

Research

Therapeutic Relating Embodied: An Exploration of Psychotherapists' Experiences of Touch in Therapy

By Delphine O'Keeffe



the topic of psychotherapeutic touch for a number of reasons. Practical modules during the training opened up a new personal awareness of the stress response and of the body as a vast source of information on unconscious material, including patterned forms of relating to self and others. Those modules elicited a curiosity about the therapeutic potential for body-oriented work, while also emphasising the importance of situating it within a psychodynamic awareness.

A review of accredited psychotherapists in Ireland (IAHIP and IACP) showed a history of training in various body-oriented approaches discussed below. Conversations with more traditionally-trained practitioners also made me aware that a number of them actively incorporate touch in their practice, though they may not advertise this. I decided to focus on therapeutic touch as a lens through which to explore the embodied dimension of intersubjective relating in the therapy room, with touch at the boundary of that dimension.

In contrast with the above, an overall cautioning against touch as an appropriate psychotherapeutic intervention conveyed in most other areas of my training, and from some within the profession's institutions, together with ethical and theoretical issues, further fuelled my curiosity about this topic. What is it about touch in particular as an intervention, or aspect of

“...and we merge into this body which is better informed than we are about the world” - Maurice Merleau-Ponty

Introduction

Touch has been used within psychotherapy since the origins of the profession, and is referred to across the historical literature (Durana, 1998; Bonitz, 2008). It has been subject to much critique, however, and its use remains controversial.

The research referred to in this article is a qualitative study offering insights into working with psychotherapeutic touch, through an in-depth, Interpretative Phenomenological Analysis of the accounts of three experienced psychotherapists. It is impossible

in this short space to do justice to their rich and detailed accounts, however it is hoped that those interested will read more of their interview extracts in context, at the link below. This article focuses also on the research approach itself, to reflect the theme of the May 2017 Cork Counselling Services conference on developing the researcher role in therapeutic practice.

Background and Context

As a student conducting research for a Master's degree in Psychotherapy, I was drawn to

interventions, that seems to elicit both enthusiastic responses, and more closed off or fearful responses from psychotherapists? I invite you to take a moment to notice any thoughts, feelings or sensations that this topic of touch in psychotherapy may bring up for you personally.

The existing research reflects these contradictions. On the one hand, it shows evidence of the therapeutic potential of touch between therapist and client, highlighting a dimension of deep healing that cannot be accessed via discursive means alone, with contemporary neurobiological research bolstering these arguments (Schore, 2002; Siegel, 2001; Wallin, 2007). The potential risks of harm to clients are, however, also well-documented, including: regression, re-traumatisation, abuse including sexual abuse, and other breaches of personal boundaries (Kertay and Reviere, 1993; Hunter and Struve, 1997; Clance & Imes, 1997). The age-old psychoanalytic taboo against using touch in therapy is also still present for many in the profession (Casement, 1982), including within humanistic strands (McLeod, 2008).

The literature reviewed included the physiology of touch and its role in human development, an overview of the history of touch in psychotherapy, and the differing views of the principal therapeutic orientations regarding touch. Alongside this, the major themes identified included:

- The healing potential of touch in psychotherapy and theoretical rationales underpinning its use;
- The taboos and controversies including psychoanalytic critiques, potential for harm or trauma, cultural/social contexts, gender, power dynamics and litigation fears;

- The differences between therapists who use touch interventions and those who do not, and suitable client types;
- The contemporary ethical considerations and clinical guidelines.

While some qualitative research exists on touch in psychotherapy (including Totton, 2003; Smith, Clance & Imes, 1997; Staunton, 2002; Kepner, 1997; Ogden, 2015; Levine, 1997; Kurtz, 1997), it focuses primarily on clients' experiences and recognises a need for more research in this area overall (Smith, Clance, & Imes, 1997). A gap was thus identified in the literature regarding psychotherapists' own experiences of working with psychotherapeutic touch, to which my research aimed to contribute.

Aims & Objectives

In order to dig deeply into this topic, I adopted a qualitative approach. Specifically, the research aimed to: examine the context and rationale for practitioners' use of touch in psychotherapy and their individual experiences of the process; explore any impacts on their identities as practitioners: and to investigate their understanding and experiences of potential risks to the client and how these are managed, including ethics and clinical guidelines.

IPA - An ideal approach research approach for psychotherapy

Interpretative Phenomenological Analysis (IPA) was chosen as the preferred methodology, as it is a qualitative research approach that aims to provide a detailed examination of subjective, human lived experience (Smith, Flowers & Larkin, 2009). Relying upon idiographic, close exploration of individual cases, IPA is

particularly suitable for exploring phenomena such as touch within psychotherapy, a field primarily concerned with individuals' subjective meaning-making and their experiences in relationship with others, rather than with drawing generalised conclusions.

IPA is a dynamic research process that also incorporates the researcher's experiences and knowledge in the process of phenomenological interpretation, i.e. interpretation of individual human lived experiences. This constitutes a 'dual hermeneutic', or dual interpretation (Harper and Thompson, 2011) - hermeneutics being the theory and study of interpretation. In other words, the researcher is involved in the meaning-making process as well as the subject, mirroring the joint exploration and meaning-making process that occurs between therapist and client. The detailed exploration also includes a close analysis of the language used by interviewees, including variations in emphasis, pitch, intonation, and other non-verbal content (Pietkiewicz, & Smith, 2012), something we are used to paying attention to in psychotherapy.

Psychotherapists are also well accustomed to embodying the two broad interpretative positions required for IPA research: a hermeneutics of empathy, and a hermeneutics of suspicion or questioning, in relation to the research participants' own interpretation or hermeneutics of their experiences (Smith, Flowers & Larkin, 2009).

It is worth mentioning that Mick Cooper's keynote address at the Cork Counselling Services conference highlighted the importance of psychotherapists conducting research on our own field of practice, as we are arguably best placed to do so. In addition to the above points,

having witnessed the openness to critical enquiry and self-reflection shown by participants at the conference, I believe that psychotherapists are indeed uniquely placed and bring many natural skills and abilities to the role of researcher.

Overview of Participants & Interviews

Having identified five psychotherapists practicing from body-oriented approaches involving touch, via an online search of practices in Dublin, these were contacted by email. A data sample of three was selected, they being the first three to respond to email contact and meet the selection criteria, as follows: Each had a minimum of ten years' professional, post-accreditation practice. They were in regular supervision, and had undertaken three or more different forms of body-oriented psychotherapy training specifically involving the use of touch, including: Gestalt, Sensorimotor Psychotherapy, Somatic Experiencing, Hakomi and Bioenergetics (Kepner, 1997; Ogden, 2015; Levine, 1997; Kurtz, 1997; Reich 1980).

Semi-structured, open-ended interviews of about 90 minutes each offered a flexible context in which to explore the topic of touch as they experienced it, including any areas not anticipated by the researcher. The participants described using different types of touch interventions with different clients and presenting issues, including touching clients' hands, arms, shoulders and legs. The types or purposes of touch ranged from exploring the impact of the contact itself (with fingers or hand), to touch given as support (e.g. a hand offered), touch given as resistance (hands or shoulders), or touched used in

Bioenergetic massage (legs).

Ethical principles of respect for autonomy, beneficence, non-maleficence and justice were upheld in the conducting of the research (Harper & Thompson, 2012, p.24). Participants were provided with background information regarding topic, context, design and goals of the research, and their rights as research participants. Confidentiality of participants was ensured, with all recordings, transcripts and notes anonymised, coded, and stored in locked files, so that all data was de-identified. Participants' identities were protected by the use of pseudonyms, as used below.

Following IPA methodology (Smith, Flowers & Larkin, 2009), I used my own psychotherapeutic skills and a close analysis to interpret the data, and to identify the themes emerging most strongly from the therapists' narratives. I also used the supervisory process and discussions with peers, particularly in the designing of interview questions and selection of themes, to avoid tendentious questioning and to manage potential biases and remain open to all interpretations beyond any existing assumptions. Three salient themes emerged from the participants' narratives, which conveyed core aspects of the therapists' experiences in relation to the topic of touch in psychotherapy. These themes took some time to differentiate, as they are so closely interdependent and they manifested concurrently in practice. Nevertheless, they can be seen as flowing one from the other in sequence, as each was understood by the participants as foundations and prerequisites to the next. A brief summary of each theme is outlined below.

Theme 1: The Embodied, Self-Aware Therapist

"It becomes a way of being"

The extent of the therapists' own sense of themselves as embodied practitioners was the first theme to stand out, manifesting in regular references to their use of body responses as important tools in their practice, as well as during the interviews. Their somatic awareness appeared to enable them to relate therapeutically in a confident and authentic way, and their comfort and ease in connecting to their own body sensations was seen as an important foundation for the safe and ethical use of psychotherapeutic touch. It came across as an effortless, intrinsic way of being for them, adding an extra, sensory dimension to their experiences within clinical practice, and to their lives in general.

Two participants named their experiences of having received therapeutic touch themselves as important factors in developing somatic self-awareness, while the third experienced it during his training. All three therapists shared a belief in the body as an important route to accessing the unconscious, for those who are open to it.

Liam: My sense is that the most important thing is to experience it yourself, first...it's the *experience* of it for yourself. To see how it impacts you. You have to experience a *lot* of this stuff... to know how it can work, and to understand the energy, energetic part of it, yeah.

Eddie: The body is the royal road to the unconscious! (*laughs*)... and it's *potentially*, em, a really powerful and lovely way to ehm...make contact with

unconscious stuff, and making the unconscious conscious is what we're about.

In contrast to the existing literature, participants in this study regularly referenced use of their own body awareness as informing interventions, conveying how developed it was and how intrinsic to their ways of being and relating:

Maria: I'm so used to working with touch, and I'm so used to tracking what's happening in the body alongside of the narrative, and paying as much attention to that as to the narrative; I've been doing that all the time I've been working as a therapist.

It also provided insights into how the practitioners used this internal body awareness as an important source of information to help them to respond in a congruent, authentic way. Asked about colleagues' attitudes to his use of touch, for example, Liam noted a body movement that betrayed his feelings on this before he verbalised them:

Liam: Mmmm... [clasps his hands and puts them firmly on lap / in front of belly] Yeah it's a good question, I, I think, funny as you ask it, I think – I notice now there's a part of me - and I even noticed as I went to answer it I notice what just happened with my hands! (laughs) – I think there's a part of me that protects it a little bit.

Finally, embodied self-awareness appeared to have a profound impact on their experiences and identities both as practitioners and as people:

Maria: The more I got to know (my body), the richer the experience of living is...It

becomes a way of being. I think it impacts on you in general, it... how y-... to live in the world, from being aware of being inside of your skin, with an awareness of your body...it makes life a much more sensual experience.

Theme 2: The Power of Touch: Balancing Risk and Potential

"The cherry on the cake"

"...can also send somebody running"

The second theme emerging from the data was the participants' belief in the power of psychotherapeutic touch to bring about healing and change. In particular, touch was named as helpful in facilitating awareness, energetic release, processing trauma and integrating new experiences at a deeper, non-verbal level, reflecting a 'deficit' approach to psychotherapy (Forer, 1969, LaPierre, 2006).

Eddie: It's...giving our muscles and sinews those real experiences, and so they can release from some of that tension. And that's the trauma bit. The trauma is that movement that didn't get to happen

Liam: It does bring a dimension to the work that can be *powerfully* transformative, you know. That sitting in the chair, four feet apart...I'm not sure fully gets. The body work has something that is, it's like, it's like... it's *kind of like the cherry on the cake*. It's a bit of a crude way of putting it, but...it can really be transformative, and highly repairing. It's something about the *energetic release* that's possible, through the intervention.

In tandem with this positive potential, participants named the risk of harm if touch is used

inappropriately. Factors they identified as mitigating these risks included: appropriate training and supervision, the therapeutic alliance, clarity of rationale and motivation, prior clarification and discussion, slowed-down pace of work, and clear and explicit verbalising of processes involving touch. All three described the importance of establishing safety and building trust as an intrinsic aspect of their work in this modality.

Maria: I'm offering it as an experiment, and we are mindfully studying what happens with the touch. What happens even with the *suggestion* of touch. Sometimes that's a session in itself. It's *hugely* slowed down – bite size. Bite size. It's knowing the... how important and powerful the use of touch is. There's always purpose with it. It's not like I'm reaching over and touching you- it's not that. If I'm going to reach over, we do it mindfully, we're in collaboration, mindfully.

The therapeutic alliance was seen as both a vital foundation for the work, and its ongoing development as an inherent 'by-product' or outcome of the work itself. The participants described several key elements to developing trust in the therapeutic alliance where touch is involved. These included: prior discussion of touch, clarification of rules and intent, clear and explicit verbalising before, during and after its use, and slowing down the pace of the work.

While participants identified different conditions they believed necessary for touch bodywork to be safe, ultimately there remained an element of discernment on their part, just as with any other psychotherapeutic intervention. The difference here was their referencing the use of their own

body responses to inform this discernment around the use of touch, and their close tracking of clients' body responses during the moment-to-moment engagement.

Theme 3: Attuned Relating, Embodied

"To mirror that I exist"

The final theme to emerge was the refined degree of attunement and depth of intersubjective relating facilitated by the therapists' awareness and use of the embodied dimension. They saw themselves as fostering the development of new self-experiences in the client via body-oriented work, including touch contact. Having first grounded and resourced their clients through supporting them to develop greater body awareness, they work at the edge of the client's tolerance to retrieve and integrate unconscious material and release unprocessed trauma. This involves closely tracking and mirroring their clients' body responses, while incorporating somatic countertransference, to support the therapists' capacity for attuned relating, thus bringing an additional, embodied dimension to the therapeutic relationship.

Eddie described how slowly the process needs to happen for the client to truly integrate the new experience at the body level, working at the edge of the client's 'window of tolerance' (Ogden, Minton, & Pain, 2006), while avoiding either hypo-arousal or hyper-arousal of the nervous system:

Eddie: And to trust, not just trust support, but even trust the possibility of support, eh was a huge piece for [the client]. And eh, and just – getting a kind of a – a *body* experience of what that's like, like ok there was a huge amount of grief came up, there was also, there was grief

and relief...the relief that this just might be possible. Taking support just might be a possibility.

Liam demonstrated a similar emphasis on subtle attunement in describing how he listens to his own body responses 'at a gut level,' while tracking any subtle body movements or twitches in the client that signal their real boundaries, though the client may be unaware or overriding these:

Liam: Because they're not paying attention- so in their *head*, 'oh he's such a nice person, I couldn't possibly stop', or 'I couldn't-', you know. The cognitive bit is kicking in, and overriding what's actually happening...everyone's overriding the gut, with the head, you know.

Maria described work with one client that activated her own 'self-reliance' defence. It was through disclosing her somatic countertransference responses to the client that the work moved forward. By communicating her experience of the client's demands as challenging, this led to a working through of past traumas via the client's experiences of having touch withheld as well as receiving it, and closely exploring both. Maria noted here that she does not automatically give or use touch:

Maria: Sometimes touch can be a comfort. But you know the way if you – if comfort comes sometimes too soon, the very thing that the person needs to – to clear, or is working with, it kind of goes underground again, whereas being without the comfort brings up the very issue they want to work with.

Liam too described the subtle discernment and attunement required by the therapist in deciding

whether or not to make a particular touch intervention:

Liam: It mightn't necessarily *actually* be the right thing to do in the moment, you know, it might be to *sit* with the energy, it might be to explore it, to stay with it, breathe into it, you know.

Though their accounts reflect a 'deficit model' approach to psychotherapy, the participants all displayed an awareness of the psychodynamics also entailed by this work, with two of them explicitly naming the risk of gratification. Their experiences also reflect Nolan's contention that incorporating an explicit body-mind relational stance can make the quality of transference and countertransference rawer and more accessible to consciousness, and that explicitly tending to the physical aspects of transference and countertransference allows it to be worked with inter-subjectively (Nolan, 2012, p. 132).

Implications for psychotherapy

The overall sense of enhancement and meaning that working with the body including using touch appeared to bring to the practitioners, and to their practice, suggests that this orientation has potential for those practitioners and clients who are drawn to it. Incorporating a mind-body awareness in the intersubjective relating was seen as important to a holistic, integrative approach. At the same time, the participants were all keen to highlight the need for extensive experience in receiving touch and training in its use before applying it in practice, aware as they were of its potency as well as the risk of harm. Mainstream psychotherapy training courses could therefore usefully include introductory modules on working with the body as an important dimension

of the therapeutic relationship, as well as exploring the use of psychotherapeutic touch within this and offering a context in which to discuss related issues of safety and ethics.

The study points to the need for further research on both therapists' and clients' experiences of the embodied dimension of psychotherapy, particularly when involving touch. There is a need for further qualitative and quantitative research on the use of psychotherapeutic touch in an Irish context, as much of the literature available on the subject is North American or British, and there is currently no clear overview of its use among psychotherapists in Ireland. The research summarised in this article was submitted in June 2016 to the Department of Psychotherapy at Dublin Business School, for the degree MA in Psychotherapy. The full thesis can be accessed on the DBS eSource portal at <http://bit.ly/PsychotherapyTouch>. 🍊

References

- Bonitz, V. (2008). Use of physical touch in the 'talking cure': A journey to the outskirts of psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 45(3), 391–404. <http://doi.org/10.1037/a0013311>
- Casement, P., J. (2000). The Issue of Touch: A retrospective overview. *Psychoanalytic Inquiry*, 20(1), 160–184.
- Forer, B. R. (1969). The taboo against touching in psychotherapy. *Psychotherapy: Theory, Research & Practice*, 6(4), 229–231.
- Goodman, M., & Teicher, A. (1988). To touch or not to touch. *Psychotherapy: Theory, Research, Practice, Training*, 25(4), 492–500.
- Heller, L. & Lapierre, A. (2012). *Healing developmental trauma: How early trauma affects self-regulation, self-image, and the capacity for relationship* (1 edition.). North Atlantic Books.
- Hunter, M., & Struve, J. (1997). *The ethical use of touch in psychotherapy*. Thousand Oaks: SAGE Publications, Inc.
- Kepner, J. I. (1997). *Body process: A Gestalt approach to working with the body in psychotherapy* (1 edition). Hillsdale: Gestalt Press.
- Kertay, L., & Reviere, S. L. (1993). The use of touch in psychotherapy: Theoretical and ethical considerations. *Psychotherapy: Theory, Research, Practice, Training*, 30(1), 32–40.
- Kurtz, R. (1997). *Body-centered psychotherapy: The Hakomi method: The Integrated use of mindfulness, nonviolence and the body*. Liferhythm.
- LaPierre (2006). From felt-sense to felt-self: Neuro-affective touch and the relational matrix. The Hakomi Institute, 16-17, 43-46.
- Levine, P. A. (1997). *Waking the tiger: healing trauma : the innate capacity to transform overwhelming experiences*. Berkeley, Calif.: North Atlantic Books.
- McLeod, J. (2015). *Doing research in counselling and psychotherapy* (3rd. ed). SAGE Publications Ltd.
- Nolan, P. (2012). *Therapist and client: A relational approach to psychotherapy*. Chichester: Wiley-Blackwell
- Ogden, P., Minton, K. & Pain, C. (2006). *Trauma and the body: A sensorimotor approach to Psychotherapy*. New York: Norton.
- Pietkiewicz, I. & Smith, J.A. (2012). Praktyczny przewodnik interpretacyjnej analizy fenomenologicznej w badaniach jakościowych w psychologii. *Czasopismo Psychologiczne*, 18(2), 361-369.
- Reich, W. (1980). *Character analysis*. (V. Carfagno, Trans.) (3rd Ed). New York: Farrar, Straus and Giroux.
- Schore, A. N., (2002). Advances in Neuro-psychoanalysis, Attachment theory, and trauma research: Implications for Self-Psychology. *Psychoanalytic Inquiry*, 22(3), 433–484.
- Siegel, D. J. (2001). Toward an interpersonal neurobiology of the developing mind: Attachment relationships, 'mindsight,' and neural integration. *Infant Mental Health Journal*, 22(1-2), 67–94.
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: theory, method and research*. Los Angeles: SAGE Publications Ltd.
- Smith, E. W. L., Clance, P. R., & Imes, S. (Eds.). (1998). *Touch in psychotherapy: Theory, research, and practice*. New York: The Guilford Press.
- Staunton, T. (Ed.). (2002). *Body psychotherapy*. Hove: Routledge.
- Totton, N. (2003). *Body psychotherapy: An introduction*. Berkshire: Open University Press
- Wallin, D. J. (2007). *Attachment in psychotherapy* (1st Ed). New York: The Guilford Press.

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