

An Exploration of How Touch can be Contactful in Psychotherapy

by Gill Westland

In September I presented a workshop about touch and contact to a group of some twenty or so psychotherapists at the UKCP conference in Cambridge. The participants were willing to be active in the exploration. It was well received and left me with things to think more about. The workshop was a mixture of the presentation of theoretical points, experiential exercise and discussion. I hoped to be able to explore the topic of touch and contact with the participants after they had had some immediate experience of touching, and being touched so that there would be informed discussion.

Background thinking on the topic The format

Much of the literature and discussion on touch in psychotherapy is at the stage of why it might be therapeutic to touch or why it might not be. Depending on the different therapeutic modalities some literature is more with never touching, some with occasionally touching, some with touching being acceptable, but not always having clear thinking about it (1). I wanted to move beyond this to an understanding that the way we touch therapeutically could make a difference. It is not just about transferring social forms of touching to the consulting room. By social forms of touching I mean hugging, handshakes, putting an arm around someone's shoulders, holding hands, guiding the client into the room, helping someone on with their coat and 'friendly pats' on different parts of the body (2). Moreover, if someone is not trained to touch and has no theoretical and professional structure for holding the use of touch therapeutically, it is probably best not to include touch in the relationship. Although I did not present much from my background knowledge of touch in the psychotherapy literature, I reread it and this helped to ground me in the topic. This process also reaffirmed why touch can be so helpful in therapeutic practice.

The participants were a mixture of those who had had training in touch in psychotherapy and those who had not. I was aware that we were meeting at the early time of 8.30 a.m. on the first full day of the conference. The workshops were the first opportunity to make contact in a smaller structured format and I assumed that part of their function was to help the participants to arrive more fully and to continue making contact with others. I hoped to create an atmosphere in the group to make it safe enough to dare to explore the topic. Success for the workshop would be it achieving its particular aims, but also its function in terms of the whole conference. I felt that both aims were achieved.

Generally in body psychotherapy teaching we start with brief introductory remarks and then move into experiential exploration, so that our discussion comes from the direct awareness of our own experience of a topic. For this workshop I decided to do things slightly differently. I planned to guide the participants gently into settling more into themselves by making some brief introductory remarks about the aim of the workshop, then reading some comments from the client's or student's perspective on touch or biodynamic massage in psychotherapy. After that I planned to make

some theoretical points. The client's perspective has less written about it, and I wanted to use these experiences to bring people closer to their own experiences. I hoped that from there I would be able to take people into experiential exercises. I had more exercises on my list of possible ones than I thought that I would need to use, but I didn't know how quickly people would move in their awareness in the one and half hours that we were allocated.

From past experience of offering workshops at UKCP I knew the level that I wanted to pitch things at. I didn't want people to be too challenged, but I did want them to be moved and not to skim too quickly over their experience. I also worked with the vasomotoric cycle in mind and within the presentation I expected us to go through one large cycle and various smaller ones. I kept the rhythm and pacing of the group in mind throughout. My colleague, Janet Croft at Cambridge Body Psychotherapy Centre worked with me to hold the group and she was identified in this role. In practice, she did this with her depth of presence – this may not have been obvious to many of the participants in any tangible way, but contributed hugely to the outcome of the workshop and its contained group exploration.

Beginning

After welcoming people, introducing myself and Janet Croft, I outlined the workshop format and posed some questions in the following manner:

“Today we are going to explore the how of touch in psychotherapy, which is a somewhat neglected area. In particular we shall explore what makes touch contactful. What is it about the way someone touches that makes it feel like contact with another? How is it that touch can communicate and guide dialogue in a particular way? What difference does it make therapeutically the way we touch? Does it make any difference?”

I then read three statements of a client/student describing their touch experience.

The first statement highlights a more problematic aspect of touch, which was done in a well-intentioned way by someone with no training in the use of touch therapeutically. The client wrote:

I was panic-stricken, I could not talk, my therapist held my hand – this had been agreed previously, after a similar experience - but her hand communicated her fear, her sense of being out of her depth. It was worse in a way than not having my hand held. I felt unreachable and that I was too much. I longed to have someone understand what I was going through. All I needed was a hand, which said, “I am with you.” (3)

The next example shows two different ways touch can be experienced in a biodynamic massage training context by the same person.

As the massage therapist worked, I began to have a sense that someone was sloughing off a layer of me, like a snake invited to shed a skin. And

then it felt as if I was becoming the sea; my body was one with the rhythm of the waves. I felt as huge and fluid as the ocean. It changed again. I both sensed and saw an image of a ribbon of light down my body, from my head to my toes.

This highlights the spiritual dimension to touch.

In the second example the writer is receiving a different sort of massage touch involving muscular work.

He plucked specific muscles, noting my breathing response and encouraging the expression of anger which was locked in the tense muscles. His insight into my history astonished me. His questions and comments, gently given, struck right to the heart of my childhood dilemmas and current conflicts The intensity of those experiences resulted from feeling safe, and yet being very provoked and opened by the touch. (4)

This example is more about emotional expression and the overt sense of the relationship with the therapist.

After reading these examples I went on to make some theoretical points. These were also given as a handout.

1. Touch and attachment

Touch is highly significant for human beings (5) and we know that as early as six weeks old the embryo responds to light stroking. Early infant attachment is a complex combination of biological and psychological interactions between mother and child. Touch is a key part of attachment. (See for example, Schore 1994, Brazelton and Cramer 1991, Stern 1985, Trevarthen 2001, (6)). Attuned attachment leads to security, normal growth and the capacity to regulate emotions. Where this goes awry through trauma, invasion or deprivation, the infant, and then later the adult, may

have difficulties with intimacy in relationships. For some of these adults who become clients a solely language based psychotherapy may not be enough. Touch is a form of communication or language in its own right and words are not a substitute for it, although, of course language may supplement it.

2. Touch is perceived by psychotherapists according to the modality the psychotherapist has been trained in

Discussion about touch in psychotherapy is driven by different theoretical perspectives and any discussion on touch needs to take into account the perspective of the discussants, so that underlying assumptions can be brought to light. Psychotherapists think about touch according to the theoretical model that they have been trained in. A useful map for articulating different perspectives has been provided by Rene Weber (1990) who has written on the philosophy of touch (7). Weber has named three perspectives, which can conveniently give different lenses for discussing touch. All of the perspectives are valid depending on the context and the aims of the discussion. What is needed is an articulation of which lens we are looking through at any given time so that there is no muddled discussion.

Weber's perspectives are the physical-sensory, the psychological-humanistic and the field.

i) The physical-sensory model

The physical-sensory model fits with reductionism and a mechanistic world view. Discussion here will be in a dualistic framework and tend to look at things like the physiology and anatomy of touch. The source of the touch is not relevant, so it should make no difference who or what of touch is doing the touching. Discussion on touch as a technique or intervention fits here.

ii) *The psychological-humanistic model*

The psychological-humanistic model is closest to phenomenology and existentialism. It concerns itself with *the purposive interaction of self-conscious agents, and focuses on such uniquely human feelings as sympathy, empathy and love. Individuality, personhood and the subjectivity and inwardness of consciousness are its building blocks* (8). Key authors in this philosophical framework are Sartre and Merleau-Ponty. Sympathy and empathy are seen as being most perfectly expressed by touch. From the existentialist philosopher Martin Buber we can think of touch in terms of his definitions of I-It and I-Thou modes of relating. I-It relating is akin to the manipulation of an objectified other and fits with the physical-sensory model of touch. I-Thou relating is whole person or embodied relating and involves communing with another. I-Thou touch involves my whole being touching another whole person. Touch here is always reciprocal. This is in contrast to a disembodied hand or mechanistic hand touching another disembodied hand. Sometimes in this model the subject and object of the touch will become blurred. The psychological-existential model sits between the physical-sensory and the field models.

iii) *The field model*

The field model best harmonises with Eastern philosophy and it can incorporate the other two models. Eastern philosophies share *the idea of universal interpenetrating fields of energy which connect all organisms at subtler levels of matter. Human beings are localised expressions of these universal fields functioning both as themselves and as an aspect of the field.* It sees intentionality as fundamental to communication. Intention is an energy, which impacts on the other. *It has both a magnitude and a direction and thus functions like a*

vector force which finds its mark. The inner state, the intentional disposition of the giver and receiver makes a difference to the touch and how it is received. *Touch in the sense of reaching has occurred even before the sense-impressions have been consciously registered by the other.* “This is because *organisms can resonate along a similar frequency and be attuned via non-sensory means. This has both a literal and metaphorical meaning ... it assigns a unique meaning to touching as ‘reaching’ the other at some level deeper than the visible and behavioural one*” (9). This model postulates energies not yet embraced by science.

Field theory sees everything connected. Meaning comes from the context and whole situation. Structure and function are not separate. In therapeutic work the client and therapist co-create the field together. The contact between them organises the field and the relationship takes its unique shape. Our thoughts and actions are energies affecting the energy field of others and opening up different territory in the relational field. The actual physical touch confirms an intention and strengthens it.

At this point I referred to Roz Carroll’s statement earlier in the conference proceedings fitting here. She had stated that touch is not an intervention: *Touch is a multiplicity of possibilities each with context in the specific relationship at a specific moment.*

So to recap, it may be appropriate to work with touch from any of these perspectives, depending on our aims.

3. Touch for therapeutic purposes requires training

Touch in psychotherapy is more than transferring social forms of touching to the consulting room. Where this happens the social and the therapeutic get muddled. I went on to mention that at Cambridge Body Psychotherapy Centre in our body

psychotherapy training programme, we use the training in Biodynamic Massage, a form of psycho-physiological massage used in psychotherapy, as the main way to lay the foundations of touch skills.

4. Experiential training is required to inform discussions on touch

Informed discussion on the use of touch in psychotherapy requires that the discussants have had some *experiential* training in the use of touch for therapeutic purposes. If touch is to be considered psychotherapeutically then the psychotherapist needs to have a theoretical basis for the touch, a means of evaluating the touch and the possibility of discussing it in *process* in the consulting room. Otherwise how do you know what your touch has communicated (10).

This section lasted for the planned twenty minutes. I then invited people to move into some experiential exploration.

The exercises

This section lasted for one hour and much of the discussion after explorations was done in twos and fours. There was ten minutes left at the end for concluding comments.

Body tapping

The first exercise was done standing and involved tapping body parts. It was intended as an exercise to energise participants and to foster body awareness. Initially people tapped their own bodies. This was going well, so we moved into a circle so that we could body tap the back of the person in front of us. At this point participants were invited to tell the person tapping their back where they would like more or less tapping and to make comments on the pressure etc. It introduced the idea that the experience of touch can be talked about.

Next we moved into a longer exploration of touch. I chose to guide participants into the touch and to use my voice to anchor and steer the process, so that there was a defined structure for the process work to unfold in. In this way I kept the individual and group dynamic on a short rein.

Circle of touch

The participants sat in two circles. The inner circle faced inwards and sat sideways on chairs so the back was to outer circle of people. The outer circle sat facing the back of someone.

The outer circle were invited to gently place both hands on back and to hold the sense of being curious. What do you feel? How is the other responding? What is happening in you? Each holding lasted for about three minutes. They were then asked to *think* about moving their hands away, and then to move their hands away. This gave time for participants to let go of an experience with someone and to be available for the next one. They repeated this exploration three times with different individuals and hopefully gained a sense of how different touch can be.

Next we moved into groups of four with a mixture of inner and outer circle people to discuss. The discussion groups did not have those people who had been touched and were touched by the same person in them deliberately to foster freer discussion. They were invited to discuss: What was it like to touch? What was it like to be touched? Do you have preferences for 1, 2, and 3?

We then reversed the inner and outer circles and repeated the process.

Finally we moved into larger group discussion. This was fairly quiet and reflective, and participants had clearly been moved and deepened into themselves.

Contactful touch

What I didn't talk about explicitly was contactful touch, but I have included here some current thoughts. Contactful touch is embodied relationship manifested in touch. The key elements of contactful touch are presence, intention and the ongoing relationship between client and psychotherapist. This is supported by technique. This includes method, pressure, speed, rhythm, pacing, monitoring autonomic nervous system reactions etc.

Touch conveys presence. For some clients this is the only way that they will experience that you as therapist and they are there and in contact with each other. Some clients cannot bridge the gap between you and them energetically. They need to experience the physicality of the touch to feel in contact.

Contactful touch can come in many forms and conveys the complexity of the therapeutic relationship. Sometimes the therapist may be in their hands and making contact, but the client may not be in their skin and available for contact. Sometimes the client will come up to meet the therapist, if the therapist remains in contact. I think that there can be contact in any of the models described by Weber, but this may happen coincidentally. Where there is an intention by the therapist to make contact or to meet the client through touch, the relationship constellated will be different from mechanistic touch, which coincidentally has contact in it. Touch and the therapist's inner state are critical. An attuned therapist like an attuned mother senses what's going on and adapts the touch to what is needed. Often the therapist will adjust the touch in an intuitive, but informed way in response to tiny movements (Stern's vitality affects). This attuned touch invites what is impinging from within to come into being. There is an implicit invitation to the client to

come into contact. In contrast non contactful touch is where a technique is being done to the other and where there is a lack of being in the hand which is touching. The essence of the toucher is not there.

Acknowledgements

I would like to thank Janet Croft, Jane Frances, Linda Hartley, Kathrin Stauffer, and Clover Southwell, for helping me with background discussions on touch in psychotherapy.

References

- 1 See for example Mintz, E.E., Touch and Psychoanalytic Tradition, *Psychoanalytic Review*, Vol 56, 1969 pp 365-375, who discusses the taboo on physical contact in the classical psychoanalytical work, the history and rationale for this. Eiden, B., *The Use of Touch in Psychotherapy. Self and Society* 1998: 25(2): 6-13. Hunter, M., and Struve, J., *The Ethical use of Touch in Psychotherapy*. Sage, London, 1998 discuss touch for contact, nurturance, and containment. Totton, N., *Body Psychotherapy*. O.U.Press, 2003 discusses some reasons to touch.
- 2 See Tune, D., Is touch a valid therapeutic intervention? Early returns from a qualitative study of therapists' views. *Counselling and Psychotherapy Research* 1(3) (2001) 167-171, who discovered in a small number of structured interviews that psychotherapists and counsellors said that they did not touch clients, but when prompted with examples of touch such as handshakes, hugs and kisses on the cheek all acknowledged 'touch episodes'. Frequently touch occurring at the end of the session was not seen as part of the therapeutic process and was seen as happening in the 'social space'. Obviously this

- merits much more discussion. Can clients differentiate the social and the therapeutic space? Counsellors were ambivalent and anxious around touch and often had not been trained to touch and were not taking 'touch episodes' to supervision.
- 3 Westland, G., *The Use of Touch*. Letter to Counselling, November 1995, p 265.
- 4 Abbreviated excerpt from Carroll, R., *Biodynamic massage in psychotherapy: re-integrating, re-owning and re-associating through the body* in T., Staunton (ed.) *Body Psychotherapy*, Routledge, 2000.
- 5 Montagu, A., *Touching, The Human Significance of the Skin*. Perennial, 1971/1986.
- 6 Brazelton, T Berry, and Cramer, B.G., (1991) *The earliest relationship: parents, infants and the drama of early attachment*. Karnac, London.
- Schore, A., (1994) *Affect Regulation and the Origin of the Self*. Lawrence Erbaum, New Jersey.
- Stern, D., (1985) *The Interpersonal World of the Infant*. Basic books, New York.
- Trevarthen, C. and Aitken, K. J., *Infant Intersubjectivity: Research, Theory and Clinical Applications*, *J. Child Psychol.* Vol 42, No 1, pp3-48, 2001.
- 7 Weber, R., *A Philosophical Perspective on Touch*. In Barnard, K. E., and Brazelton, T. Berry, *Touch, The Foundation of Experience*, International Universities Press, Madison, 1990.
- 8 Weber, R., p 22 *ibid*.
- 9 Weber, R., p15 *ibid*.
- 10 Ball, A., *Taboo and not Taboo, Reflections on Physical Touch in Psychoanalysis and Somatic Psychotherapy*. Psychoz Pubs. 2002. Alison Ball, a biodynamically trained Australian psychotherapist has emphasised the importance of being able to talk about the touch in the therapeutic situation.

News and Courses (continued on back page)

The Chiron Centre

The courses below are described in detail in Chiron's Open and/or Advanced Training and Professional Development Programmes. For copies, please phone 0208 997 5219 or email chiron@chiron.org.

Toning the Chakras & Tuning the Soul

A weekend with Sue Law on 22/23 January, 10am-5.30pm at Chiron, 26 Eaton Rise. Fee: £144.

Exploring the Mind in the Body

Six Friday Evening Seminars with Roz Carroll, 6.30-9.30pm at Chiron, 26 Eaton Rise, on the following dates: 4 Feb., 4 March, 8 April, 6 May, 10 June, 8 July. Reduced fee for the full series: £220. Price per seminar (subject to availability): £40.

Exploring New Stories about Eating Disorders

A one-day workshop with Carol Halliwell on 6 February, 10am-5.30pm at Chiron, 26 Eaton Rise. Fee: £80.

Introduction to Biodynamic Massage

Two one-day workshops with Fred Macnicol on 12 February and 14 May, 10am-5.30pm at Chiron, 26 Eaton Rise. Fee: £72 (per workshop).

Motor Systems and the Experience of Self and Other

A two-day workshop with Tom Warnecke on 19 February and 5 March, 10am-5.30pm at Chiron, 26 Eaton Rise. Fee: £144.

The Body in the 'Family Constellation'

Two weekends with Yishai Gaster on 26/27 February and 14/15 May, 9.30am-6pm at Chiron, 26 Eaton Rise. Fee: £144 (per weekend).

An Experiential Weekend in Body Psychotherapy

With Vicky Kidd on 12/13 March, 10am-5.30pm at Chiron, 26 Eaton Rise. Fee: £144.

Pleasure: The Forbidden Fruit?

Four Friday Evenings with Liza Waller on 15 April, 29 April, 13 May and 27 May, 7.15-9.45pm at Chiron, 26 Eaton Rise. Fee: £120.

Energy Flow & Chakras

A one-day workshop with Bernd Eiden on 24 April, 10am-5.30pm at Chiron, 26 Eaton Rise. Fee: £72.

Belly Dance Therapy for Women

A one-day workshop with Ruth Cowan on 21 May, 11am-1.30pm at Chiron, 26 Eaton Rise. Fee: £30.

Family Constellations Therapy

A weekend with Alun Reynolds on 18/19 June, 9.30am-6pm at Chiron, 26 Eaton Rise. Fee: £144.