day. As stark as the homicide statistics are, nearly four times the number of people die from suicide in the US - approximately 84 people per day. From 1980 to 1994 the rate of suicide among persons aged 15 to 19 years increased by 30%. More strikingly, among persons aged 10 to 14 years the rate increased by a staggering 120%. In 1994 more teenagers and young adults died from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and chronic lung disease *combined*.<sup>1</sup> Additionally, six states and the District of Columbia now report more deaths related to firearms than to motor vehicle accidents. If this trend continues, within the next decade the national death rate from firearms will exceed the death rate from all motor vehicle crashes.<sup>2</sup>

These statistics point to what many of us feel and fear - that there is an epidemic of violence in our nation. People who commit violent or aggressive acts against others or themselves are frequently those who feel an inadequate social or interpersonal connection to others. Feelings of social isolation and the absence of meaningful relationships in one's life can lead to an inadequate regard for and a devaluing of life, in general, and to a hostile or aggressive response to personal or interpersonal frustrations, in particular. As frightening as this situation may be, it is important to know that it can be changed. These tragedies of violence are preventable.

It is our belief that one could approach the task of reducing this violence by introducing to young children methods by which they could feel empowered to help themselves and to help others. In particular, we feel that human touch holds tremendous potential as a healing and empowering mechanism. While we are painfully aware of the physical and psychological damage that can be perpetuated through abusive and wrongful touch, it seems to us that touch has been over sexualized in our culture. Recent sexual harassment charges against the first grade boy who kissed a female classmate on the cheek, as well as the prohibition against any touch that most elementary school teachers must live with while endeavoring to encourage and support our children, are two examples of our culture's exaggerated avoidance of touch.<sup>3</sup>

In the Spring of 1997, The Upledger Foundation initiated a simple and straight-forward investigation into the use and instruction of Compassionate Touch with preschool children. This pilot project was designed to evaluate the effect of Compassionate Touch on the demonstration of increased pro-social behaviors and the reduction of aggressive behaviors and behavioral problems in children.

### **METHODS**

## ***Participants***

Preschool Ohio children (mean age = 43 months, N = 9) at Fredric's Nurturing Center in Cincinnati comprised the population for this project. Given our belief in the potential of the chosen Compassionate Touch technique to be investigated, Upledger Direction of Energy,<sup>4</sup> and our desire to avoid as much as possible a confounding variable known as the Hawthorne Effect (wherein the mere act of providing attention to subjects results in enhanced performance), we chose a sample population of relatively high-functioning and well-adjusted children. The participants in this study were currently the beneficiaries of strong family and social support systems, were enrolled in a highly nurturing and personally attentive preschool program, and showed general evidence of positive psychosocial development. Our rationale for choosing this sample included the belief that if Compassionate Touch techniques could be shown to be effective enhancing pro-social behaviors and reducing problem behaviors with these socially well adjusted children, it would be a logical extension to suggest the effectiveness of this technique with children from less supportive and nurturing environments.

## ***Measures***

Due to the age of participants in this project, it was decided to use norm referenced, standardized behavioral rating instruments for a collection of pre- and post-project data. The *Preschool and Kindergarten Behavior Scales* (PKBS)<sup>5</sup> and the *Social Skills Rating System* (SSRS)<sup>6</sup> were the instruments chosen. Each of these instruments were designed to document the frequency of a variety of social skills and problem behaviors, and could be completed by teachers and parents. Each instrument also provided appropriate normative data relevant to the age of our participants.

Pro-social behaviors were operationally defined as the social skills composite score on the PKBS and the SSRS. Each of these behavioral rating instruments included social skill sub scales of cooperation, interaction, independence, assertion, responsibility, and self control. Likewise, behavioral problems were operationally defined as the problem behaviors composite scores on the aforementioned two instruments. These scales included sub scores relevant to externalizing and internalizing behavioral dimensions such as self centeredness/explosiveness, attention problems/over activity, intimidation/coercion, social withdrawal and anxieties/somatic problems. Parents and teachers completed each of the two behavioral rating instruments, the PKBS and the SSRS, at the onset and conclusion of the four month project providing four pre and post data sets for each child.

## ***Procedures***

The principle investigators in this project, a diplomat level CranioSacral Therapy practitioner and a clinical psychologist, were on site at Fredric's Nurturing Center four days at the onset of the study. The three teachers at Fredric's Nurturing Center completed a two-day weekend training session in the application and instruction of the Upledger Direction of Energy<sup>4</sup> technique with children. These sessions followed the protocol outlined in the text *CranioSacral Therapy*<sup>7</sup> and the *Direction of Energy Study Guide*,<sup>8</sup> excerpted from the *ShareCare Study Guide*<sup>9</sup> and prepared for this project. The Upledger Direction of Energy technique is based on the premise that humans generate, transmit and store electrical energy within their bodies. Indeed, we know that electrical activity is necessary for

life and that within the physical body there are two generally recognized electrical systems. First, the alternating electrical current responsible for muscle contraction, nerve transmission, glandular secretion and sensation. Second, the more recently discovered electromagnetic system emanating from atoms and cells, potentially responsible for our overall health and most immediately associated with human consciousness. Each of these systems may be detected and measured (i.e., electrocardiogram, electroencephalogram, energy field spectrogram)<sup>10</sup> and are influenced by the presence of other electrical fields.<sup>11</sup>

As profound as the results of Direction of Energy may be, the application of the technique is remarkably simple. One hand is placed on either side of the physical area through which the person using the technique wishes to direct, pass or organize a healing energy. Each hand is presumed to be an electrode and energy is directed to the hand in contact with the area of pain from the other hand resting on the opposite side of the contact area. For example, if a child has fallen and bumped his leg on the frontal area beneath his knee, the receiving hand would be positioned over the injured area and the directing hand would be located on the back side of the leg, as if one could see an imaginary line or a vector connecting the two hands. Energy is then directed from the back hand through the injury site and to the front hand. This thoughtful and intentional Direction of Energy continues until a palpable softening is felt in the tissue. This is often accompanied by a pulsation and a localized rise in body temperature at the site of injury. As the process comes to completion, the therapeutic pulse diminishes and skin temperature returns to normal.

On days three and four of the training session, the investigators were present throughout the full preschool daily schedule at Fredric's Nurturing Center, presenting the concepts of Compassionate Touch and Direction of Energy through demonstration with the students. At the suggestion of the teachers, the students in the study were instructed to use their "magic hands" whenever they wished to employ the Direction of Energy technique. Identifying the hands this way allowed for an open and permissive attitude toward responsiveness and served to focus the students' intent whenever they chose to use the technique. Also during days three and four suggestions were offered to the teachers regarding ways to remind and encourage the students to appropriately utilize these concepts during the normal day's routine and activities.

During the four month study, the teachers at the school received only phone consultation from the principle investigators. These conversations were focused on issues of maintaining appropriate support and encouragement of the children relevant to their utilization of the Direction of Energy techniques. Also, the teachers were invited to share specific examples of incidents in which the children spontaneously and within the appropriate context used their "magic hands" to respond to a classmate who had fallen, otherwise hurt him or herself, or complained of not feeling well. According to the teachers' reports, the children seemed to grasp the concepts of Direction of Energy quite readily and were at ease in using and receiving the technique.

### ***Data Analysis***

Pre- and post-means and standard deviations were computed for each composite scale of the teacher and parent completed PKBS and SSRS. Standard deviations were then used to determine relative percentile rankings. These percentile comparisons and appropriate normative data are depicted in Graphs A and B for the teachers' and parents' ratings, respectively.

## RESULTS

Our investigation utilized two behavioral informants (teachers and parents). Even though there are similarities within the observations provided by these two groups, they each have obviously separate and distinct relationships with the participants and therefore the quantitative results of the study are best reviewed independently. Thus, we will first review the results as reported by the teachers.

An examination of Graph A (pg. 7) reveals that our initial perception of the relatively high functional level of these students was confirmed by their teachers. Teacher pre test social skills rating on each instrument (PKBS and SSRS) were higher than the national average, and in the case of the PKBS rating, the students' scores placed them higher than 89% of children in the general population. With high pre test social skills scores, it is very understandable that the post test social skills scores would show only modest gains, and that was demonstrated on the PKBS with a slight movement up to the 90th percentile. However, there was a 17 point gain to the 75th percentile on the SSRS. These post projects social scores exceeded the scores of children in the general population by 40 and 25 percentile points, respectively.

Also as shown on Graph A, pre-test behavioral problem scores reflected the overall absence of significant troubles in our participants as perceived by their teachers. Pre test scores on the PKBS suggest that the project students in this study had substantially fewer problems than children in the general population. The SSRS pre test scores were consistent with the national average. The post data sets showed a reduction in behavioral problems as reported on both PKBS and SSRS scales, with drops of nine and five percentile points, respectively.

Graph B (pg. 8) depicts the pre- and post-data sets as reported by the parents on each of the behavioral observation instruments and shows slightly less variability than that reported by the teachers. Pre test social skills as reported on the PKBS exceeded the national average by 21 percentile points while on the SSRS the social skills composite score was 16 percentile points below the national average. Post test social skills scores reported by parents indicated a 15 point elevation above national norms on the PKBS and a 20 point deficit as measured by the SSRS.

Behavioral problem scores as reported by parents on the PKBS were essentially normative both pre and post, 48 and 54 respectively. The SSRS ratings were slightly more variable with the pre test behavior problem score of 54 percentile points and a post test score showing a 17 point improvement, representing a reduction in problem behaviors.

## DISCUSSION

The quantitative results of this pilot study strongly suggests the positive effect of Compassionate Touch, as represented by The Upledger Direction of Energy technique, on the enhancement of pro social behaviors in the reduction of behavioral problems in preschool children. The independent pre- and post-study behavioral ratings by teachers and parents were consistently in the direction of improvement, albeit to different degrees, on five out of eight measures with a maximum variance of only six percentile points on the three scales of disagreement. The teachers report of a nine percentile gain in the reduction of behavior problems in a population of preschool children who were already 23 points below the national mean for behavioral problems is quite impressive. The same teachers also reported a 17 percentile point improvement in social skills in a group that prior to this study were already consistently rated more than a full standard deviation above the national mean.

The areas of difference between parent and teacher ratings could be attributable to a variety of factors, not the least of which is the different settings and circumstances in which these observations were recorded. It is also possible that the very slight reduction in social skills and very minor increase in behavioral problems as reported by the parents on two of the three scales of difference could be the result of a greater manifestation of independent and assertive behavior on the part of the children. Within this school setting, the teachers were encouraging and supportive of self directed efforts to assist others when there was the perception of pain or discomfort. The experience of effectively responding to another's distress can be viewed as facilitating a heightened sense of self esteem and autonomy. Within an environment where these traits are encouraged and rewarded, independence and a positive sense of self are enhanced. Behaviors that are considered desirable and helpful in the school's setting relevant to Compassionate Touch may be construed within the precept of busyness, or even worse, bothersomeness within a family setting. It would be clinically inappropriate to speculate much further on this very modest decline of scores as reported by parents.

Even with the limits of a small sample size and a homogeneous sample population of psychosocially well developing children, it appears that teachers and parents alike perceived measurable improvement in the study's participants. It was our belief that if a child helped another when they were hurt or not feeling well, the helping child would feel a sense of empowerment while the helped child would feel a greater sense of gratitude and connection to another. In each case, each child would be less inclined toward acting aggressively or with hostility toward the other child in the future. Further we felt that the pleasure and sense of empowerment received from helping another would engender future acts of pro social behavior. This project seems to have shown that very young children are quite capable of learning a very simple and direct technique of using their personal energy to facilitate a greater sense of well being in others and in so doing to feel better about themselves. The positive results of this study serve as encouragement for the completion of similar projects involving larger and more diverse sample populations. These projects are presently in the preparatory stages.

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