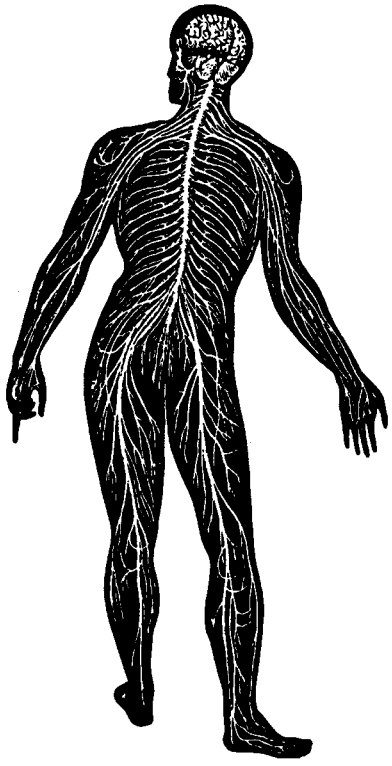

The Use of Touch in Psychotherapy

Bernd Eiden

At the outset of the Chiron Centre more than fifteen years ago, we saw ourselves following very much in the tradition of Wilhelm Reich, defining our work as body-oriented and holistic. The term 'body psychotherapy' has emerged as the accepted label for this particular tradition within the field, as for example defined through the EABP — the European Association of Body Psychotherapy.

I would like to reflect on the body in psychotherapy within an integrative framework. The theme of integration has been an important feature over the last few years and has been strongly in evidence at recent UKCP conferences, which have provided a structure for different approaches to dialogue. Several Chiron psychotherapists have contributed workshops from a body-oriented perspective, to further the development of integration between body and mind. There has been a very positive response to our contributions, and workshops offered from a body perspective have been well attended. Does this mean that the integration of the body in psychotherapy is moving more into the foreground, or is it a reflection of the fact that more body psychotherapists have joined professional bodies, rather than identifying themselves as 'alternative'?

Over years of clinical experience as a body psychotherapist, I have accumulated a wide variety of useful perspectives and ideas about the body. For this particular

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article, however, I have chosen an issue which at times all psychotherapists struggle with in their practice: the pros and cons of *touch* in psychotherapy.

Origins

The debate around touch has become more polarised with the development of body therapies. Since the use of touch is an inherent part of body psychotherapy, I think it might be useful to return to its origins and discuss the question in its historical context, looking at what we describe as the 'body/mind split'.

Body psychotherapy has a tradition spanning more than 60 years, beginning with Wilhelm Reich who began to include the body in psychoanalysis in the 1930s. Reich and other analysts, for example Ferenczi, were experimenting with the use of touch, initially from within an analytic framework. Though Reich was trying to widen that framework in order to address the physiological (more precisely 'vegetative') roots of 'neurosis', he clearly saw himself as an analyst and never quite abandoned the emotional-psychological-relational perspective which he saw as the core of analysis. This was the beginning of a theory of embodied psychotherapy, which radically and fundamentally addressed the body/mind split. Reich proposed that all intellectual insight into the origin and 'cause' of neurosis would only displace and chase the symptoms in circles, unless it was rooted 'dynamically': energetically, physically and emotionally. Today we might call this view 'holistic'.

In terms of historical development the body/mind polarities, which Reich had very much held together, were later split again, or given different emphasis, through some of his pupils and followers. We might say that Reich's practice, his way of using physical interventions through what he called 'vegetotherapy', was less integrated than his theory, and therefore lent itself to experimentation. The split between mind and body can be approached either from a 'medical' perspective, as something to be treated (by a doctor in a patient), or from a 'relational' one, as something to be felt and experienced (between two people).

It is possible, though somewhat misleading, to allocate different therapeutic approaches to positions along a body-mind spectrum. Clearly it's not so much a question of the theoretical basis of any approach *per se*, but more to do with how a practitioner uses a particular theory and technique in relation to a client, and with the emotional and symbolic significance which the therapist's approach acquires in the relationship. Notwithstanding these difficulties, I would like to structure the next part of this article in terms of these polarities, using classical psychoanalysis as the 'mind' end of the spectrum; post-Reichian body therapies such as Rolfing, Feldenkrais, various forms of massage and postural integration as the 'body' end; and body psychotherapy as comprising those traditions which intend to bridge both, by dealing with the body without excluding the mind, and the mind without excluding the body.

Chiron Body Psychotherapy emerged out of the tradition of various body psychotherapy approaches, including those of Gerda Boyesen (Biodynamic), David Boadella (Biosynthesis), Alexander Lowen and John Pierrakos (Bioenergetics), Stanley Keleman (Emotional Anatomy), Jack Rosenberg (Gestalt Body Psychotherapy), and Ron Kurtz (Hakomi). We see ourselves

as still in the process of developing the kind of integrative practice which Reich formulated as theoretically possible, especially in terms of the relational aspect of therapy.

Each approach takes a particular stance in relation to the role of touch. Whichever stance we take, we can assume that for each of us our response to touch is rooted in our own early experience and therefore involves all levels of our being. Our attitudes inevitably tap into primitive and fundamental aspects of who we each are as individuals. These stances are also reflected in different ways of conceptualising the body in terms of therapeutic theory, notably in relation to the development of the self and to therapeutic change, and consequently provide different rationales for touch within the therapeutic relationship.

It is worth looking at these different positions and their implications in terms of theory and technique.

The role of touch in the psychoanalytic position

Freud used touch in his early work, but abandoned it very quickly when he found that in opening up to the unconscious of the particular group of patients with whom psychoanalysis originated — 'hysteric women' — his scientific objectivity, as Yalom explains, was severely jeopardised. Freud and his colleagues all too soon found out about the dangers of touch within the intimacy of intense transferential relationships.

Early analysts were often irresistibly drawn into an inappropriate intimacy with their repressed and seductive clients, and referring patients on to colleagues was often their only solution.

Based on these experiences, no distinction was made in the developing theory between nurturing and sexual touch, as all physical needs were conceptualised as essentially sexual drives which ultimately needed to be sublimated. The assumption was that all touch is necessarily sexualising, or at least gratifying the client, and that such 'acting out' on the part of the analyst would distort the development of the transference. This in turn would inhibit the patient's capacity for symbolising, conceived as the determining factor in successful treatment.

Out of these assumptions the psychoanalytic rules of abstinence, neutrality and non-gratification developed. A 'no-touch' rule was established to ensure professional boundaries and to avoid distracting the client from transference with concrete actions. Touch had to be explored in the client's fantasy world, reflecting the primary analytic methodology of language and interpretation.

The English object-relation school contributed towards a big change by shifting the focus to pre-Oedipal development, thereby demystifying the fear around the exclusively sexual meaning of touch; in the validation of earlier relational needs not reducible to sexual drives, touch too could be seen to have a non-sexual intention. By placing a strong emphasis on the pre-Oedipal process, Object Relations prepared the way for rethinking the meaning of touch in the therapeutic relationship. Winnicott provided further argument that touch is not necessarily always gratifying an instinct, and that it can facilitate a healing bodily experience for the client. The rationale that touch inhibits the process of symbolising implies that the body is related only to the concrete literal level and the

mind only to the symbolic level — an outdated dualistic concept. It's relevant to say here that further research proves that early body experiences are essential for the development of a self, as well as for the process of symbolising through internalisation.

The role of touch in body therapies

While psychoanalysis prohibited touch, body therapies actually declared it their purpose, based on the ancient tradition in which hands heal the body. Touch can influence both one's health and one's mental state. There has been a proliferation of touch therapies in the last 20 years: Feldenkrais, Rolfing or postural integration, different massage therapies including biodynamic massage, Reiki, craniosacral therapy — each of these approaches wants to contact and strengthen the inherent life force within us.

Having taught biodynamic massage at Chiron I am familiar with how therapeutic massage relaxes the body tissues, improves posture and stimulates the vascular systems, and how hands can soothe client's anxieties and stress and sometimes access their memories and feelings. The rationales for touch are to reduce pain, such as headaches; to facilitate biochemical changes, for example by decreasing the autonomic arousal states which helps to alleviate depression and panics; to increase the client's capacity for feeling well and to impart a sense of being soothed and nurtured. Some of these touching methods can facilitate a somato-emotional experience, amplified by the therapist's ability to facilitate the emotional process — a process which is moving into the area of body psychotherapy and which establishes channels of communication between the body and mind.

The role of touch in body psychotherapy

Distinguishing when touch is appropriate and when not requires a differentiated and sophisticated perception of energetic contact and a consistent theoretical rationale. Theories of body psychotherapy are rooted in Freud's formulation of psychosexual development, but conceptualise the self as 'embodied': as experienced in and through the body. Touch becomes a declared tool for intervention, and we need to ask its purpose and establish a theoretical foundation.

The body is closely linked to the psychological process. Character, seen as a defence against strong emotions, has the function to bind anxiety in the form of muscular tension, as in the 'fight or flight' response which is a specific reaction to stress, an instinctive reflex which, if unexpressed, stays in the body in the form of a postural holding pattern. Such holding patterns or 'blocking' have historically served to protect us against painful and threatening emotional experiences. These body blocks are defensive responses or resistances to conflicts and occur in all stages of infant development, from early pre-Oedipal stages to Oedipal conflicts. Thus body and mind are interrelated. Reich added the dimension of the body to Freud's model of ego and internal conflict, in that he saw the ego as controlling impulses and emotions through physiological patterns such as a holding jaw or a tight belly.

The use of touch is based on further

research, by Boadella, Boyesen and others, in relation to muscle tension, energetic charge and its connection to the nervous system, its interrelationship with respiration, with the heartbeat and the circulatory system. Research on these aspects has developed enormously since Reich, and the Chiron work pays particular attention to the monitoring of the autonomic nervous system. Through gentle touch autonomic responses are elicited; these may include a deeper respiratory response, the spontaneous movement of a limb, or an internal tremor or shaking.

There are several separate methodological applications of touch emphasised by body psychotherapists. In one, touch is applied to reduce body armour. This is a basic Reichian principle, where the body psychotherapist palpates and may press a certain muscle group in order to dissolve tension and free inhibited impulses, raising the energy level which muscle tension decreases. At the same time the psychotherapist must be aware of transferential issues — specifically in relation to the timing of applied use of this method. It is a way of working that could be experienced as intrusive and possibly traumatising, leading to uncontrolled catharsis and exaggerated emotional release, and over time, gentler forms of body psychotherapy have emerged. These include the use of touch to facilitate a sense of safety and containment. Touch can be soothing and provide a sensation of holding and comfort. It can form a boundary around overwhelming emotions and may serve as a corrective emotional experience. The psychotherapist's touch conveys to the client the message, 'I am present with you.'

From my own experience I would emphasise the importance of this function, especially for those clients who have suffered touch deprivation in infancy. It does provide a gratification of early unfulfilled needs and enables the client to get a sense of the bodily self. To provide physical holding can therefore be an important phase in the work with a client, to be replaced later by other kinds of holding — paralleling child development, where mental functions gradually replace the physical holding of the caretaker. Physical holding is necessary in order to develop ego capacities for containing strong emotions. Lowen emphasises the effect of physical holding in the term he himself coined, 'grounding'. A client's fear of strong emotions corresponds to a fear of losing control, and the experience of achieving control by being helped to experience the body as an anchor and container can be important.

Touch can also provide a non-verbal form of safety. Some individuals experience a stronger contact with themselves through touch, and can allow inner sensations and internal movement as a result of tactile stimulation. In this way they can substitute a unifying bodily experience for a previously disjointed and fragmented one.

Another use for touch is to bridge the gap between physiological awareness and feelings, so that for example instead of being overwhelmed, clients can attend to the body by sensing *how* they are overwhelmed, by observing their psychological state. (Montagu calls touch 'the authentic voice of feeling'.) Through exploring sensations and perceptions they may discover their emotional meaning. Touch thus facilitates a body/mind integrative process — a body/mind model informed by research on neurochemical pathways of body/mind interactions. As

neurons in the brainstem can be very sensitive to tactile stimuli, touch can lead either to relaxation, or to heightened awareness or mindfulness. The client becomes aware of sensations and feelings in the body that are not available in ordinary consciousness. We may compare this method to the psychoanalytic process of free association which serves to access the unconscious. The body psychotherapist believes that the body stores the necessary data and that any physiological stimuli can become emotionally meaningful.

Touch can also be applied to elicit body memories. Trauma research has found that dissociation and disembodiment are frequent responses to childhood trauma. There are numerous case examples illustrating how clients recover spontaneous memory through touch.

I have personally gained great respect for both the potential and the risks in using touch. We are teaching psychotherapists at Chiron to touch 'contactfully', to process it through their own autonomic nervous system and to feel palpably when the client's skin tissues are communicating 'yes' or 'no'. Body psychotherapy can have specific benefits in the treatment of trauma, but this is a topic beyond the scope of this article.

I want to leave it to the reader now to reflect on the usefulness of touch in psychotherapy and on how the different models I have presented could be integrated. Could we integrate touch into therapeutic methods that do not have concepts for it? This would certainly demand more training in the use of touch, so as to be able to differentiate its many aspects. The absolute exclusion of any sexual touch is necessarily guaranteed, but surely we contribute to our clients' apprehensions about touch in general when we refrain from using it in psychotherapy? By not using it we leave our clients with their issues around it unresolved. They must then sort these out alone, in their most private moments, despite being confronted through such issues by their deepest needs and discomforts. I believe that psychotherapists often refrain from touch out of fear rather than belief. Because of the threat of litigation, therapists are no more willing to experiment with touch now than twenty years ago. Yet since touch has been proven essential to the growing infant, it must be important throughout our lives. It speaks a simple language we all understand. The profession of psychotherapy cannot afford to be untouched any longer.

Further reading

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