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An Exploration on The Use of Touch in The Therapeutic Relationship

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ABSTRACT

The question of whether to use touch brings about diverse opinions amongst practioners within the field of psychotherapy. Touch is an intimate form of connection for humans. To integrate the use of touch into the therapeutic relationship, both the therapist and client are communicating on a non-verbal level. A therapist must acknowledge the power of touch in the therapeutic setting and the impact it has on the client's process. There are ethical considerations and boundaries that the therapist and client must adhere to should professional touch form part of the session. It is important to question who benefits from the use of touch in the relationship. The research explores professional touch and its appropriateness. It questions the responsibility a therapist has for their client. By exploring the ethics and boundaries of a therapeutic relationship, one can develop a better understanding of whether touch can be a necessary tool in a client's recovery.

INTRODUCTION

The earliest form of communication between parent and child is touch. The connection and internal response evoked by the sensation of bodily contact with an infant introduces a new level of closeness. Touch is the first interaction an individual experiences coming into the world, but it becomes an interaction that is guarded and selective throughout human development.

Touch can be interpreted in many ways depending on an individual's experience with touch in their past. This dissertation will firstly explore the uses of touch in psychotherapy and why it is considered useful in the therapeutic relationship. The expected findings around the use of touch in this dissertation leans towards a possibly negative perspective. However, throughout the exploration of literature on this topic, the use of touch is presenting an alternative outlook on its benefits in enhancing the therapeutic relationship. The reasoning behind exploring this topic on a deeper level is due to personal experiences the researcher has had with their own therapist. The researcher did not feel the use of touch in the therapeutic setting added any value to the session. It evoked many questions as to who the hug or the hand on the shoulder truly benefited in the relationship? How does a therapist know whether a client is comfortable with the use of touch in the session? Due to the researcher's passion for the topic, the dissertation aims to help the reader understand the ethical considerations and professional boundaries that withstand between the psychotherapist and client in an exploration of touch. It is important throughout this dissertation to make a conscious effort to ensure there is no personal bias that filters through the subject researched.

Firstly, the dissertation explores the ethical considerations on the use of touch within the therapeutic relationship. This dissertation critiques the principle of ethics in the therapeutic relationship when touch is used. It hopes to show the impact ethics has on therapists who use

touch in therapy. The importance of ethics in this topic allows one to understand the use of professional touch and how it interlinks with the boundaries of knowing your client and what is appropriate. Emphasis is placed on the *Irish Association of Humanistic and Integrative Psychotherapy* (IAHIP) when exploring the ethical considerations throughout this chapter. It is the professional body that practicing psychotherapist must adhere to and therefore their code of conduct is fundamental to the topic of ethics. The professional relationship that is expected from this setting can place the client in a vulnerable position, it is vital for a therapist not to exploit the potential alliance that a therapeutic relationship can offer to both therapist and client.

In the second chapter the research then moves on to explore where boundaries lie in the therapeutic setting. Although a psychotherapist may feel touch is a useful means to build connection and empathy towards the client, if the client is experiencing personal difficulties or negative attitudes about touch, these will override the message of caring and acceptance that may be intended. The dissertation considers the boundaries and/or lack of boundaries between psychotherapist and client when bodily touch is incorporated into the therapeutic setting. It challenges the idea as to whether the therapist's decision to incorporate touch or not must be based on the client's needs. By looking at the boundaries between therapist and client, it can be a difficult margin to judge as to whether these professional boundaries are over-stepped. It is worth noting there is a large amount of literature that focuses on the erotic crossing of boundaries. This inquiry aims to mainly focus on the non-erotic aspect of boundaries; however, it would be of wilful ignorance not to acknowledge the erotogenic possibilities that are experienced in this therapeutic relationship.

It is important to explore a topic like this as it falls under great scrutiny and misunderstanding. This is a discussion that is not much agreed upon within the psychotherapeutic community. Therefore, this dissertation hopes to articulate a non-bias exploration of whether the use of touch in therapy is appropriate for clients. The vast array of

literature that explores this ongoing argument does not resolve or change the perspectives of others. By exploring such a layered argument, this dissertation hopes to shed light on the subjective experiences and the autonomy of the client that the therapist must adhere to when using touch in the therapeutic setting.

Chapter 1 – ETHICS

The first chapter of the dissertation explores the ethical considerations when using touch in the therapeutic setting. By exploring these considerations, a therapist must adhere to while practicing in the field of psychotherapy, it opens a realm of discussion in an area of practice that is double-sided. However, one must bear in mind, the ethical factor to consider throughout is the subjective experience to the use of touch for the client (Hunter, 1998, p.96).

(1.1) The History of Touch

Touch can be internalised as a personal, intimate and empathic gesture received from another individual. However, it is the reason touch is used that determines whether it is appropriate. Young (2005) articulates that "touch is perhaps one of the essential tools of self-regulation used by an individual; it is used to cope with life's stressors" (p.21). From the traditions of psychotherapy, the founding father Sigmund Freud argued that the ego is derived from bodily sensations, ones that spring from the surface of the body (Freud, 1923, p.16). These bodily sensations are in fact experiences that aid ones learning and ego development. Moreover, these felt sense experiences are not achieved through analysis but through experiential learning and being present to our sense of touch (Smith, Clance & Imes 1985, p.5). Humans learn through interaction and contact with others. Both mind and body are key to sustaining a level of connectedness with the self. From Freud's earlier work he reported positive results when he used the technique of holding a patient's head between his hands as the patient struggled to answer a question they did not know (Breuer & Freud, 1893). By stroking or massaging a patient's head who suffered with hysteria, Freud found a dynamic therapeutic intervention that could illicit similar benefits to that of verbal therapy (Hunter, 1998, p.52). This shows an unusual angle to psychoanalysis in that touch or even eye contact was not thought to be part of the analyst-patient relationship. Additionally, this contradicts

Freud's later work whereby he claims that psychoanalysis centres its belief that the correct therapeutic relationship required a therapeutic stance of non-intervention (Hunter, 1998, p.53). Freud seemed to have an aversion to considering the body as a legitimate part of the client in psychotherapy (Young, 2005, p.13). The belief that touch is unfavourable or that it inhibits the therapeutic process now extends into other psychotherapeutic approaches.

Literature surrounding the topic of touch within the therapeutic relationship is vast however, there appears to be an underlying requirement throughout the literature to clarify why touch is used. Young (2005) explains that "many therapists are afraid to touch for fear of being misunderstood and being vulnerable to legal or ethical charges" (p.4). Throughout the field of psychotherapy, these fears of misunderstanding and vulnerability evolve from what the therapeutic relationship has considered unethical since the beginning. Although the founding father of psychotherapy considered the body to be of less significance when exploring the unconscious, literature is stating an alternative view to the use of touch in the therapeutic setting. The psychologist Ofer Zur (2011) suggests that clinically appropriate touch increases a client's sense of trust, comfort and ease with their therapists. Zur explores the factors that need to be ethically considered if touch is integrated into the therapeutic relationship. The client's psychosocial wellbeing, culture and sex should be considered before the use of touch is brought about. We will now explore the expected conduct of therapists when these ethical factors are considered.

(1.2) The Therapist's Responsibility for the Client

The ethical conduct of psychotherapists in Ireland is predominantly regulated by the governing body known as the *Irish Association of Humanistic and Integrative Psychotherapy* (IAHIP). The code of ethics that IAHIP devise is in the interest of both the therapist and the client. Humanistic & Integrative Psychotherapy is based on a phenomenological view of

reality, where the emphasis is on the subjective experience (IAHIP website, 2018). Regulation and conduct rules are necessary elements to consider when practicing in this field. Because relationships can naturally develop over time, it is important for both client and therapist to know their rights and responsibilities when entering the therapy room.

The duty of the therapist is "not to reinforce or re-enact any negative aspects of the client's history with regard to touch as it should only be used therapeutically and appropriately for that client for their benefit" (Young, 2005, p.5). It must be acknowledged that there are no widely known and accepted standards that touch should not be used in the therapeutic setting other than that of sexual contact between therapist and client (Hunter, 1998, p.68). It is a grey area as to whether touch is acceptable or not in the psychotherapeutic profession. One could argue that both perspectives on the use touch are not emphasised enough for trainee therapists to develop their own opinion on the matter. Newly accredited therapists enter the field ill-equipped to deal with touch in an appropriate and ethical manner (Hunter, 1998, p.70). This argument brings about questions regarding the ethical standards of the profession. How equipped are trained therapists to deal with the topic of touch in the therapy room?

It is a therapist's responsibility to acknowledge and respect the client's autonomy. The dynamics in the therapeutic setting play a large role in the transference from client to therapist. When a client presents as vulnerable, the therapist's power and position can erode the client's feeling of autonomy and boost their dependency towards the therapist (Bond, 2015, p.88). This form of dependency is evident in Patrick Casement's case study of *Mrs B* (1985). Mrs. B's emotional experience hindered her ability to progress any further in therapy. Her phantasy that the therapist must hold her hand or she cannot go on with her analysis demonstrates the reliance and transference placed on the therapist (Casement, 1985, p. 157). Casement's case study articulates the power of transference in the session. For the therapeutic progress to occur, the act of hand holding represented the motherly nature that the patient was seeking in order to

process the trauma (Casement, 1990, p.84). Casement's ability to contain the client's most difficult feelings from the trauma by not using touch enabled the client to progress. Casement (1990) argues that the use of touch should not be actively demonstrated or introduced by the analyst, it should be found by the client (p.84). Similar to Bond's argument, Casement (1990) states that the analyst is to be careful not to "influence" or "direct" the client (p.85). To advocate a cure for the client by suggesting an emotional experience through touch is not considerate of the client. This argument pays homage to the client's autonomy and direction. Casement (1990) argues how it is useful to position oneself in the shoes of the patient to monitor how they may be experiencing the session (p. 6). The ethical appropriateness of integrating touch into therapy should be a subjective and relational decision between both therapist and client. A therapist should not assume the patient's subjective experience. Although, the above arguments place the client as the decision maker, the transference that occurs by incorporating touch must be explored by therapist and client to ensure there is transparency (Smith et al, 1998, p.20).

(1.3) Is the Use of Touch Good or Bad?

Amongst all the literature proposed to be explored in this dissertation, there was a surprisingly large amount of research boasting the benefits of touch in the therapy. "Many clinicians and psychotherapists were not really deterred from using touch but were deterred from admitting to it" (Wilson, 1982 as cited in Young, 2005, p.98). It is noticeable throughout previous research that there is some positive regard towards touch used in therapy. However, a therapist may be concerned that touch inhibits them from conducting themselves professionally. The presence of the therapist, the empathic gesture, the connection and the communication of touch can enhance the therapeutic relationship. Therefore, it poses questions as to why professional touch is still an action that is not encouraged.

The nature of the therapeutic relationship is seen as “meaningful contact between persons” (IAHIP website, 2018). One’s interpretation of “meaningful contact” can be different than that of a body psychotherapist or a cognitive behavioural therapist. In the Humanistic and Integrative Code of Ethics, there is no reference made to the prohibition of physical touch such as a hug or hand shake apart from sexual contact. This is interesting as the exploitation of a client is mentioned on a “financial, sexual and emotional level”, however the word touch is not mentioned (IAHIP website, 2018). This discovery questions the many arguments made surrounding the topic of touch being good or bad. It must be noted that the regulating body of humanistic and integrative psychotherapy do not pay homage to the use of touch in the therapeutic setting, however body psychotherapists are regulated under IAHIP. Does this discount many arguments made against the use of touch? Moreover, is it acceptable to consider using touch in the therapy room on a client by client basis?

The ethical debate surrounding the topic like touch is double sided. Though there have been successes in using touch as a method of compassion, the opposing risks could greatly hinder the patient’s process. Using touch inappropriately in the therapeutic environment can distort the patient’s subjective experience in therapy. By exploring the ethical considerations of using touch in the therapy room, it allows this dissertation to delve deeper into exploring the presence or lack of boundaries between both client and therapist when considering the use of touch in the therapeutic process.

Chapter 2 – BOUNDARIES

(2.1) When is the Use of Touch Appropriate?

Phelan (2009) explains that when considering the mind-body connection in therapy, literal touch itself is not always necessary for a holding environment (p.98). It is important for a therapist to consider, when is touch appropriate? Moreover, does the client understand the reasoning or rationale behind the touch? The topic proves to be a grey area in the sense that there are many papers on the benefits of use, however, what are the implications should the use of touch not be met with similar ideations as the therapist. Boundary issues, transference and countertransference are examples of this type of response: unaddressed, these issues can diminish the therapeutic bond between therapist and client (Young, 2005, p.5).

Body therapists contradict this belief in that chronic muscle tensions in the body can serve as blocks to emotional expression (Ogden, Minton & Pain, 2006, p.240). Here we see that body therapies appear to emphasize the experience occurring in the present moment, which can involve both physical and emotional sensations. Touching is an intimate act but if the client or therapist have poor boundaries or a poorly developed sense of self then these boundaries can be easily crossed and transferal issues then come into play (Young, 2005, p.25). Here, Young argues that therapist's need to implement proper safeguards for themselves and their client. The traumatic impact touch can have on a psychotic client is detrimental. An example, whereby the client contained so much bodily energy that when it was released upon touch, the client could not cope and disintegrated into a psychotic episode resulting in their admission to a psychiatric hospital (Young, 2005, p.3). Re-traumatisation is a possibility that therapists need to be aware of when engaging in physical touch. Judith Herman (2001) argues that "boundaries of therapy exist for the benefit and protection of both parties and are based upon a recognition both the patient and therapist's needs" (p.149). Herman's argument

acknowledges the importance of knowing the patient and their limits whereby emotions become unmanageable (2001, p.149). Herman's point of holding clear boundaries, aid the therapist with tools to use when incorporating appropriate touch. It is vital to be aware not to trigger unmanageable emotions. Only with professional clarity can a therapist begin to test the normal boundaries in the space. This may involve record keeping as the ethical reasoning behind touch remaining a taboo subject (Young, 2005, p.2). Carlos Durana (1998) states that touch beyond a formal handshake is seen as a "boundary crossing that places the therapist on a slippery slope toward the gratification of the therapist's or client's needs" (p.271). This can lead to the arousal of sexual feelings that may in turn be acted upon. Durana further explains how this is the driving force behind why touch used in psychotherapy is a taboo subject. The use of touch is used as a "facilitator of change" when used for growth and when judiciously based on the "evaluation of the client", at the appropriate time in the therapeutic process and appropriate situation (Durana, 1998, p.271). It is evident from these practicing therapists that appropriateness for touch is based on the type of client present in the room. It is the client's ability to manage touch as to whether it is used or not.

(2.2) Where do Body Therapists Come into This?

A question that remains is how do body therapists safely incorporate these techniques of touch throughout the session? The Sensorimotor Psychotherapist Pat Ogden (2006) argues that the "therapist must be capable of maintaining very clear sexual and psychological boundaries of touch in professional contexts" (p.243). These clear boundaries that Ogden mention require clarity as to how they can be adhered to with a client.

> "Touch – even when considered, boundaried, may evoke unworkable transference if the therapist is uncomfortable or unskilled, if the patient has poor ego strength, sense of boundaries as well as assessing their own capacity to manage

any transference responses including sexual, that might ensue"

(Ogden et al., 2006 p.243)

Similar, to Ogden's comment on when professional touch is appropriate, Babette Rothschild (2000) acknowledges the power in the use of touch to an unsuitable patient can be destructive to one's psyche and progress to recovery. Rothschild and Ogden place importance on the experience of a therapist when using touch because the awareness the therapist must have of the impact touch has on the client's experience is vital.

It is evident that there should be strong focus on empowering the client in the therapeutic relationship throughout the research explored. This is clear from Mearns and Thorns (2013) that it is paramount to "equalise the relationship" (p.178). The therapist must allow the client to feel increasingly empowered to discover their own resources (Mearns & Thorne, 2013, p.203). By placing boundaries between therapist and client, it could facilitate these outcomes. Alternatively, Horton (1995) reports that clients used terms and phrases, such as 'bond' 'safety,' 'closeness,' 'there for me,' 'deepened trust' and 'my therapist really cares about me' to describe feelings associated with being touched by the therapist (p.451). Some considered being touched an indication of the therapist's emotional availability, however, Horton does not disclose whether these client's or therapist initiated the physical touch. This would be a valuable insight should it have been disclosed as to who initiated or suggested using touch as part of the process.

(2.3) The Importance of Knowing Your Client

It must be remembered that the client is present in the therapy room because of a traumatic or pressing issue. It is essential to consider boundaries when exploring the use of touch in a therapeutic setting. This is because touch can be perceived as threatening if acted

upon in a premature therapeutic relationship. More so, acknowledging the boundaries of touch should the client have had past issues with physical touch (Jacobs, 2017, p.41). Jacob (2017) alludes to the therapist's responsibility to be aware of their own counter-transference. He argues that some feelings triggered in the therapist can be related to a previous relationship they have had with another individual some time in their life. However projective-identification can occur whereby the therapist could feel that they would like a hug if they were to experience similar emotions to that of the client (Jacobs, 2017, p.120). Like Jacobs, Smith et al. (1998) encourages therapists to recognise the value of using 'safe touch' in the therapy room (p.182). This fuels a curiosity in the researcher to delve deeper into the meaning behind using touch and the power of it. What is safe touch? There is a sense that when safe touch is used, both therapist and client should keep their physical interaction to the most basic level like a hand shake or a touch of the shoulder (Smith et al, 1998, p.184). By respecting the client's boundaries and using touch as part of the client's process, the client can begin to embody this sensation as a form of holding rather than an action to fulfil the therapist's own process.

There appears to be a lack of clarity surrounding the therapist – client boundaries in the therapeutic relationship. The danger in lack of clarity is that the meanings invoked by touch are often unconscious or non-verbal, and they manifest somatically or relationally before the client is able to articulate anything about them (Phelan, 2009, p.101). These position the client in a vulnerable situation and therefore leads one to question as to whom the sensation of touch is truly for? Intimacy may be what is needed therapeutically for the client by means of "enhancing the therapeutic moments" but it is evident that there is a line that professional boundaries should not be crossed (Young, 2005, p.5). Moreover, these boundary issues around intimacy gives deeper insight into the problems that may be associated with touch.

Psychoanalyst Jacques Lacan (1974) case study famously known as "Gestapo" is relatable to this dissertation through its curiosity and reflection on the implications of using

touch in the therapy room. Lacan's intervention (use of touch) comes in the form of a gesture instead of verbalising (Hewitson, 2012). What is fascinating about this account is that Lacan does not speak. Lacan's patient, Hommel, trusts it was a "gesture of humanity" (Lacanonline, 2012). Lacan's move had the effect of an interpretation without the heavy-handedness of a didactic intervention. Some might even argue that Lacan's intervention ran contrary to the so-called 'rule of abstinence', similar to that of Freudian beliefs (Lacanonline, 2012). To provide his patient with a new perspective on her experience of the war, Lacan offering her a new way to interpret the signifier 'Gestapo' as 'geste à peau' meaning a gesture to skin creates new meaning of the traumatic event (Lacanonline, 2012). Creating new meaning to the use of touch can be of benefit to those who struggle with close contact due to traumatic experiences in the past. Can one who develops new meaning for touch view physical contact as a deeper means for connection in therapy?

It is imperative to close this piece of exploratory research with Jacques Lacan's body of work. Lacan's work with Hommel exposes the power of touch as a form of personalising and connecting with a client. Therapy is considered a space for congruence and positive regard. If a therapist does not incorporate touch in the therapy room, does it mean the therapist's duty of compassion for the client's recovery is different to that of a therapist who integrates touch into the session? It would appear to be a literal form of holding the client through their process. Touch in this manner can help the client become aware of their own desires in the transference of the traumatic situation with the therapist.

CONCLUSION

The expectations for this dissertation was to gain a deeper understanding of the use of touch in the therapeutic relationship. Most of the research explored to date for the dissertation has predominantly focused on the advantages of using touch as a mechanism to establish connection and empathy with the client. Judging by the literature already explored, there is potential for the professional boundaries to be crossed in many instances. Why is there a grey area around this topic? This mixed opinion has been formed due to the therapist's own experience with the client. A psychotherapist's decision to incorporate touch into the therapeutic room is based on their experience with a client. A judgement is made as to whether touch will enhance the richness of the client's recovery. The responsibility placed on the therapist to respect the client's autonomy and their space forms much of the argument around whether it inhibits the client's process and progress. The ethics surrounding touch has shown to be objective and not as informal as the client by client basis.

The findings throughout the dissertation do not establish a clear answer to the ongoing debate of using touch in the therapeutic setting. The research ultimately explores the alternative views of using physical touch. The dissertation shows the emotional awareness a therapist must have of their client when integrating the use of touch into the session. The correct place and timing for touch to be incorporated plays a large role as to whether touch is appropriate for client's with traumatic issues. A mere touch of a client's shoulder or hug could potentially re-traumatise a client and undo any progress. The potential severe reaction a client can have to the use of touch reveals the power that comes with incorporating it into the session. The ethics and boundaries explored throughout this research show how important they are when working in the field. Both ethics and boundaries are in place for the protection and safety of the therapist and client.

By engaging with a topic that still has conflicting views today, it confirms there are complex and intangible layers within the subject matter. This research does not conclude with an overall result as such, it merely provides a space to ask more questions. This exploratory research reflected on two case studies by well-respected therapists within the field. They confirm that by using or not using touch is dependent on whether it will of benefit to the client. A therapist must be aware of both their own emotional boundaries and transference as well as knowing what approach is best for their client. It is necessary to comment on where body psychotherapists come into the discussion of this matter. The use of touch is paramount to a body psychotherapist's as the execution of the practice falls under working with the body and the felt sense. Moreover, it is the client's connection with their body that impacts on the therapeutic process. By understanding this, it would be bias not to consider the benefits of this type of work with a client.

There are many different aspects to consider when exploring the use of touch in psychotherapy. There are areas explored in this dissertation that require further research as the topic is so broad. This dissertation provides an thorough investigation into the topic of therapeutic touch. However, there are influences like culture that can impact how the use of touch is understood in certain parts of the world. It would prove interesting to consider the cultural impact on the appropriateness of using touch in a therapeutic relationship. It would also be of interest to explore the cultural meaning behind the word touch. The use of touch may have a different impact on the therapeutic relationship that views touch in a different way. In terms of this body of research, it is the therapist and client's experience within the session that determines whether the use of touch is appropriate. Psychotherapist's training and experience should provide the tools to decipher when the use of touch is appropriate and contained in the therapeutic relationship.

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