The Power of Touch in Psychotherapy

COURTENAY YOUNG

Abstract

The concept of touch in psychotherapy is not a new one, but, for a variety of reasons, has often been treated with a degree of caution, sometimes bordering on phobia. Psychotherapy itself has long held the view that the mind is paramount, the source of emotions and feelings, and thus the only proper focus of treatment. This view is increasingly untenable. "Talking" therapies, whilst more sophisticated than they were, still often miss out on a rich realm of possibilities by ignoring, or not considering, the potential of touch. This article therefore looks at the power of touch in psychotherapy, particularly as it applies to Body-Psychotherapy, but not exclusively, looking also as to why it is still not used in other psychotherapies, though there is no particular reason it should not be. A broad and in-depth view is taken of the topic and the field.

Introduction

Touch – simple human-to-human contact with or without physical affection – has an amazing power; a power not to be dealt with, or engaged with, lightly (Ford, 1993). Within the field and practice of Body-Psychotherapy, we are familiar with this power, and its uses. We have experienced it, we have been taught about it, we have trained with it, and we apply it professionally and appropriately in our psychotherapeutic work. The different forms of Body-Psychotherapy – and there are several (Caldwell, 1997; Young, 2008) – often use different aspects or forms of touch in psychotherapy.

For example, 'Gentle Bioenergetics' developed by Eva Reich (Overly, 1996) uses a very light and gentle touch when working with very young babies, often in incubators. Eva Reich describes this touch, this massage, as a 'Butterfly Massage' because it is so light that it is as if you are touching a butterfly's wing. She developed this touch to over-come the parental separation, lack of bonding, and disturbance in attachment that can be crucial for the baby's emotional development at this particular time in his life. It is remarkably powerful and effective: babies came 'back' out of a semi-trance state, make eye contact, wave their arms and legs, start interacting, and also put on weight more quickly than similar babies not so touched – essential for premature babies in an incubator. This form of touch, if used on adults, can have a similarly beneficial effect, if applied to the right person, at the right way, in the right place in their process.

In contrast, the original 'Character Analytic Vegetotherapy' (CAV) type of touch that her father, Wilhelm Reich, developed in the 1930's was specifically designed to get into, awaken, and release a person's tense, chronic, muscular holding patterns that had built-up over years. These tensions had become, over time, semi-anaesthetised (subconscious or unconscious), and had consolidated to form their (neurotic?) character-structure. The type of touch Reich used was powerful, somewhat invasive, and often extremely painful (Bean, 1971). Nevertheless it was also effective. People became aware of their muscular tensions, their holding patterns, and how these physical or somatic 'blocks' also now limited their emotional development, cognitive perspective, and relational life. Reich called this 'complex' of holding patterns "character armour" (Reich, 1972). There were also difficulties in using this form of touch – because of its power, because of the variety of conditions, because of the need for specialised knowledge, and because of the specialised nature of the work (Raknes, 1970, pp. 168-170).

Yet the type of touch used in psychotherapy must be appropriate for the client and their situation (Jones, 1994; Rothschild, 2002). If the client, as a baby, had been given appropriately one

type of touch (say, Eva Reich's Baby Massage), they might not need, much later in life, the more structured and 'hard' CAV type of touch to help them to 'contact' and 'break down' their chronic (long-held) tensions. However, if the baby doesn't get the right type of touch, it might die (Older, 1982) and we have all seen photographs of the psychically neglected children from Romanian orphanages: they were fed and changed but not touched. This is just one example. Women who have been sexually abused as a child may not be able to be 'touched', especially by a male therapist, and touch may be inappropriate for people who have been traumatised (Rothschild, 2002). A skilled Body-Psychotherapist is trained to be able to use the right touch, in the right place, at the right time, and with the right person (to paraphrase Aristotle on 'anger'[1]) or not to use touch, where appropriate (Young, 2005). This level of skill and awareness is not necessarily the prerogative of a Body-Psychotherapist. In the same way that other psychotherapists can use the concept of transference, if it seems appropriate, they could also use touch in psychotherapy, when appropriate, and after suitable experience, training & awareness.

Heuer explores the concept of using touch in psychotherapy in some depth, marrying "the clinical practice of working both psychodynamically (i.e. with transference and counter-transference) and biodynamically (i.e. directly with the body) (2005, p. 108)

Different Types of Touch

Malcolm Brown (1990) talks about the 'healing touch'; Ilana Rubenfeld (2002) talks about the 'listening touch'. As we have seen, one can have a 'Gentle Touch', and possibly an 'invasive' touch; as we will see, we can also have an 'ethical' touch in psychotherapy. What other types are possible? Hunter & Struve (1997) explore this is some depth and 'organise' the various types of touch into categories:

> The meaning of touch is variable and multidimensional. Although touch does not always fall into neat, descriptive groupings, for purposes of understanding it is helpful to organize touch into several distinct, but sometimes overlapping, functional categories. … accidental touch, task-oriented touch, attentional touch, celebratory / affectional touch, emotional / expressive touch, aggressive touch, sensual touch, and sexual touch. These categories actually reflect a continuum of levels of physical contact, moving from unintentional touch, to businesslike and sometimes ritualized touch, to more personal touch, and finally to a highly intimate degree of touch." (p. 115)

Totton (2003, pp 118-123) has a different categorisation: touch as comfort; touch to explore contact; touch as amplification; touch as provocation; and touch a skilled intervention.

Gerda Boyesen, within the post-war European Body-Psychotherapy context (Young, 2008), developed a powerful, yet gentle, approach to working with touch in psychotherapy – not with the muscular tensions of 'character armour', but with the visceral tensions of ingested stress (Boyesen, 1980; Carroll, 2002). Instead of working with the skeletal muscles on the 'motoric' side, her Biodynamic Massage was designed to affect the 'vegetative' side and rebalance, the patient's Autonomic Nervous System (ANS). Whilst massage is normally massage and possibly psychotherapeutic, she actually developed a style of psychotherapy that interweaved and complemented the straight Biodynamic Massage, as well as a 'deep-draining' technique that helped the person re-awaken and re-structure some of the deeper, postural muscles (similar to, though less painful than, Rolfing). This was not just touch as a psychotherapy, but touch in psychotherapy. At one point in my original training (1979-83) at the Gerda Boysen Centre in Acton Park, London, I was receiving, every week, a deep-draining massage (to awaken the deeper, more long-term or 'held' material); then having a therapy session a few days later (as the somatic material had come more to the consciousness and needed to be 'processed'); then getting a Biodynamic massage a day later (to help soften and rebalance the ANS after all the emotional turmoil); as well as being in experiential training groups and group therapy groups; giving sessions and massages in a training

clinic; editing the Journal of Biodynamic Psychology (to help with the cognitive development – sadly lacking in some of the training); working part time to pay for it all; and living in a London squat, with a new lover, re-building something of my life after a marital and family separation from my wife and three children. I felt 'touched' on a number of very different levels.

Touch can thus be at different levels, with different strengths, and at different depths. I remember a 'teaching story' from my training where was one person who came to a clinic at the Boyesen Centre and received a 'deep-draining' massage from a trainee. They then had a psychotic episode. In attempting a 'post-mortem' analysis of what went wrong, Gerda realised that the trainee had been working at the wrong 'level'. The deep emotional material that was being stirred up by the massage, was not being distributed and integrated. After that, trainees only worked on other trainees in the deep-draining' massage, as they were also in personal psychotherapy and any unintegrated material could be dealt with.

Aposhyan advocates the psychotherapist encouraging the client to self-touch, which can "allow them to deepen into their own relationship with their bodies, and to gain a sense of intrinsic safety, and the sense of having the power to give themselves pleasure … (and) be used to wake up a part of the body that has become dissociated." She especially advocates self-touch with clients with a history of early sexual abuse where "there is a learned confusion between nurturing touch and arousing or invasive touch." (2003, p.179)

We can also discover totally different types of touch coming in, often to complement psychotherapy, or when developing a psychotherapy out of a body-oriented therapy. With regards to the former, Hunter & Struve wrote about using bodyworkers as an adjunct to psychotherapy (1998, pp. 219-227). We find methods like 'Energy Psychology' (Gallo, 2002), being reviewed favourably in the American Journal of Clinical Hypnosis, or Zero Balancing developed by F.F. Smith (Hamwee, 2000) being more accepted as a 'safe' technique, whether applied by a separate bodyworker or by the psychotherapist as an additional aspect to the client's psychotherapeutic process. The afore-mentioned are both US nationally-taught methods essentially for aligning body energy with structure to improve everyday interactions. These sorts of 'mixings' are becoming increasingly common: nurses often use 'Therapeutic Touch' within hospital settings, and we also find, similarly, Western medical doctors using acupuncture and homeopathy.

With regards to the latter category of a psychotherapy developing out of a body-oriented therapy, Ilana Rubenfeld (2002) synthesised Moshe Feldenkrais's work and the Alexander Technique with Fritz Perls' Gestalt psychotherapy; Thomas Hanna (1989) also developed Feldenkrais' *'Awareness through Movement'* into a Body-Psychotherapy he called 'Somatics'; Jack Painter's 'Postural Integration' (1987) has been developed into 'Psychotherapeutic Postural Integration' with the integration of Gestalt psychotherapy and some Jungian perspectives, and recently accepted as scientifically valid by the European Association of Psychotherapy (EAP). Bonnie Bainbridge Cohen's work in Body-Mind Centering has been developed by Susan Aposhyan (2004) into a Body-Mind Psychotherapy.

Clinical & Ethical Issues

When we come on to 'how' we touch, Ilana Rubenfeld writes: "Many therapists have discovered that what we communicate verbally is not always congruent with our body's story. Using a listening touch can accelerate the process of change." (Rubenfeld, 2002). Kepner (1987) developed a taxonomy of the different ways touch can be technically applied with the different uses or communications indicated by each type. Each method or modality within Body-Psychotherapies have their different 'forms' of touch.

But is not just 'how' to touch that varies. Quite a lot has been written on whether to touch in psychotherapy or not (Rothschild, 2002; Young, 2005; Totton, 2003) and when it is clinically appropriate to use touch in psychotherapy (Hunter & Struve, 1998, pp. 136-156). Indications and contraindications are not just around the subject of fear or eroticism or counter-transference. The client may need or want to be touched (appropriately) and may derive much benefit from this, as

when contacting a deep sadness in their therapeutic process, or if the client is in pain and the psychotherapist has useful skills and awarenesses. There are also, as indicated, many situations where it is clinically or psychotherapeutically inappropriate to touch, and doing so might be seen as counterproductive, crossing appropriate boundaries, or even being abusive. There are also situations where it may be inappropriate not to touch, and doing so could be seen as being cold, remote, distant, inaccessible, unfeeling, or contraindicative to the person's psychotherapeutic process, etc. We are human beings, and touch is important and significant to us. *"Touching is not a technique; not-touching is a technique."* (Older, 1982, p. 203)[2]

We can also consider further 'why' we touch. Here is often a tension in the field between "formulation" (i.e., the working psychological explanation for a patient's feelings, behaviors, etc.) and "diagnosis" (i.e., the synthesis of history, observation, and tests) leading to the indication of a certain medical condition that is treated in a certain prescribed way. When formulation outweighs diagnosis, we can formulate certain interesting results (Terr, et al., 1006). There is also the holistic aspect (Latorre, 2000) where is discussed the concepts of an integrated psychotherapeutic approach to patient care, and explores some of the underlying principles that make it beneficial. Body-psychotherapy tends to steer away from the 'medical model' of psychotherapy as a correction of psychological pathology, more towards a humanistic or growth model. In this context the body is seen more as a physical expression of the living essence of the person, and thus the body is so intimately and diversely a part of our being that 'touch' is so significant. Some research shows that patients in intensive care units of hospitals respond much better to 'touch' than to 'technology' (MacLachlan, 2004, p. 163) and a similar principle could easily apply in the psychotherapy room between psychotherapeutic touch and the methodology of talking therapies.

When we come onto the client's experience of touch, there is a wide range of experiences and feelings evoked. May (2002) mentions others who have researched this point (Geib, 1998; Horton, 1998). Hunter & Struve look at the functions of touch, factors influencing the interpretation of touch, possible negative effects, possible effects from the (previous) lack of touch, and possible positive effects (1998, pp. 96-110). Rothschild indicates a negative experience (2002, p. 147) and suggests that certain clients should get their therapeutic experiences of touch outside of the actual psychotherapy sessions, with family and friends. These again are just some indications of the wide variety of experiences.

Ethics of Touch

I have written elsewhere, at length, about the ethics of touch (Young, 2006), as have others (Hunter & Struve, 1997; Maurer, 1996; May, 2002; Smith, 1985; Tune, 2005; White, 2002; Zur, 2005). Professional touch, when practiced ethically and appropriately, is powerful, efficacious and can form a legitimate part of therapeutic practice. This is generally agreed and this is why we, in Body-Psychotherapy, are very clear about our ethical position. The USABP have a special section in their ethic code of practice about touch.[3] If touch is not practiced ethically or appropriately in psychotherapy, then it can be, quite simply, abusive – precisely because it is so powerful and intensive. There is, as we have seen, a potentially erotic component to touch. Some types of touch are essentially regressive, taking us back to the time when we may have been touched the most, as a baby. Touch can therefore be used skilfully in psychotherapy as a tool of regression, if that is appropriate. Touch can also be re-traumatizing, if used unskilfully.

> " … the attempt at therapeutic re-experiencing and discharge of traumatic experience succeeds only in recreating the original trauma, and even imposing a further layer of trauma on the client. The client may be no more able now than in the original situation to process their experience effectively." (Totton, 2003, p. 125)

Whilst he (and others) ascribe this often to inappropriate 'pacing' of the regression, it may also be the product of an unsafe therapeutic relationship (Ferenczi, 1988). If it was all just flim-

flam, stroking, or the waving of hands, then, when practiced improperly, it might be used fraudulently, but it would not necessarily be so abusive in itself. It is because touch can have such 'high voltage' effects, that this is an indication of its power, and this is why it must be used properly. It is also why, as psychotherapists, we need to consider whether touch can be use defectively in our practice or not. If we decide not, then is this decision based on rational principles or on historical and modality-based prejudice.

Research

There have been a large number of studies indicating the power and efficacy of touch, in general. Some of the American studies are mentioned specifically in Tiffany Field's classis book on *Touch* (Field, 2003). Additionally, within the field of Body-Psychotherapy, Pettinati (2002) has published a small study that involves some patients receiving touch; there is some research on the implications of different kinds of touch (Fagan & Silverthorn, 1998). There have also been studies published in Switzerland, (Ventling & Gerhard, 1997); in Germany (Koemeda-Lutz et al., 2003); and from the USA about 3 studies about Radix (May, 1999).

One of the first modern pieces of research about touch, often quoted, is Harlow's work with rheseus monkeys. From my training days I remember seeing a piece of research film of Harlow & Harlow's classic work with baby monkeys, assessing the impacts of maternal deprivation. Here is a summary of some that work:

> Harlow … researched the importance of touch by conducting direct experimental analysis of the "affectional or love responses in neonatal and infant primates" (Harlow, 1958, p.3). He chose rhesus macaque monkeys as subjects for his analysis, as they share ninety-four percent of their genetic heritage with humans. The monkeys were offered access to two surrogate mothers: a "soft" terrycloth mother that was warmed by a light bulb that provided a positive tactile experience, and a wire mother with a bottle attached to it for feeding. The infants spent only the amount of time necessary for feeding with the wire mother and when left alone with her would cower in a corner. When given the choice of both mothers, they would cling to the "soft" mother for up to twenty-two hours a day and, in contrast, when left alone with her, would give her a few hugs and then felt secure enough to explore a strange object on their own. "These data make it obvious that contact comfort is a variable of overwhelming importance in the development of affectional response, whereas lactation is a variable of negligible importance" (Harlow, 1958, p.6).
>
> His observations of infant monkeys separated from their mothers at birth fundamentally changed our views. He discovered two very important things about development. Firstly, "comfort contact proved to be a more significant parenting quality than feeding... and... touch, not food, binds infant to caregiver" (Heller, 1997, p.55).
>
> The second finding was that even those monkeys that were reared on the soft mother, as adults, were neurotic, asocial, autistically self stimulating, self mutilating, and sexually inept. Subsequent studies involved providing the infants with a rocking surrogate. The infants in this study showed fewer abnormal developmental indicators. Normal functioning occurred, however, only in infants who were given contact with another live monkey for just one half hour a day. They needed interactive touch to support normal development. (Zur, 2005b)

Attempts have been made to research the different experiences of touch from the patients' perspective (Geib, 1998; Horton, 1998). There is also some interesting research on the difference between those therapists who touch and those therapists who do not touch their clients (Milakovitch, 1998); on therapists reporting on qualitative and quantitative decision-making processes regarding the use of touch with students in training (Clance & Petras, 1998); touch with clients who have been sexually abused where the author demonstrates the therapeutic usefulness of

touch with such clients, without losing sight of precautionary measures a clinician needs to consider (Lawry, 1998); and some research to distinguish clients for whom the use of touch in psychotherapy can be useful from those for whom touch may be harmful (Glickauf-Hughes & Chance, 1998); as well as the effects of touch on long-term clients in Gestalt therapy where the author weaves her therapeutic perspective into case studies of clients who have been extensively, moderately, and minimally touched (Imes, 1998). Some clinical work has been published about the inner processes of a therapist's using touch with several clients over a long period of time, and from this is distilled 11 guidelines for the use of touch in therapy (Torraco, 1998).

We are also seeing a "tidal wave of new data and theory emerging from the field of neuroscience: directly relevant to psychotherapy, and almost uncanny in its support for the precise positions which body psychotherapy has always taken" (Totton, 2005, p.6)

Another often quoted author in the field of touch is Ashley Montague (1971). Montague writes poetically and yet convincingly: *"When the need for touch remains unsatisfied, abnormal behavior will result"* (p. 46). These indications, amongst many others, of the significance of touch to proper functioning are, to my mind, extremely significant. But this is not just about behaviour, it is actual normal development that is affected. We have all probably seen pictures of Romanian orphans in the mid 1990s. They experienced 'touch' and 'contact' deprivation, to the extent that their intellectual and emotional development totally stagnated and they looked as if they were moronic zombies. Yet, after several years of loving care from dedicated folks, they began to regain or develop many healthy functions, though such early arrestment can probably never be fully overcome or healed. But it is not cognitive psychotherapy that can reach them in their cut-off world, it is touch that heals them and brings them back into contact.

From the fields of massage, body therapies, shiatsu and acupressure, spiritual healing (laying on of hands), in many countries over the years, published in many languages, we find countless repetitions of such efficacious effects. There are also the apocryphal stories of saints and holy people, including Jesus of Nazareth, healing people by touch; the 'King' was supposed to be able to cure scrofula by touch; wise women (witches) often involved touch in their 'cures'. Whilst these do not form part of 'scientific research' per se, the sheer volume, variety, and experience over a vast length of time, from many different sources give a degree of 'weight' to this 'body' of knowledge and opinion that we would be foolish to ignore. Touch is extremely powerful, and can be efficacious.

Legality

There is a generally unquestioning acceptance of the power of touch, ironically implicitly in attempts to restrict and prohibit the use of therapeutic touch, especially in the USA. Some of the paranoia around touch has been written about, but again, this indicates its power, as people are not necessarily paranoid about (say) kittens or earthworms. These don't have a lot of power: mosquitoes and terrorists tend to have more; alien invaders are imagined as being almost all powerful.

People who touch … now there's some power. As bout 7 percent of communication is verbal; the other 93% is non-verbal, touching plays a significant role in that other section. Not to use this power in psychotherapy seems weird, "a *cure* exclusively relying on *talking* is an impossible endeavour indeed (Heuer, 2005, p. 108).

As we move towards statutory registration, legislation of practice, national occupational standards, functional competencies, and so forth – are we going to keep the door open to the use of touch in psychotherapy, or are we going to close this door and effectively forbid the use of touch in psychotherapy in Europe? If we do decide to do so, then we may be 'giving up' a considerable asset and a powerful tool.

I hope this article has 'touched' you somewhere.

References:

APOSHYAN, S, (2004) *Body-Mind Psychotheraapy: Principles, Techniques and Practical Applications.* New York, Norton.

BAR-LEVAV, R. (1998) A rationale for physical touching in psychotherapy. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 52-58.

BEAN, O. (1971) *Me and the Orgone One man's search for sexual fulfillment.* New York: St Martin's Press.

BOYESEN, G. (1980) *The Collected Papers of Biodynamic Psychology: Volume 1 & 2.* London: Biodynamic Psychology Publications.

BROWN, M. (1990) *The healing touch: An introduction to organismic psychotherapy.* Mendocino, CA: LifeRhythm.

CALDWELL, C. (1997) *Getting in touch: The guide to new body-centered therapies.* Wheaton, IL: Quest Books.

CARROLL, R. (2002) Biodynamic massage in psychotherapy: re-integrating, re-owning and re-associating though the body. Chapter in STAUNTON, T. (2002) *Body psychotherapy.* London: Brunner Routledge. pp. 78-100.

CLANCE, P.R. & PETRAS, V.J. (1998) Therapists' recall of their decision-making processes regarding the use of touch in ongoing psychotherapy: A preliminary study. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 92-108.

FAGAN, J.& SILVERTHORN, A.S. (1998) Research on communication by touch. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 59-73.

FERENCZI, , S. (1988) *The Clinical Diary.* Ed. J. Dupont. London: Harvard University Press. Quoted in Totton, N. (2003) *Body Psychotherapy: An introduction.* Maidenhead, Open University Press, p. 125.

FIELD, T. (2003) *Touch.* Boston MA: Massachusetts Institute of Technology.

FORD, C. (1993) *Compassionate touch.* New York: Simon & Schuster.

GALLO, F.P. (ed.) (2002) *Energy Psychology in Psychotherapy: A Comprehensive Sourcebook.* New York: W.W. Norton.

GEIB, P. (1998) The experience of non-erotic physical contact in traditional psychotherapy. In SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 109-126.

GLICKAUF-HUGHES, C. & CHANCE, S. (1998) An individualized and interactive object relations perspective on the use of touch in psychotherapy. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 153-169.

HANNA, T. (1989) *Somatics*. Reading, MA: Addison-Wesley.

HAMWEE, J. (2000) Zero Balancing: Touching the Energy of Bone. Berkeley, CA: North Atlantic Books.

HEUER, G. (2005) 'In my flesh I shall see god': Jungian body psychotherapy. In Totton, N. (2005) *New Dimension in Body Psychotherapy.* Maidenhead, Open University Press. pp. 102-114.

HORTON, J. (1998) Further research on the patient's experience of touch in therapy. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 127-144.

HUNTER, M. & STRUVE, J. (1997) *The ethical use of touch in psychotherapy.* London: Sage.

IMES, S. (1998) Long-term clients' experience of touch in Gestalt therapy. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 170-200.

JONES, S.E. (1994) *The right touch: Understanding and using the language of physical contact.* Cresskill, NJ: Hampton Press.

KEPNER, J. (1987) *Body process: Working with the body in psychotherapy.* San Francisco: Jossey-Bass.

KOEMEDA-LUTZ, M., KASCHKE, M., REVENSTORF, D., SCHERRMANN, T., WEISS, H. & ULRICH S. (2003) Preliminary results concerning the effectiveness of Body-Psychotherapies omn outpatient settings. *Psychotherapie Forum*, Vol. 11, pp. 70-79 (in German), summary on EABP website: www.eabp.org

LAWRY, S.S. (1998) Touch and clients who have been sexually abused. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 201-210.

LATORRE, M.A. (2000) A holistic view of psychotherapy: Connecting mind, body, and spirit**.** *Perspectives in Psychiatric Care,* Apr/Jun, 2000.

MACLACHLAN, M. (2004) *Embodiment: Clinical, critical and cultural perspectives on health & illness.* Maidenhead: Open University Press.

MAURER, Y. (1996) Ethics of physical contacts in body centered psychotherapy. (In German) In *Sexualmedizin*, Vol.18, No. 6, pp. 176-180

MAY, J. (1999) Radix Research: 3 studies. EABP website: www.eabp.org

MAY, J. (2002) *Explorations in ethics for body psychotherapists.* St Louis, MO: Self-published.

MCNEELY, D. (1987) *Touching: Body Therapy and Depth Psychology.* Toronto: Inner City Books

MILAKOVITCH, J. (1998) Differences between therapists who touch and those who do not. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 74-91.

MONTAGUE, A. (1971) *Touching: The Human Significance of the Skin.* New York: Harper & Row

OLDER, J. (1982) *Touching is healing.* New York: Stein & Day

OVERLY, R.C. (1996) *Eva Reich's butterfly touch massage.* (Video) Asheville, NC: Gentle Bioenergetics Institute.

PAINTER, J. (1987) *Technical manual of Deep Holistic Bodywork: Postural Integration.* Bodymind Books.

PETTINATI, P. (2002) The relative efficacy of various complimentary modalities in the lives of patients with chronic pain: A pilot study. In *USABP Journal of Body Psychotherapy*, Vol. 1, No. 1, pp. 6-15.

RAKNES, O. (1970) *Wilhelm Reich and Orgonomy: The controversial theory of life energy.* London: Penguin.

REICH, W. (1972) *Character Analysis, 3rd Edition*. New York: Farrar, Strauss & Giroux.

ROTHSCHILD, B. (2002) Body psychotherapy without touch: applications for trauma therapy. Chapter in STAUNTON, T. (2002) *Body psychotherapy.* London: Brunner Routledge. p. 101-115

RUBENFELD, I. (2002) The listening hand: To touch or not to touch. Chapter in '*Convergence & Emergence'*: 3rd National USABP Conference Proceedings, pp. 223-235.

SMITH, E. (1985) *The body in psychotherapy.* Jefferson, NC: McFarland & Co.

SMITH, F.F. (2002) The vocabulary of touch. *Meridians*, Jan 2003.

TERR, L.C.; ABRIGHT, A.R; BRODY, M.; DONNER, S.; ETH, S.; FINE, L.; FORNARI, V.; JETMALANI, A.; LIVINGSTON, R.; POWERS, J.H.; ROBSON, K. (2006) When formulation outweighs diagnosis: 13 "moments" in psychotherapy. *Journal of the American Academy of Child and Adolescent Psychiatry*, Oct. 2006.

TORRACO, P. (1998) Jean's legacy: On the use of physical touch in long-term psychotherapy. Chapter in SMITH, E. (ed.) (1998) *Touch in Psychotherapy: Theory, research and practice.* New York: Guildford Press, pp. 220-238.

TOTTON, N. (2003) *Body Psychotherapy: An introduction.* Maidenhead: Open University Press

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

TUNE, D. (2005) Dilemmas concerning the ethical use of touch in psychotherapy. In Totton, N. (2005) *New Dimension in Body Psychotherapy.* Maidenhead: Open University Press. pp. 70-83.

VENTLING, C. & Gerhard, U. (1997) Efficacy and Stability of Bioenergetic Therapies: a Retrospective Investigation. EABP website: www.eabp.org

WHITE, K.E. (2002) The study of ethical and clinical implications for the appropriate use of touch in psychotherapy. In *USABP Journal of Body Psychotherapy*, Vol. 1, No. 1, pp. 16-41.

YOUNG, C. (2005) Doing effective Body-Psychotherapy without touch. *Energy & Character*, No. 35,

YOUNG, C. (2006a) *The ethics of touch.* EABP website: www.eabp.org

YOUNG, C. (2006b) One hundred and fifty years on: The history, significance and scope of body psychotherapy today. *The Journal of Body, Movement and Dance in Psychotherapy*, Vol. 1, No. 1, pp. 17-29

YOUNG, C. (2007) "The History & Development of Body-Psychotherapy: The American Legacy of Reich." *The Journal of Body, Movement and Dance in Psychotherapy*, Vol. 3, No. 2.

YOUNG, C. (2008) The History & Development of Body-Psychotherapy: European Post-War Diversity. (Draft for publication)

ZUR, O. (2005) *Ethical and legal aspects of touch in psychotherapy.* (Website page: www.drzur.com/touchintherapy.html) California: Zur Institute.

ZUR, O. (2005b) *To touch or not to touch: Rethinking the prohibition on touch on psychotherapy and counselling.* (Website page: www.drzur.com/touchintherapy.html) California: Zur Institute.

Author

Courtenay Young is a former General Secretary and President of the European Association of Body-Psychotherapy (EABP), UKCP Vice-Chairperson (Registrant Services), and Deputy Editor of the International Journal of Psychotherapy. He works in the NHS and in private practice in and around Edinburgh, Scotland and has written a number of published articles on psychotherapy and Body-Psychotherapy, which are available on his website: www.courtenay-young.com He can be contacted by e-mail: courtenay@courtenay-young.com

Endnotes:

---

[1] *Anybody can become angry, that is easy; but the man who gets angry at the right things and with the right people, and in the right way, and at the right time, and for the right length of time, is to be commended. (Aristotle)*

[2] Quoted in Hunter & Struve, 1997, p. 152

[3] USABP Ethical Code, Section VIII:

ETHICS OF TOUCH *The use of touch has a legitimate and valuable role as a body-oriented mode of intervention when used skillfully and with clear boundaries, sensitive application and good clinical judgement. Because use of touch may make clients especially vulnerable, body oriented therapists pay particular attention to the potential for dependent, infantile or erotic transference and seek healthy containment rather than therapeutically inappropriate accentuation of these states. Genital or other sexual touching by a therapist or client is always inappropriate.*

1. *Body psychotherapists evaluate the appropriateness of the use of touch for each client. They consider a number of factors such as the capacity of the client for genuine informed consent; the client's developmental capacity and diagnosis; the transferential potential of the client's personal history in relation to touch; the client's ability to usefully integrate touch experiences; and the interaction of the practitioner's particular style of touch work with the client. They record their evaluations and consultation in the client's record.*
2. *Body psychotherapists obtain informed consent prior to using touch-related techniques in the therapeutic relationship. They make every attempt to ensure that consent for the use of touch is genuine and that the*

client adequately understands the nature and purposes of its use. As in all informed consent, written documentation of the consent is strongly recommended.

3. *Body psychotherapists recognize that the client's conscious verbal and even written consent for touch, while apparently genuine, may not accurately reflect objections or problems with touch of which the client is currently unaware. Knowing this, body psychotherapists strive to be sensitive to the client's spoken and unspoken cues regarding touch, taking into account the particular client's capacity for authentic and full consent.*
4. *Body psychotherapists continue to monitor for ongoing informed consent to ensure the continued appropriateness of touch-based interventions. They maintain periodic written records of on-going consent and consultation regarding any questions they or a client may have.*
5. *Body psychotherapists recognize and respect the right of the client to refuse or terminate any touch on the part of the therapist at any point, and they inform the client of this right.*
6. *Body psychotherapists recognize that, as with all aspects of the therapy, touch is only used when it can be reasonably be predicted and/or determined to benefit the client. Touch may never be utilized to gratify the personal needs of the therapist, nor because it is seen as required by the therapist's theoretical viewpoint in disregard of the client's needs or wishes.*
7. *The application of touch techniques requires a high degree of internal clarity and integration on the part of the therapist. Body psychotherapists prepare themselves for the use of therapeutic touch through thorough training and supervision in the use of touch, receiving therapy that includes touch, and appropriate supervision or consultation should any issues arise in the course of treatment.*
8. *Body psychotherapists do not engage in genital or other sexual touching nor do they knowingly use touch to sexually stimulate a client. Therapists are responsible to maintain clear sexual boundaries in terms of their own behavior and to set limits on the client's behavior towards them that prohibits any sexual touching. Information about the therapeutic value of clear sexual boundaries in the use of touch is conveyed to the client prior to and during the use of touch in a manner that is not shaming* or derogatory.

We apologise for the lack of French, German, and Russian abstracts to this article.
The Editor.