Get In-Touch with Touch: A Powerful Tool for Emotional and Physiological Regulation

A workshop with Dr. Elya Steinberg at the International Trauma Conference in Boston on Psychological Trauma: Neuroscience, Identity and the Transformation of the Self, Friday, June 2, 2017 3-5pm

The aim of this workshop is to open a window into the ways in which we at the Centre for Biodynamic Psychotherapy, a body-psychotherapy modality, have been working with the controversial issue of touch within the psychotherapeutic encounter scientifically, theoretically and clinically.

We will begin by looking at some key scientific aspects of the neurobiology of touch and how they relate to the diverse uses of touch in Biodynamic psychology. Scientific findings underpin our understanding of the use of touch clinically. We will explore an updated understanding of the place of touch in the therapeutic encounter, referencing current research on the neuroscience of touch, affective touch, attachment, and trauma using clinical examples and integrated experiential work.

We will pay attention to the phenomena of embodied transference, countertransference, resonance and interference (Boadella, 1981) whilst negotiating the dilemma: to touch or not to touch, and, if to touch, how to touch. Exploring how we as psychotherapists can “hold the possibility of touch, as it can be both an appropriate or inappropriate therapeutic intervention” (Asheri, 2009 page 108).

Touch is not a singular phenomenon. There are many ways to touch which create multisensoric impacts on human neurobiology and psychology. At the same time, there is a multiplicity of meaning in the ways in which two people in the therapy room, the psychotherapist and the client, perceive touch. Therefore, touch in the psychotherapeutic context is a complex non-linear phenomenon with a long history of debate, prohibition and taboo.

A deep understanding and moment-to-moment dynamic assessment of the possibilities of the level of contact, connection and context must be considered when getting in touch with touch. As a principle, the information which guides touch in the psychotherapeutic encounter is comprised of the same intentions, ethical boundaries, and guidelines of the psychotherapeutic framework as any other psychotherapeutic intervention. It relates to all human defense mechanisms, the neurodevelopmental need for attachment and the fear of sexual transgression.

During the experiential work, we will explore what the ‘right’ touch could be and how this touch in a therapeutic encounter is an embodied intersubjective engagement, a tool of haptic human communication which has an impact on self-identity, perception, and the capacity for intimacy with another person. Touch has the power to change interactive and perceptual systems. The ‘right’ touch is attuned to the history and current life situation of the client. Attuned touch interventions are enabling and assisting the construction of new possibilities for adaptive regulation in all aspects of human intrasubjectivity and intersubjectivity, emotionally, relationally and physiologically.
Learning outcomes:

1. Present current research findings on the neuroscience of touch, affective touch, attachment and trauma.

2. Identify how touch can be used to regulate emotional and behavioral responses, and explore its potential role in relationships of protecting and restoring safety and regulation.

3. Identify the need to be touched as part of the psychotherapeutic process including Trauma Sensitive Indications and contraindications.

4. Discuss the spectrum of different methods of touch and how to use the therapist’s neuroception (exteroceptive and interoceptive signals) in order to become attuned to and assess the client’s informed consent to touch.

5. To describe and demonstrate touch using non-invasive vagal nerve stimulation (psychoperistalsis) as a biofeedback system.

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www.biodynamic-bodypsychotherapy.co.uk
blog at http://www.somaticpsychotherapytoday.com/tag/dr-elya-steinberg/

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36. Courtenay Young; To Touch or Not to Touch: That is the Question: Doing Effective Body Psychotherapy without Touch. www.courtenay-young.com
United State Association for Body Psychotherapy (USABP) Ethical Code, Section VIII:
From The Power of Touch in Psychotherapy by Courtenay Young

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.