Hug Method

On TruHugs, Veronica a mental health professional who is pursuing a doctorate in Clinical Psychology wrote an article of the efficacy of hug therapy and noted that, ‘Occupational therapists have implemented hug therapy as a way to alleviate symptoms of mental health ailments through various methods such as physical touch (hugs), or mat sandwiches (the act of having a person being squeezed in between two mats), a weighted blanket, or a hug machine. Hug therapy is a sought-after technique by therapists because it’s a noninvasive intervention, easy to self-apply, there are no known harsh side effects and it generally feels good, so people are more motivated to utilize the intervention on their own’.

<https://truhugs.com/research-science/weighted-blanket-benefits-anxiety-weighted-blanket/>

‘Temple Grandin first discovered deep pressure therapy when searching for something to ease the anxiety of children on the autistic spectrum. She wanted to provide something for these patients that didn’t feel confining or restricting, so she came up with a “hug machine” that applied gentle pressure to the body. When she did this, she noticed a release of oxytocin in her patients.’

<https://casper.com/blog/what-is-weighted-blanket/>

The Hug method can be applied in a hands-on technique by an integrative somatic practitioner or taught as a self-regulating hug technique.

The self-regulating hug technique

This technique is so simple most people are able to do this technique with ease. Simply cross the arms over the chest placing opposite hand on opposite arm (just below the shoulder) and gently squeeze and hold for 1-2 minutes while taking deep breaths.

The Hands-on Hug Method

The practitioner will first follow all boundaries, guidelines and informed consent seeking permission before applying a hands-on hug to the client.

Next, the practitioner will ask the client if they prefer light, medium or more strong pressure in their hug. Always begin with the amount of pressure the client dictates and ask for feedback along the way… ‘is this enough or too much?’.

Next, ask the client if they prefer to be hugged from the side or the back. We do NOT hug straight on as this presses the bodies together in a way that does not provide boundaries or safety for the client.

If the client prefers a side hug, the practitioner will stand to their side and wrap one arm around the front of the client’s torse and the other around their back. If it is accessible, interlace your fingers and if not, place the hands on the client where they reach to. Then gently squeeze and hold for 1-2 minutes while having your client take deep breaths.

If the client prefers to be hugged from behind, the practitioner will stand behind the client and wrap their arms around the front of the client’s torse. If it is accessible, interlace your fingers and if not, place the hands on the client where they reach to (avoiding the genitals and for women, the breasts). Then gently squeeze and hold for 1-2 minutes while having your client take deep breaths.