

Skin Hunger

Belly hunger we understand. A good meal and it goes away. But skin hunger? What's that?

Skin hunger is something that happens to people who have lost loved ones....people with few family or friends....people who are ill or who suffer from poor vision, reduced hearing, or dementia, such as Alzheimer's disease. People who because of disability and changed circumstances are too discouraged, or are simply unable to reach out for what they need.

Who are these people? They are the lonely among us. Sometimes, regretfully, they are long-term care home residents. "Skin hunger" describes an emotional and physical sensation these people experience when they go for too long without a certain something that many of us take for granted: touch.

Touching and being touched is a basic human need. Those of us who are relatively healthy and independent — and therefore able to give and ask for affection — have likely never experienced skin hunger and can't imagine what it feels like. *Hunger*. That's what it feels like. A craving for human contact — an aching need to be touched by a compassionate human being, be it a hug, warm hand on an arm, or gentle back massage.

So basic a human need is touch, that neither children nor adults can live without it. Children who live in abusive homes and who are deprived of touch, have been known to wither and die. The need for touch is real, and persists throughout our lives. Indeed, as we approach old age, touching and being touched takes on added importance; it compensates for the decline in other sensory perceptions, and helps us stay connected with our environment. Touch tells us that we're safe, cared for and have value. People who are sure of a warm embrace are happier, more alert, more willing and able to communicate.

However, unlike belly hunger, skin hunger doesn't rumble for attention. It may even masquerade as depression, hallucinations, moodiness, anxiety, irritability, boredom, pain and many other symptoms or states of mind that can be mistakenly attributed to disease or physical conditions.

Certainly our staff try to meet residents' need for touch — for example, through the simple act of providing personal care: a bath, a massage, nail care. Our staff have many needs to meet, and must rely on family, friends, volunteers and other visitors to fill the gap.

Here's how to make touch truly beneficial for your family member, and – if you are inclined – for those especially lonely residents who don't enjoy regular visitors:

- if you don't know the resident well, check with staff first to make sure touching is okay and to determine what level of touch is appropriate (cultural dissimilarities sometimes dictate what's appropriate and what's not)
- effective touching is confident, reassuring, gentle and appropriate; it contributes to residents feeling liked, respected and comforted, and it observes their sense of dignity
- if you are unsure about touching a resident, watch how that person reacts to people who are in their space; then act accordingly
- respond with touch to residents in wheelchairs who reach out to passersby; theirs is a direct and poignant cry for comfort
- use touch cautiously with people who are very ill, so as not to cause pain
- never approach a resident from behind
- touch often: hug, stroke an arm, hold hands, plant a kiss

If you have any concerns or questions about the power of a comforting touch, please speak with your charge nurse.