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- Field, T. <u>Developmental Review</u>, <u>Volume 30</u>, <u>Issue 4</u>, December 2010, Pages 367–383 Touch for socioemotional and physical well-being: A review. Conclusions: Oxytocin first discovered to aid in lactation, childbirth physical opening, and more, but...This review briefly summarizes recent empirical research on touch. "the bonding hormone" between mothers and babies, but we now know that... The research includes the role of touch in early

- development, touch deprivation, touch aversion, emotions that can be conveyed by touch, the importance of touch for interpersonal relationships and how friendly touch affects compliance in different situations. MRI data are reviewed showing activation of the orbitofrontal cortex and the caudate cortex during affective touch. Physiological and biochemical effects of touch are also reviewed including decreased heart rate, blood pressure and cortisol and increased oxytocin. Similar changes noted following moderate pressure massage appear to be mediated by the stimulation of pressure receptors and increased vagal activity. Increased serotonin and decreased substance P may explain its pain-alleviating effects. Positive shifts in frontal EEG also accompany moderate pressure massage along with increased attentiveness, decreased depression and enhanced immune function including increased natural killer cells, making massage therapy one of the most effective forms of touch.
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- Holmes, L. 2014. *Huffington Post*. hugs. conclusions: 1. make us feel good. 2. lower bp 3. When someone touches you, the sensation on your skin activates pressure receptors called Pacinian corpuscles, which then send signals to the vagus nerve, an area of the brain that is responsible for (among many things) <u>lowering blood pressure</u>, NPR reported. 3. alleviate fears 4. can lower heart rate (up to 5 beats lower during hug) 5. enhance pns http://www.huffingtonpost.com/2014/03/27/health-benefits-of-huggin_n_5008616.html
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- Killam, K. 2015. Scientific American. "A Hug a Day Keeps the Doctor Away" Conclusions: World Health Organization <u>identifies</u> social networks as a primary determinant of health but t this must include physical interactions of 10 seconds per day to be the most beneficial. On the flip side, loneliness and having a small social network correspond with <u>lower antibody</u>

- response to the influenza vaccine, compared to feeling a strong sense of social connection. Socially isolated patients with coronary artery disease have <u>lower survival rates</u> than socially connected patients, even after controlling for demographics, disease severity, and psychological distress. One in three individuals is chronically lonely and therefore <u>twice as likely</u> to say they have poor health. This is especially alarming given that the number of people who have no one to confide in <u>tripled</u> between 1985 and 2004, putting a large portion of the population at risk for poor health.
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 - Conclusions: This study examined the physiological and behavioral effects of a gentle human touch nursing intervention on medically fragile preterm infants (27 to 32 weeks gestational age). The Roy adaptation model of nursing was the framework for the study. The results of this study suggest that the immediate and short-term effects of a gentle human touch nursing intervention were not aversive or stressful to preterm infants of 27 to 32 weeks gestational age; furthermore, the findings document several positive, beneficial behavioral effects of the intervention on preterm infants and indicate this type of touching may be appropriate for infants in the neonatal intensive care unit.
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 - Conclusions: Technology-based self-help and minimal contact therapies have been proposed as effective and low-cost interventions for anxiety and mood disorders. The present article reviews the literature published before 2010 on these treatments for anxiety and depression

using self-help and decreased therapist-contact interventions. Treatment studies are examined by disorder as well as amount of therapist contact, ranging from self-administered therapy and predominantly self-help interventions to minimal contact therapy where the therapist is actively involved in treatment but to a lesser degree than traditional therapy and predominantly therapist-administered treatments involving regular contact with a therapist for a typical number of sessions. In the treatment of anxiety disorders, it is concluded that self-administered and predominantly self-help interventions are most effective for motivated clients. Conversely, minimal-contact therapies have demonstrated efficacy for the greatest variety of anxiety diagnoses when accounting for both attrition and compliance. Additionally, predominantly self-help computer-based cognitive and behavioral interventions are efficacious in the treatment of subthreshold mood disorders. However, therapist-assisted treatments remain optimal in the treatment of clinical levels of depression. Although the most efficacious amount of therapist contact varies by disorder, computerized treatments have been shown to be a less-intensive, cost-effective way to deliver empirically validated treatments for a variety of psychological problems.

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