

A SHORT HISTORY OF TOUCH IN THE TIME OF REGULATION

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Touch is not just about physical contact. It includes touching or moving others with the power of your words, ideas, music, images, literature and poetry. Without touch of some kind psychotherapy is not possible. It is perhaps the only crucial element in psychotherapy – to have the capacity to touch and move another in a way that enables them to transform their experience. To do this we need firstly to be profoundly 'in touch' with ourselves.

Touch is also contextual – with social and cultural influences that have an impact on the 'rules of engagement' so to speak. And it takes place within an energetic or emotional field. There are other participants – either actually there or psychically there in memory or fantasy. We are never completely alone. The quality of energy involved in touch is complex and includes aspects of which we are either unconscious or barely conscious. In my view this energetic quality is the most crucial element in touch in psychotherapy. It is also perhaps the most difficult to teach and to define. Like works of art, touch is highly subjective and you know what you like or don't like. But power relationships of any kind – including the therapeutic relationship, muddy these waters, and fantasy and other

unconscious processes can create the conditions in which it is possible to feel lost and unsure about your own responses. They can also be interpreted through the distorting prism of others' fantasies and unconscious processes. In this sense it is intersubjective in nature and therefore a co-created experience.

The history and use of touch in psychotherapy spans most of my 40 year career in psychotherapy – in Britain certainly. This is therefore a very personal account of my own journey and my own ideas about touch.

In 1969 in the early days of the humanistic movement in Britain I began my training as a 'T' group trainer in the Department of Applied Behavioural Science at the North London Polytechnic.

I eventually became one of the staff members of the Diploma in Applied Behavioural Science (DABS for short) – the first entirely experiential and formally accredited training course in Britain that honoured the values and philosophical tenets of the humanistic movement. It was informed by the politics of the left in the 70s and the desire to create a fairer and more equal society.

The course made an important, creative contribution to the field at the time. It challenged the hierarchical structures of patriarchy and heralded the movement towards communal living, cooperative business models and other experiments in non-hierarchical models of working and living. Psychology was still in the dark ages of behaviourism.* The cognitive revolution had barely begun. Psychoanalysis was a male-dominated, intellectually driven and elitist field. Neither discipline said anything to me at the time. I was attracted and inspired by the possibility of societal change particularly for women that the humanistic movement offered. In this context I felt accepted and valued as a woman and my experience of life chimed with the theories and practices I encountered.

Theorists such as Lewin, Maslow, Rogers and Schutz; Reich, Perls, Pierrakos and Lowen; Moreno, Horney, Sullivan and Yalom; Bugental, Husserl and Heidegger; Bion and Foulkes were all introduced into the melting pot.

The work took place in large and small groups and was different from the encounter movement. An important strand of the training was exploring issues of leadership. Each curriculum was developed in response to the needs of the group and requests from members. One of the key strategies was to share the leadership role with the participants – a strategy which was both challenging and in many ways flawed. It turned authority and power on its head and left people with no familiar lines of responsibility so that they were called upon to find these in themselves. It took away the rigid structures we normally relied upon and made for exciting and creative group processes, but was often confusing and frightening for everyone. It certainly meant that all of us, staff and participants alike were stepping into the unknown in each group session. I developed a profound capacity to trust communal and collaborative creativity and wisdom, along with the ability to take up leadership in a flexible and responsive way.

One of the strands of the training was called 'sensitivity training'. In this we created experiential exercises designed to heighten awareness of all the senses and what they could tell us about the process between people. These exercises focused on developing trust in your own instinctive responses and your ability to articulate these in an exploratory and non-judgmental way rather than an interpretive way. We learned about how to give in constructive ways sometimes challenging feedback regarding peoples' blind spots and areas of

process about which they were unaware. This was excellent training in interpersonal skills and communication.

I found over time however that some important part of me (and others) remained 'untouched'. It was clear that awareness and understanding alone did not give people the power to change. They seemed caught in an iterative loop of feelings and behaviours that sabotaged their potential for change and fulfilment. It did not take long for me to be convinced about the hinterland of experience that was beyond our conscious control but had an influence over us.

I was introduced to Reichian and Bioenergetic methods in 1973 and it was clear from the outset that they had the potential to unlock this hinterland of unconscious and semi-conscious process. I had the good fortune to train with some of the leading practitioners in the field at that time. Myron Sharaf, Stanley Keleman, John Pierrakos and Alexander Lowen, amongst others. I spent six years in apprenticeship with David Boadella. I spent seven years in Nadine Scott's psychotherapy training programme. These trainings ran concurrently for most of that time. I was considered a 'graduate' by both of them by 1982 – capable of independent practice. That was the training model in those days.

These methods were not just about physical touch, although they often included physical touch. I remember the first words written on the board on the first day of training with Nadine were 'physical, emotional,

intellectual, spiritual' and she went on to describe the integration of these dimensions of personhood as the goal of psychotherapy. These ideas touched me profoundly at the time and opened up the possibility of making sense of the world in a deeper way that satisfied me.

Reich had discovered how intense and unbearably painful experiences in the process of development became stored at a cellular level. His theory was that these chronic tensions held the body in unconscious and rigid 'attitudes' that he called 'character' – these were physical attitudes that underpinned psychological attitudes to life and others and created distortions in perceptions. The 'raw data of experience' that underlay these physical and mental attitudes was bound by anxiety in what he called 'muscular armouring'. This raw experience was elicited by increasing the range and depth of breathing and loosening, through movement and contact, the chronic tensions of the muscular armour that had held the experience in check and outside of awareness. As an experience was released, memories in the form of images and sometimes words spontaneously accompanied it. The method did not focus on interpretation in the psychoanalytic sense of the word. The words and meanings arose from the experience. Sometimes these images and words were conveyed to the therapist and others present energetically – I used to say I could see the pictures or read the unspoken words as if they were



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written in a bubble above the person's head. Sometimes I articulated these and sometimes I did not need to. Sometimes the person's shape and voice became an embodied manifestation of the memory or experience – changing in age before our eyes. Sometimes we explored together and found the meaning through dialogue that felt right to the person concerned. Later I discovered Klein's brilliant articulation of these transferential communications, but at the time they just seemed like magic and worked. The understanding was that gradually the body's chronic tensions were relaxed and the person's depth and range of breathing and feeling were increased more permanently. A wider range of response to life became available to them. The belief was also that at the heart of human nature beneath their distorting rigidities, was a loving, moral, just and sovereign being linked to the wisdom of the universe. All would

be right with the world if only we could all be in touch with this essential part of ourselves!

These ideas pre-dated the postmodernist influence on psychological theorising and linked to a different set of ideas about self and self-concept. In this we, like many other theorists at the time, were still working to a model of self-hood as a separate individuality – the reification of self-hood is in the language. We focused on being 'in touch' with our 'core' or 'essential' self – as if it were a spatial entity. In those early days there was more direct, here and now engagement between the therapist and client both psychically and physically. Reichian and Bioenergetic work was and is most definitely 'hands-on'. David Boadella used his hands, his back, his feet and whole body at times to support an inner movement to emerge more fully – I thought of it as 'calling it out'. Myron Sharaf showed us how Reich would grab the client by the shoulders and shake him or her to raise awareness and confront an area of holding and rigidity. Boadella's approach was to support the energy from inside so that it melted the tension from the inside out. Reich and Lowen found ways to confront the armouring from the outside and perhaps break it down that way. In Reich's work he focused on analysing 'resistance' – and the muscular armouring in his theory was embodied resistance. In Lowen's case he used 'stress positions' which encouraged the energy to vibrate through the muscular tension. He built on Reich's work that linked

psychosexual development and character attitudes and created a more detailed framework of character 'types' – schizoid, oral, masochistic, hysterical, psychopathic. Nadine Scott used all of these methods as well as gestalt, psychodramatic and sociodramatic ways of confronting attitudes and eliciting the dynamics of our inner worlds. She talked of the body (meaning ourselves) as a creative art form. From her I learned that we don't change our history but learn to live with it more creatively.

At that time the idea of working with the dynamics of the therapeutic relationship as a central tool had not yet been fully articulated. The model that I was trained in was more akin to a therapeutic community in which the emphasis was on individual responsibility. In those days we did not separate training, supervision and personal therapy. Our therapist was usually our trainer and/ or supervisor as well and in many ways your career rested on their subjective view of you. I remember David telling me at the end of one session that the next session would be my last as he thought that he had taught me all he knew. With Nadine it was the other way round – I missed a session and sent her a cheque and a note thanking her for all that she had given me and saying that I thought it was time for me to get on with my life by myself. These were not unusual or unacceptable ways to end seven years of training and therapy at the time.

The most important element of training was therefore the

progress you made in your therapy. You were expected to be able to confront your demons, own your vulnerability and more importantly perhaps allow it to be publicly scrutinised in the training forum. I think this is one aspect of the old days that is missing in the current professional field. All kinds of boundaries are in place now, and mostly for good reasons that I agree with, but somehow that sense of a therapist's skill resting in their capacity to swim in their own vulnerable waters has been lost. Therapist vulnerability has been driven back underground. I wonder if this is why rampant narcissism erupts from time to time in the psychotherapy community. In the past therapists often became idealised heroes or heroines and were invested with the power to save us from our dysfunctional selves – perhaps creating a channel for narcissism. Equally scary stuff maybe, since unless you were very clear about your own feet of clay 'gurudom' beckoned.

I began my psychotherapy practice while I was still teaching on the DABS course at the North London Polytechnic. I began introducing what I had learned from my psychotherapy training into the mix of workshops and group activities that were taking shape in the course curriculum, integrating my experience of group and interpersonal dynamics training with bodywork methods. From this integration my practice evolved into a therapeutic and training community that came to be known as 'The Network'.

The model that I developed took account of the inner world and the dynamics of the relationships in the community, including the transference and contextual components of these relationships. Transference was understood as ubiquitous and contributing to distortions in present day contact. But we processed it in a humanistic way, through dialogue and exploration rather than interpretation. Countertransference, as experienced through somatic resonance, was understood as the therapist's major tool. It was clear in my work that relationships – between friends, partners, spouses, children and parents, at work – were central to life and the nuts and bolts of the therapeutic work. The work took place mainly in groups often with a specific focus, although in addition fortnightly individual sessions were the norm. There were men's groups, women's groups, couples' groups, training groups, movement groups and supervision groups. There were residential weekends, and residential week or fortnight workshops. In these groups we worked intensively as a community. The work was almost entirely focused on facilitating the quality of contact both with oneself and between self and other/others, including the therapeutic relationship. Despite this I would not say at that time that I understood the therapeutic relationship itself as the medium for change as I do now.

After closing The Network in 1989 and a short break, I returned to practise in the NHS in Wales. In the context of a GP's surgery with

no couch to lie on, just simple upright chairs, I had to learn to work with all that I knew about the integration of mind, body, spirit in a different way. There was no means of 'calling out' through direct physical contact the inner movements of energy and feeling as they emerged or encouraging sound and movement that would very likely upset other patients in the surgery. I had to rely on my voice, eyes and energy to touch my clients, deepen their breathing and increase their capacity to feel. My understanding of energy and embodied and somatic resonances was still a central component of the work. Anger was still expressed, tears flowed, fear was manifested and loving support could be given and received. I feel that my training gave me the tools and sensitivity to the multidimensions of meaning that touch can have and forms it can take, so that without it my practise in the surgery would not have been as effective as it was.

However I also experienced the profound culture shock of working in a medical context where completely different assumptions about human nature and emotional distress were prevalent. I began a long period of research, clinical practice and training in the NHS trying to come to grips with the underlying meanings of these differences and make sense of them. I needed to sort out my own views from a basis of understanding them in this wider context.

During this period the UKCP had been formed. As a result of

newspaper stories about scientology and the suicide of a whole cult community in Jonestown the public and the government had begun to talk about the need for regulation of psychotherapy and counselling. The profession got together as a whole on the understanding that voluntary regulation would be the best way forward. Either the idea of statutory regulation would become unnecessary or we would be ready to help shape the process with agreed standards of training and ethics that we had developed ourselves and that we could all sign up to. At least this was the vision at the time and I welcomed it. As a trainee I had experienced the free-for-all of unscrupulous leaders. As a trainer myself I felt the burden of responsibility to monitor and regulate practitioners that I had trained but who were only accountable as far as their own integrity permitted. This did not always work in the best interests of clients.

The history of the UKCP is not for this article. It is relevant however in the context of its impact on the issue of touch and being in touch. What I found was that being involved with UKCP put me in touch with other humanistic and integrative humanistic practitioners with different experiences and perspectives who were struggling with the same kinds of issues as me. I found the Humanistic and Integrative Psychotherapy (HIP) section a lively and interesting forum for debate and as the chair of the training standards committee I was involved in developing

standards by means of a deeply collaborative process. This was intellectually and emotionally satisfying. Involvement with UKCP also opened me up to dialogue with other psychotherapy modalities where I was touched and moved by perspectives that challenged my assumptions and enabled me to find ways of articulating what I believed within the context of different psychotherapeutic paradigms. I think that my experience on DABS predisposes me to belief in democratic and collaborative systems – and although nothing is perfect, on the whole I think UKCP has done a good job in protecting the richness and diversity of our field while evolving ethical and training frameworks that support us and validate what we do in the wider public arena.

This brings me to now and the regulation of psychotherapy by Government statute. I have recently been involved in the Skills for Health Project – developing competences and National Occupational Standards for psychotherapy and counselling practice in the NHS. The use of concepts such as 'somatic resonance' and 'embodied responses' have found their place in this work, as well as ideas that convey the multidimensional nature of experience and relationship. Much has changed since those early days. We are clearer about the role of relationship in shaping self-experience and self-concept. We know more about the mechanisms whereby contextual, social and cultural influences impact on self-experience and

self-concept. We have more insight into the dynamics of the therapeutic relationship and its central role in transformation of experience. The theoretical basis for psychotherapies that focus on the body incorporates more fully transference understandings, projective identification, object relations and neuroscience in a more intersubjective and updated evidence-based integration.

For me the use of touch in psychotherapy is intrinsically bound up with these body-based approaches that have their roots in the Reichian and Bioenergetic methods. In fact I can't really see how you would have any clear theoretical framework for physically touching a client without referring in some way to these theories and methods. They offer clear theoretical and practical rationales for physical touch. I have not encountered any other psychotherapy method that provides to my mind an adequate theoretical basis for touching a client. The body is often talked about as if it were a separate dimension of experience – rather than from a place of understanding how we **are** our bodies. And the way the use of touch in psychotherapy is described to my mind often

suggests highly subjective interpretations and motivations – which I do not always trust.

It is important in my view that we don't lose the kinds of trainings that teach us how to work directly with touch and understand the complexities of embodied and somatic resonance. One dimension of personhood would be left out of the equation if we did. I am convinced that this kind of training in 'touch' gives us more opportunity to be sensitively attuned to our clients and their boundaries and therefore less likely to encroach on them in an unacceptable way or wade in to their fantasy worlds in a way that becomes dangerous for them or for us.

I think that the 'light touch' approach to regulation that the Health Professions Council has demonstrated, along with their familiarity with many other professional disciplines that involve touch, will support the continuation of approaches to psychotherapy that are willing to continue to develop theoretical and ethical frameworks for the use of physical touch. I am not a person who supports the use of touch in psychotherapy outside these theoretical and ethical frameworks.

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