

# REFLECTIONS ON TOUCH IN PSYCHOTHERAPY

by Gill Westland



## **Introduction**

Much has been written on the topic of touch in psychotherapy. Arguments for or against its use in psychotherapy come around every few years as a theme for conferences, and it is a popular subject for student dissertations. Yet the debate has not moved on much in the last 30 years. It seems to be an uncomfortable issue to really face and reflect upon deeply, so that the debate can develop and broaden. I write as someone who was trained to touch, and to know how to inquire into it and talk about it. Interestingly, whilst training I found that I enjoyed being touched, but had little idea of how to touch another in any meaningful way. Touch was an integral part of my first psychotherapy, but not my second. I am comfortable with touch in the therapeutic endeavour, and include it as part of communication with clients. This does not mean that I touch all clients, and that every session includes touch, even where there is a contract for touch. I hope to consider some of the reasons why the touch debate does not develop more - some pitfalls of touching, some of the benefits of touch, and anxieties about touch in our work. I will discuss how I understand touch, and give examples, mostly from the perspective of clients.

## **Sorting out some of the confusions in the territory**

One major difficulty that I've encountered in discussions about touch with other psychotherapists concerns our differences in working assumptions, such that we can easily be talking at cross purposes. Touch is viewed differently in different paradigms (Weber, 1990) and often it is unclear what territory we are in - if we are thinking about and discussing touch as a symbol - perhaps of mother and nurture - or something to be included for clients with developmental deficits, as a tool for physiological calming with a goal in mind such as reducing anxiety or lifting depression,

as a way of gratifying impulses, or as a tool to provoke catharsis. Confusing discussions can arise between body psychotherapists, as well as with humanistic psychotherapists and psychoanalysts. All of these therapeutic possibilities to be discussed are dependent on different ways of viewing touch and the therapeutic endeavour.

### **Polarisation of discussion**

Often discussions at conferences get polarised into those broadly in favour of touch and those who argue against it. Frequently, speaking from their experience as a client or therapist someone might assert something like:

*I was abused as a child and so touch was absolutely fundamental in my therapy for me to learn that not all touch is abusive, and for me to learn how to differentiate different sorts of touch.*

This will be followed by an assertion from someone else abused as a child:

*Psychotherapy was only possible because my psychotherapist said that she would never ever touch me - and she kept her word.*

Each perspective is true for each individual, but how can this take a discussion forward without attacking the veracity of a person's experience, and the integrity of the therapist's work? I believe that we have to find new ways of discourse more suited to our work with human beings, and to leave behind the out-dated academic adversarial approach.

A further difficulty is that participants taking part in discussion may have no experience of touch in their training or psychotherapy, apart from sparing use of it in a not very thought out way, or perhaps from some social touching such as handshakes, helping on with coats, or hugs at the ends of sessions, or in the gap between the consulting room and the outside door. When Dave Tune (2001) prompted therapists in his interviews for his research on touch they realised that they did touch mostly in the spontaneous social sphere, though they had originally stated that they did not touch clients.

One way that individuals try to fill the touch experience gap is to have massage or a body therapy such as craniosacral therapy alongside analysis or psychotherapy, or after completing initial training. This splitting off of touch from the therapeutic relationship has its own problems and is quite a different experience from the possibility of having a range of ways of communicating in one therapeutic relationship. So this leaves participants discussing touch from everyday experiences of it, combined with some theoretical ideas and rules. For a discussion on touch to progress, I am inclined to think that it needs to be directly experienced, so as to talk about it from an informed position.

### **Assumptions about who touches therapeutically**

The common belief around psychoanalysts has been that they do not touch, and indeed, are supposed not to touch – the rule of abstinence. This appears to be more prominent amongst Freudians, but is also around amongst Jungians, although Bosanquet (2006) has observed that Jung made no clear prohibition on touching. We know that some analysts have employed the use of touch (see for example, Bosanquet, 1970, Woodmansey 1986, Rosenberg 1995), but there is unease about it.). With the developments in neuroscience, trauma studies and research into child development, psychoanalysis has been given an opportunity to talk more openly and legitimately about touch and it is coming out of the closet somewhat tentatively (e.g. Orbach, 2003, Galton, 2006).

On the other hand contrary to popular belief not all body psychotherapists use touch. Rothschild (2000) advises against touch, particularly in work with those who are traumatised.

### **Anxieties within psychotherapy**

Touch and thoughts about touching in the therapeutic context provoke anxiety and this cannot be ignored. The most prevalent fear is that touch will invite sexual acting out by both parties. A Chiron body psychotherapy student expresses it:

*An obvious difference between body psychotherapists and psycho-analytic psychotherapists is in their attitudes towards touch. I think that many psycho-analytic psychotherapists fear that touching clients will fuel erotic transferences that are likely to get out of hand, and so even discussing the possibility of touch has become taboo in the psycho-analytic world. One problem with this is that if therapists feel unable to discuss their use of touch in therapy, there is a greater chance they will use touch in an ill considered fashion, and that things may get out of hand.*

There remains a sexual myth in society that touch inevitably leads to intercourse. Another fear is that touching a client may be aggressive or will lead to aggression. An analyst in a personal communication commented:

*I would not want to touch my male clients because of rape fantasies*

Arguments against touch also include being manipulative, bringing too much reality in and spoiling the symbolic aspect of therapeutic work, being invasive, keeping the client dependent in a pre-oedipal state with no room for envy, competition and the development of autonomy, and heightening the emotionality of the client. Each theoretical position has its own associated fears.

Nowadays there is also the fear of false accusation and litigation, although interestingly the HPC consultation document for Dance

Movement Psychotherapy includes touch as a differentiating factor from other creative arts psychotherapists.

### **How might touch help?**

If we extend our thinking on touch to include massage, and consider touch and massage from a medical perspective there are a host of conditions where touch is beneficial. Massage and touch is useful for the treatment of depression, including post-natal depression, and anxiety. It helps with pain relief, reduction in muscle tension, decreasing raised blood pressure, enhancement of immune function, improving sleep disturbance, decreasing the symptoms of sexual abuse, the reduction of aggression in adolescents, and improves weight gain in preterm neonates (See for example, Field, 2003, Westland, 1993, 1993a).

We have also known for a long time now that touch is vital for survival in infancy (e.g. Schore, 1994, Trevarthen, 2004). We know less about the touch needs of adults, but having an awareness of ourselves through skin contact of some sort does seem to be important for an ongoing sense of self.

Touch can evoke any number of responses. However, the literature includes some of the following reasons for including touch in psychotherapy:

- Conveying a sense of self worth and communicating acceptance (e.g. Mintz, 1969, Eiden, 1998)
- Containment, facilitation of safety, holding, and reality testing in anxiety (e.g. Mintz, 1969)
- Symbolic mothering when the client is incapable of verbal communication, perhaps where there has been a deficit in childhood. (e.g. Mintz, 1969, Bosanquet, 1970)
- To develop a stronger sense of the skin boundary to foster differentiation and separation.
- To create a non-verbal form of safety and relationship where the client makes a stronger contact with themselves and their inner sensations and allows internal movement. (e.g. Eiden, 1998)
- To facilitate the client's capacity for organisation and sustaining emotional and interpersonal structure (e.g. Cornell, 1998)
- Controlled exploration of aggression as in arm wrestling (Mintz, 1969).
- To dissipate the transference e.g. in traumatised clients. To make the symbolic concrete.
- To amplify and to give feedback, and connect body sensations with touch, and to bridge physiological awareness with feelings (Eiden, 1998)

- To deepen the client's experience and relational needs (e.g. Cornell, 1998).
- To provoke catharsis, emotional expression and release. To reduce resistance (e.g. Lowen, 1975).
- To free energy flow and to allow breathing to deepen (e.g. Totton, 2005).
- To soothe or enliven, and balance the autonomic nervous system. (e.g. Eiden, 1998).
- To revitalise a client cut off from feelings (e.g. Tune, 2005).
- Spontaneous and natural expression of the therapist's feelings (Mintz, 1969) and relating to the client as an adult in post-oedipal states (Asheri, 2008)
- To explore the re-awakening of pleasurable sensations in the body and re-connection with the sensual and sexual self or the exploration of the revulsion of pleasurable body sensations (e.g. Staunton, 2000, Cornell, 1998)
- To explore relatedness and closeness and to discover that this does not have to be sacrificed for autonomy. (e.g. Cornell, 1998).

The following are comments from clients about their experiences of touch in psychotherapy. A patient in Jungian analysis describes the beginnings of sensing relationship without touch, and is building on the history of touch in the relationship. She writes:

*My own therapist had often talked about the space between us as if it were alive with feelings, and that there could be contact across this space. I had always felt it to be an empty nothingness...we explored where my therapist might be in the room in relation to me. A problem I have had is that when I lie on the couch and close my eyes I often lose all sense of my therapist being present. She sits a little behind me and I can find it hard to keep any awareness of her unless she is touching me. In this exploration I found that there was an area in front of me where I could sense her strongly with my eyes closed but as she moved to the side, and more behind, she would disappear. As a result we have varied our spatial relationship, with her sometimes sitting more in front of me as I lie down. In that way I can both have the relaxed space that comes when lying down but without dropping right into an empty place where I feel alone and abandoned unless I am physically touched.*

A body psychotherapy client writes:

*Unlike therapist A. my current psychotherapist respects and honours my boundaries, my insecurities and the space that opens up when I am unable to verbally express what is going on for me. We are in relationship to one another, and as such, my experience*

*of him and the therapeutic space is one of safety. It feels appropriate to include a diary excerpt from May 2008 – 'I am touching a well of grief, a long hollow place that is empty and I keep falling and falling, this is not the emptiness of dissociation, this is inside, a place deep inside that goes on and on.... Here I am excluded, and separate – solitude. I am touching the dark void, the abyss I am falling into the darkness alone. As I curl up my therapist is there, and carefully, gently he places his hand on my back, he is a witness to my grief, he is there with me, in my grief he makes contact – he holds my grief without taking it from me, without fear he holds it alongside me, there are no words, there is the contact. I feel the warmth of his hand on my skin, but it does not interrupt my grief, it lets me know he is with me, it lets me know he can take this pain, that he recognizes the aloneness and without wanting to fix, cure or interrupt he sits there with it and me.'*

### **Touch as contact**

When I worked at the Chiron Centre, we adopted the term 'contactful touch' for the way we related through touch. I am not sure who came up with this phrase. It may have been Rainer Pervöltz. We were acknowledging that touch is a language in its own right that does not always easily translate into words. Deep contact can be made through touch – sometimes more so than with verbal communication. It is related to presence, intentionality and congruence, alongside other forms of communication. Communication is rarely just verbal or non-verbal (Westland, 2009). Contactful touch happens in the here and now, moment by moment. In the moment of touching, I am also touched and out of that communication occurs. When I touch I do not have a predetermined goal and end result. From technical training about touch, I can have some idea of how the touch might be perceived, but I never really know. This form of touch is underpinned by what Weber (1990) calls the field perspective on touch. This perspective is non-dualistic and assumes that 'individuals are interconnected and local concentrations within a larger field....' Within this perspective all the other models of touch have a place.

My assumption is that touch is not a technique. Touch becomes technique when the client becomes object and I am subject as in 'bodywork' or 'I do bodywork'. For touch to be exploratory and contactful, it involves placing awareness in the hands and moving into the unknown. I cannot explore what I already know. So whatever form the touch takes therapeutically, contact is fundamental to it.

A client describes how it felt to be touched without contact :

*I was panic stricken, I could not talk, my therapist held my hand (this was agreed previously after a similar episode), 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.'*

### **Guidelines on touching (or not)**

Over the years, I have formulated the following thoughts about the use of touch:

- I believe that any therapist has to be comfortable with how they work and congruent with themselves. I have great respect for a colleague who asserted from a personal rather than theoretical position. *'I don't touch my clients. If I touch my client then the client might want to touch me and I would not like that.'*
- I do not advocate psychotherapists touching without experiential training. This includes knowledge of contactful touch, having a coherent theoretical underpinning for touch, knowing how to discuss it as part of the relationship, and having adequate supervision. Verbal interpretations are not the same as being able to sense into the relationship as it manifests in the room.
- I think that social forms of touching such as handshakes and hugs around the edges of sessions are to be avoided. These may have a place in the actual session, where they can be discussed.
- Relationships are complex. We are multi-faceted and any communication including touch can be multilayered in meaning. Further feelings about touch can emerge later and time needs to be taken to review process.
- Touch has to be discussed at the contracting stage and its use explained in psychotherapy and mentioned again with first 'touchings'. This initial discussion should be matter of fact.
- The touch has to be spoken about. The 'fatherly hug' given without bidding at the end of a session to a client sexually abused in childhood may not be perceived as a 'fatherly hug'.

### **CONCLUSION**

Touch is the only sense where we both touch and are touched at the same time. There is direct communication with one another. This is vulnerable enough in daily life, but harder in a professional situation. My client will know my vulnerabilities in sensing me through my touch. Touch connects us to the body and 'experiencing through the body' directly with touch can take us into the realms of the spiritual. The spiritual realms are not easy to talk about, especially in contexts where we want to appear 'professional'.

But there is a problem with touch - it is actually not easy to pin down and to make safe. Any touch in psychotherapy will be multi-layered with meanings and experiences which cannot be pre-determined. It is not possible to be reductive about it without losing some of the richness of possibility. Touch can lead us into the deepest realms of intimacy and mystery. Touch reminds us that we are human and are embodied. We dwell in a body. I will leave the final words to Jack Kornfield (2000).

*When we listen to our bodies, our bodily wisdom grows. We can feel the body's urge to move and honour its cycles of rest, we can meditate and dance, we can respect its need for solitude, we can allow its lively senses, and we can know its pleasures, and limitations. Instead of fearing our body, its losses and strange vulnerability, we honour it. When the mandala of awakening includes rather than excludes the body, our gifts can flower and our heart remains free.*

### **Further Reading**

Brazelton, T. Berry, and Barnard, K. E., eds.(1990) *Touch: the Foundation of Experience*, Madison, Connecticut: International Universities Press.

Hartley, L., ed., (2008) *Contemporary Body Psychotherapy, the Chiron Approach*. London: Routledge.

Galton, G., ed (2006) *Touch Papers, Dialogues on Touch in the Psychoanalytic Space*, London: Karnac.

Staunton, T. ed. (2002) *Body Psychotherapy*. London: Routledge.

Totton, N., (2005) *New Dimensions in Body Psychotherapy*. Maidenhead: Open University Press.

White, K. ed.(2004) *Touch, Attachment and the Body*, London: Karnac.

### **References**

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