

Touch and Psychotherapy

This explanation is taken from my teacher Kathy Kain's website, somaticpractice.net. Kathy clearly explains why therapeutic touch is so helpful when used appropriately in psychotherapy.

Somatic psychotherapy, by name and by nature, is a body-oriented process. Its successful practice relies heavily on the practitioner's skill at understanding the client's somatic communication. Although we cannot directly experience our client's somatic states, we can rely on a kind of translation of those states into language that we can understand. Sometimes that translation takes place at a verbal level, such as when clients are verbally reporting to us what they are experiencing. We listen to their descriptions, noting what types of words are used, what is said, as well as what is not said. Sometimes our clients translate their internal experiences to us in forms other than verbal: Gestures, postures, breathing cadence, trembling, weight shifts, subtle circulation changes – all may have meaning in helping us understand the client's process of renegotiation of trauma. As a result, somatic therapists need to be highly skilled in their capacities to understand as many of the body's forms of communication as possible.

A keen awareness of subtle shifts within the client's somatic state can use all of the practitioner's senses: hearing, vision, kinesthetic sense, smell, tactile sense. In this context, the use of touch is simply another possible tool that therapists might use to enhance their observations of the client's renegotiation process. Sometimes the client's communication of her inner experience takes place through subtle tissue changes, which may not be observable in any other way than through contact with those tissues. This type of direct tissue observation may be understood by a skilled touch therapist in much the same way as the client's verbal cues may be understood. The essential process remains the same, only the form of observation changes. The use of touch is not essential in somatic practice, but when used appropriately it adds another possible option to the list of tools available to the practitioner during a session.

If touch is one of the tools being used in the therapy mix, its effect must also be accounted for. The integration of touch into the psychotherapeutic and counseling environment continues to be a developing, and sometimes controversial, process. Because of this, if touch is used by a psychotherapist or counselor, care must be taken to ensure that all legal and ethical boundaries are respected.

The amount and type of touch that any therapist uses will be based on many different factors: licensure, practice setting, type of clients, practice style of the practitioner, and so forth.

In general, in the psychotherapeutic or counseling setting, touch should not be used under the following circumstances:

- To treat or repair physical injury. The exception to this is simple forms of touch which are used in the context of working with the psychological or traumatic stress symptoms associated with the injury, but are not specifically for the treatment of the injury itself.
- For the purpose of sexual arousal.
- For the purpose of causing harm to the client
- If the practitioner is unclear on the purpose of the touch being used, and cannot articulate its purpose to the client.

- If the client has not explicitly agreed to the use of touch in the session and to the specific purpose of the touch being used.
- If the practitioner is feeling confused or overwhelmed by the transference or counter transference dynamics which are occurring in the therapeutic relationship.
- If the client habitually uses touch work to avoid, rather than engage, the change process.
- If the practitioner is using touch work to avoid engaging the client's change process, particularly if that process is uncomfortable for the practitioner and touch work is being used to set the practitioner at ease, rather than for the benefit of the client.
- Simply because the practitioner can't think of anything else to do.
- If the practitioner's level of skill does not match the level of complexity of the client's needs related to touch. The more complex and subtle the client's symptoms, the more experience and training the practitioner needs.

Caution should be used in deciding to use touch under the following circumstances:

- When the client has a history of negative experiences with touch, particularly from caregivers.
- When the client has such limited experience of appropriate touch that he or she is at high risk of misunderstanding its purpose.
- When the client lacks enough developmental maturity to adequately manage the necessary contract related to touch – this may include otherwise mature clients who are engaging developmental issues in the therapeutic relationship and are temporarily lacking in their usual resources.
- When the client is struggling to identify appropriate boundaries. • If touch causes the client to be overwhelmed or over-activated by the sensations resulting from touch.
- When cultural difference may make it difficult to know how touch will be interpreted.

Appropriate touch can often be especially useful under the following circumstances:

- In working with early shock trauma that has a primarily physical origin (particularly when this occurs in the child/infant's pre-verbal development phase). This is especially true when the client's symptoms are manifesting as primarily somatic complaints.
- In working with developmental disturbances that have a primarily physical origin, such as extended hospitalizations, particularly if the client's symptoms are manifesting somatically.
- When it is helpful to the client to learn to differentiate between appropriate, caring touch and inappropriate, harmful touch.
- When touch helps the client integrate his or her change process more fully through all layers of self.
- When touch helps the client remain resourceful in managing his or her activation levels.
- When the use of verbal language is limited, either due to disability or language barriers.