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Butterfly Touch massage as a technique to support opening up communication between parent and mechanically ventilated child at home

A child's stay in a hospital intensive care unit is a challenging experience for both the child and his parents. It limits opportunities for contact with loved ones and requires compliance with medical procedures during the visit. Touch and contact with an adult may be associated by the child with discomfort and pain, on top of which the limited number of contacts may affect communication between them and the rebuilding of relationships. Returning a child home who is mechanically ventilated as a result of the effects of the disease causes his or her room to become, in part, a hospital room. The parents' focus on adapting to the new situation can push the child's needs for communication and relationship-building with other loved ones into the background. After learning how to operate medical equipment and getting used to it, caregivers look for ways to communicate, open up communication, and provide positive emotions and a cheerful touch to the child. Massage Touch Butterfly by Eva Reich can help with this.

Key words: parent-child communication, Butterfly Touch massage, mechanically ventilated child

Masaż Dotyk Motyla jako technika wspierająca otwarcie na komunikację rodzica z dzieckiem wentylowanym mechanicznie w domu[1]

Pobyt dziecka na oddziale intensywnej terapii w szpitalu jest trudnym doświadczeniem zarówno dla niego, jak i dla jego rodziców. Ogranicza on możliwości kontaktu z bliskimi, ale także wymaga podczas wizyty przestrzegania procedur medycznych. Dotyk i kontakt z osobą dorosłą dziecko może kojarzyć z dyskomfortem i bólem, do tego ograniczona liczba kontaktów wpływa zarówno na komunikację między nimi, jak i ponowne budowanie relacji. Powrót dziecka do domu, które w wyniku skutków choroby jest wentylowane mechanicznie, powoduje, że jego pokój staje się częściowo salą szpitalną. Skupienie się rodziców na adaptacji do nowej sytuacji może przez pewien czas przesunąć na drugi plan potrzeby dziecka związane z komunikacją i budowaniem relacji z innymi bliskimi osobami. Po zdobyciu wiedzy, jak obsługiwać sprzęt medyczny, oswojenia

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się z nim, opiekunowie szukają sposobów na otwarcie się na komunikację, porozumiewanie się oraz dostarczanie dziecku pozytywnych emocji i pozytywnego dotyku. Może w tym pomóc Masaż Dotyk Motyl autorstwa Evy Reich.

Słowa kluczowe: komunikacja rodzic-dziecko, masaż Dotyk Motyla, dziecko wentylowane mechanicznie

Introduction

The care of a mechanically ventilated child is divided into two periods: 1) the child's stay in the hospital and 2) his return home. Parents accompany the child throughout this time and learn how to perform care for him at home (Stodulska, Bilogan 2016; Kamyk-Wawryszuk 2023). As Bozena Ewa Kopcych and Ewa Kaszuba emphasize, "*the process of transferring the care of a patient with respiratory failure from the hospital to the home environment makes it possible to ensure continuity of care for such a patient, allows him to stay in a friendly home environment, among his loved ones*" (Kopcych, Kaszuba 2014: 531). The closest members of the family, including the parents, experience new and often complex situations related to the return of a child requiring medical equipment in daily functioning to the home. These are situations of both deprivation (assuming responsibility for the child and for the procedures performed with him or her), overload (unmet need for professional self-actualization, isolation from other people), hindrance (limited opportunities for gainful employment), and even danger (deterioration of health, threat to the child's life). Each of these situations can also be a resource for the parent (e.g., self-development resulting from the constant need to expand knowledge) or an opportunity for his or her development (sharing acquired knowledge with therapists, educators, and other professionals working with the child) (Kamyk-Wawryszuk 2023). Such experiences will also affect the quality of communication between parent and child. Initially, because of responsibility for the health and the life of the daughter/son, the parent may focus on learning and practicing medical procedures, relegating other needs, including communication, to the background. As time passes and the caregiver becomes accustomed to the situation, in addition to medical knowledge, he/she seeks techniques and non-invasive therapies based on natural healing methods, such as aromatherapy or various massage techniques. One of these may be Butterfly Touch Massage by Eva Reich.

Communication of a parent with a chronically ill child

The communication capabilities of a chronically ill child will depend on the child's diagnosed illness and its consequences in the form of disability, the experi-

ences he or she has in dealing with other people, including medical personnel, the length of periods of hospitalization, the ward he or she has been in (for example, if the child has been in an intensive care unit the possibility of visiting him or her – depending on his or her current state of health – is limited both in terms of the number of people and the time of visits). An individual's disease picture will also be a factor in determining communication opportunities. An example is the diaphragmatic form of Spinal Muscular Atrophy with Respiratory Distress Type 1 (SMARD1). It is a rare disease, and the characteristic symptoms of respiratory failure are accompanied by diaphragm muscle paralysis preceded by muscle weakness. The consequence is the initiation of mechanical ventilation in the child (Jedrzejowska 2010; Kamyk-Wawryszuk 2020). Depending on the course and severity of individual symptoms, these children may or may not use verbal speech, exhibit communicative behavior, and use alternative communication methods. Thus, how a parent communicates with a child will be varied and individualized. Implementing interactions relating to supportive communication in the natural environment is essential. Another factor determining communication capabilities will be how caregivers treat the child's illness. It may be – in their view – a permanent threat, in which case parents will feel constant anxiety and even panic about the deterioration of the child's health. This will contribute to the introduction of too many restrictions on the functioning of the daughter/son, which may even lead to a kind of incapacitation. Because of creating a protective umbrella over him, the child will gradually be deprived of the independence within his capabilities and a sense of self-confidence. Elżbieta Kręcisz-Plis (2020) even speaks of the appearance of fearfulness in new situations experienced by the child. At the same time, the researcher emphasizes that the space in which it functions by being adapted to its illness (medical prohibitions and orders) can become poor and even deprived of the possibility of gaining experience. It then assumes a monotonous, monotonous, and predictable character (Kręcisz-Plis 2020).

On the other hand, a child's illness can be a challenge for parents, mobilizing them to make constant efforts to improve the quality of their child's life (Antoszewska 2011). Then, his home environment will be the place to gain experiences, build relationships with other family members, and construct a new image of himself and his resources, including communication. How and how the family builds specific ways of communicating that are adapted to the person is very important. Grycman et al. (2020) also recognize this, emphasizing that "*communication is primarily learned by the child in the family, and therefore, the extent to which the child will communicate in the future depends on parental involvement*" (Grycman et al. 2020: 23). Katarzyna Piekorz (2022) points out that "*correct communication and knowledge of its techniques serves the good development of the child and is extremely important in the educational process. It is the key to building positive ties with parents and*

the surrounding family environment, and teaches how to solve problems and express emotions" (Piekorz 2022: 88).

Butterfly Touch Massage

The massage proposed by Eva Reich is a gentle technique that relies on a very gentle touch. It was developed in the 1950s. The author points out that its use allows, among other things:

- lowering tension (Reich uses the term dissolve tension) and alleviating the symptoms of stress a person feels,
- recovery after an accident or illness,
- improving the biological functioning of the body,
- opening to establish and deepen bonds between parents and children (Overly 2014).

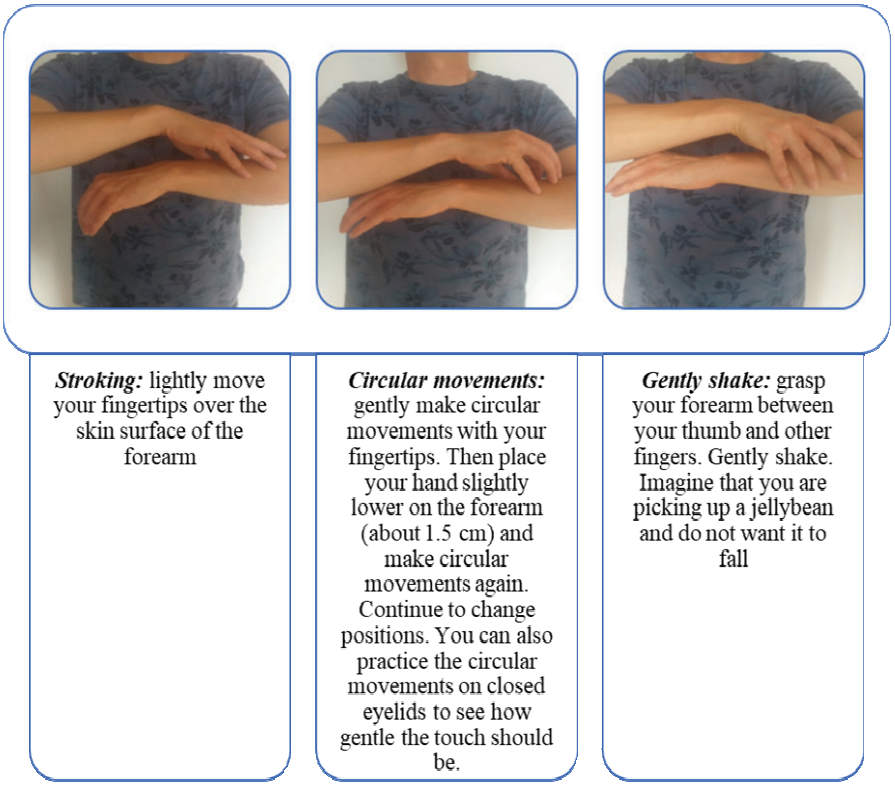

Figure 1. Types of movements used in Butterfly Touch Massage

Source: based on R.C. Overly (2014), *Masaż Dotyk Motyla dr Evy Reich*, Dla niemowląt, dzieci i dorosłych, Wydawnictwo Virgo, Warszawa (photos: private resources).

Every movement a parent can make when massaging a child is meant to be a touch of the butterfly, "as if you want to catch the butterfly gently so that the pollen on its wings is not moved and knocked down. The gentleness of the touch can be compared to the weight you feel when the butterfly sits on your hand" (Overly 2014: 31). Reich distinguished three basic movements: 1) stroking, 2) circular movements, and 3) gentle shaking. A description of the movements based on performing a massage on the arm is shown in the table below.

The author of the massage encourages starting with a stroking motion, as this allows the child to show when he does not want to continue the massage. On the other hand, stroking and circular movements can be interchanged if he is relaxed and allowed to continue the action taken. The sequence of performing the massage is extensive but not difficult or time-consuming (Figure 2).

The massage begins with frontal bonding, which involves two steps. The first is to move the hand lightly from the top of the head along the sides of the head, over the child's shoulders, along the shoulders to the tips of the fingers, and beyond the body's surface. The second step is to move the hand lightly from the top of the head, along the sides of the head, over the chest, abdomen, and legs to the tips of the toes, and further beyond the body surface. Each touch should be a light tingle and be repeated three times. Once this is done, the parent or therapist performs a specific sequence of movements (Figure 2), i.e., 32 steps, and performs the front body bonding (Overly 2014). The next step is to connect the back of the body.

It consists of two components. The first is to make a light hand movement from the top of the head down, over the shoulders, along the arms, to the tips of the fingers, and beyond the body's surface. The second is to move the hands from the top of the head, along the neck, over the shoulders, along the back and buttocks, through the legs, feet, and beyond the body surface. The following steps of this part are presented in Figure 3. All movements are performed three times, except step 39, where there is a single execution. According to the author, it takes from 5 to 10 minutes to perform the massage. She also stresses that its duration does not limit effectiveness (Overly 2014).

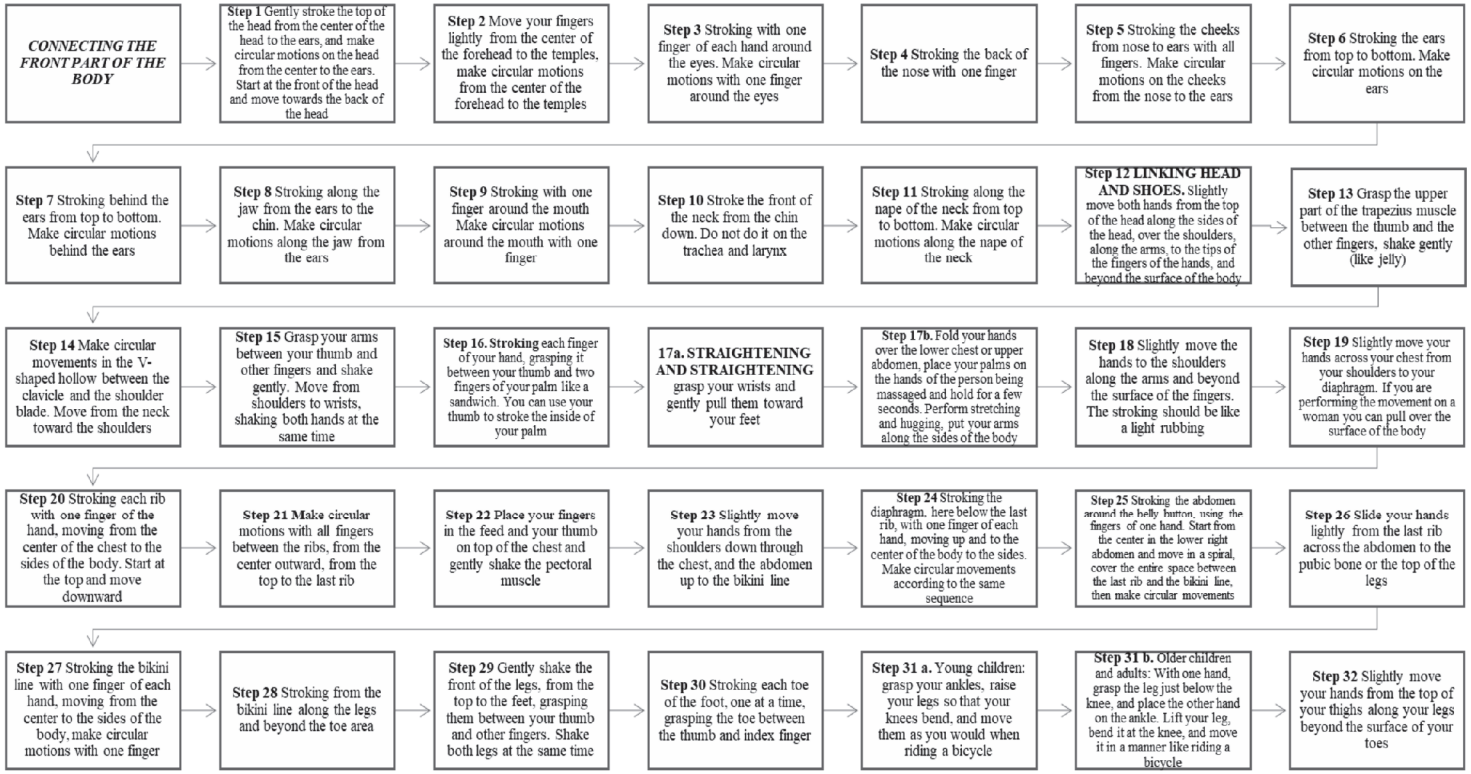

Figure 2. Sequence for performing the Butterfly Touch massage, part of connecting the front part of the body

Source: own elaboration based on R.C. Overly (2014), *Masaż Dotyk Motyla dr Evy Reich*, Dla niemowląt, dzieci i dorosłych, Wydawnictwo Irgo, Warszawa.

Figure 3. Sequence for performing the Butterfly Touch massage, part connecting the back of the body parts

Source: own elaboration based on R.C. Overly (2014), *Masaż Dotyk Motyla dr Evy Reich*, Dla niemowląt, dzieci i dorosłych, Wydawnictwo Irgo, Warszawa.

Butterfly Touch massage as a technique to support parent's communication with mechanically ventilated children at home

As with any technique based on natural healing methods, one should ask the person's treating physician if he or she can have a massage. After getting permission, it is a good idea to practice the massage sequences on an adult or, if one can, on a phantom, a doll. The author of this technique does not recommend giving a massage to a child if one has not mastered the different types of movement. It should also be assumed that the parent should ask the child each time if he or she consents to the touch. When the child is non-speaking, he can also obtain consent based on communicative behavior. He should also ask if body parts are better not to be touched. The child's comfort can also be ensured by taking advantage of the opportunity to massage him when he is dressed. It is also important to remember that he or she may have an emergent stoma, nasogastric probe, or percutaneous endoscopic gastrostomy. Then, these areas of the body – because a stoma bag, feeding tube, etc. is placed there – are bypassed (photo 1).

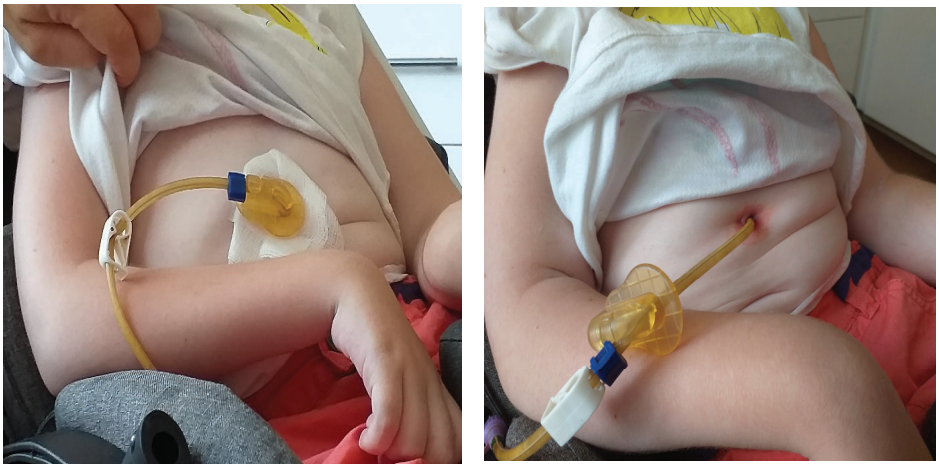

Photo 1. Percutaneous endoscopic gastrostomy (PEG) in a child

Source: private resources.

Part of this technique, i.e., anterior fusion, will be used in the case of chronically ill and mechanically ventilated patients. As mentioned earlier, if the child has a PEG, step 25, stroking the child's abdomen around the belly button, can be skipped. It should be remembered that there should be gentle stimulation with simultaneous observation of the child and his reaction to the parent's actions. The parent's use of butterfly touch massage on a mechanically ventilated child at

home is to reopen him to the positive touch of another person. It will also help the child see the parent (or another person, such as a therapist) as a communication partner. It will also allow a shared field of attention and positive emotions and enable the building or supporting of a relationship. It will also make it possible to renew the mother/father's lost bond with the child due to separation resulting from his/her stay in the intensive care unit of the hospital.

Among the benefits of using Butterfly Touch Massage by a parent on a mechanically ventilated child are:

– creating a welcoming atmosphere for the child, building a sense of security,
– building/rebuilding a parent-child relationship,
– opening to contact, communication with the other person,
– relaxation, relaxation,
– experience, gentle, positive touch, taming touch,
– support and supplement child therapy.

Summary

There are few publications describing the Butterfly Touch massage technique by Eva Reich. This is probably because it is often classified as a natural healing method. It is categorized as a mild Bio-nergetic therapy. In the case of a chronically ill child who requires medical equipment in daily functioning, supporting oneself in therapy – with the approval of the attending physician – with such measures will allow the parent to rebuild or strengthen the relationship with their daughter/son. It will also establish or strengthen their communication by building a sense of security in the child based on the positive feelings associated with adult contact and touch. In the case of a mechanically ventilated child and his parents, returning him home is a new experience for each of them. This newness involves taking over round-the-clock care and taking responsibility for meeting the child's needs, including proximity and communication with the immediate environment. Using a technique based on gentle touch, used only if the person consents, will accustom both the child and the parents to the new situation in which they find themselves and will be a prelude to acceptance of the situation. What can be counted among the positives of this technique are gentle touch, ease of execution, short implementation time (for young children, it is 3–5 minutes), can be used anywhere and in any situation, and can be performed in palliative care. Moreover, most importantly, it can be used with chronically ill and hypersensitive children.

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