

Somatic Tracking and the Ethical Use of Touch

Jaffy Phillips

Abstract

The somatic practice known as *tracking* (close observation of the client's bodily expression as well as of the therapist's bodily experience) is presented as a tool to help therapists identify and assess subjective aspects of the client's experience and of the therapeutic relationship which need to be evaluated in an on-going manner when using touch. Clinical and ethical considerations involved in the use of touch are reviewed, and specific applications of somatic tracking in the assessment and use of touch are presented. This article is based on the author's master's thesis submitted in partial fulfillment of the requirements for the Master's degree in Body Psychotherapy at Naropa University, 2002.

Author's Note: This article follows the publication of an article by Kerstin White in the previous issue of this journal which addressed ethical and clinical implications of the use of touch in psychotherapy. These areas are therefore only briefly summarized in the following article. The reader is referred to this earlier article as well as to the references listed for more detailed information about these important aspects of the use of touch

Introduction

The use of touch has a long history in the field of body psychotherapy, and serves as a cornerstone for many of the forms of work that are practiced today. It is a powerful intervention with the potential to heal many of the difficulties for which people seek psychological help. However, as revealed by years of cultural, theoretical, and ethical controversy surrounding its use, the use of touch is relationally and ethically complex and requires skillful assessment and application. This complexity results from the fact that touch is a physical and relational experience that is generally imbued with layers of cultural and psychological meaning. The meanings evoked by touch are often unconscious or non-verbal, and they often manifest somatically and/or relationally before the client is able to articulate anything about them. Boundary issues, transference, and countertransference are the most common examples of this kind of response; unaddressed, these issues can wreak havoc in the therapeutic relationship and ultimately damage the client. The tracking skills presented here can help therapists identify and address these aspects of the client's subjective experience and the interpersonal complexities that can arise during the use of touch. These tools allow both therapist and client to monitor the impact of touch contact and to adjust the use of touch accordingly. With this information in hand, therapists are equipped to explore and address the client's experience of touch in ways that will be meaningful and empowering to the client while concurrently safeguarding the integrity of the therapeutic alliance.

OVERVIEW OF CLINICAL AND ETHICAL CONSIDERATIONS

(Summary drawn from Barstow, 1999; Caldwell, 1997; Durana, 1998; Geib, 1982; Horton, Clance, Sterk-Elifson and Emshoff, 1995; Hunter and Struve, 1998; Kertay and Reviere, 1993; Kurtz, 1990; Smith, Clance, and Imes, 1998.)

Clinical Importance of Subjective Assessment

- *Boundaries and intimacy.* Touching is an intimate act and one that carries the potential to invade the client's boundaries and/or to trigger strong transference reactions. It can also be a confusing and/or overwhelming experience for a client with poor boundaries or a poorly developed sense of self.
- *Client individuality.* There are only very general guidelines about the kinds of client populations for whom touch is indicated or contraindicated. Within these categories, each client is individual, and each therapist/client dyad has its own unique characteristics in terms of the quality of the relationship as well as the transferences and countertransferences present.
- *Variability of meaning.* The same kind of touch will be experienced by different clients in different ways, depending on the circumstances, the client's personal history and cultural background, personal qualities of the therapist, and the quality and duration of the therapeutic relationship. It is important that the therapist avoid re-enacting negative aspects of the client's interpersonal or touch history and/or reinforcing any of the client's negative associations to touch.

• *Ethical protection of the client.* It is only ethical to use touch with a client when it is both clinically advisable and used in the context of informed consent. With many clients, asking permission to touch is not enough: the client may say “yes” when they mean “no,” or there may be aspects of their prior experience that contraindicate the use of touch.

• *Self-protection.* The potential for misunderstanding of the use of touch in psychotherapy is high. Our cultural norms, in combination with Freud’s legacy (the touch taboo in psychotherapy) support the interpretation of all touch as sexual and/or invasive. Given the complexity of the therapeutic relationship, the power differentials that exist, and the unknowns of the client’s history, it is wise to proceed with caution.

General Assessment Factors

Client Factors

- History and issues, including touch history.
- Ego strength, level of functioning, diagnostic category.
- Relational dynamics (historical).
- Cultural norms.
- Boundary awareness and ability to say “no,” in general and to the therapist.
- Does the client want to be touched?
- Quality of eye contact.
- Quality of verbal contact.
- Quality of reality contact.
- Congruence of verbal and somatic presentation.
- Would the use of touch be in accord with the current needs of the client?

Therapist Factors

- Degree of appropriate training.
- Ability to maintain clear therapeutic intent and boundaries.
- Familiarity with the use of touch through own experiences in therapy.
- Knowledge and awareness of own relationship to touching and being touched, including potential countertransference reactions.
- Attitude and feelings toward client.
- Degree of comfort with touch and physical closeness.
- Ability to manage client’s potential sexual and/or emotional responses to the touch.
- Ability to access and make use of support including personal therapy, supervision, and peer support to process feelings and countertransferences related to the use of touch.
- Congruence of the use of touch with the therapist’s beliefs, attitudes, and values in the context of the present relationship?

Therapeutic Relationship Factors

- Strength, length, and quality of the therapeutic alliance.
 - Has trust been established?
 - Are the boundaries of the relationship understood?
 - Is there sufficient openness in the relationship to process the client’s responses to touch, which might include negative or ambivalent feelings towards the therapist?
- Is the proposed use of touch understood by the client, and has informed consent been obtained?
- Would the physical intimacy of the touch exceed the level of emotional intimacy present in the relationship?
- Does either therapist or client experience the suggestion of touch as a demand?
- Is the client in control of all aspects of the physical contact?

Ethical Concerns

- Potential for the misuse of power, through the power differential inherent in the therapeutic relationship and the power differentials present with differences in age, gender, and/or status.

The risk of exploiting or reinforcing power differentials can be minimized by: 1) careful assessment of client's ability to set boundaries; 2) setting up the use of touch in ways that are empowering to the client; and 3) openly acknowledging the power differentials in the relationship and discussing their potential with the client.

- Potential for touch contact to lead to or be interpreted as sexual contact.

The risk that touch will lead to sexual contact or will be misinterpreted can be minimized by: 1) the presence of a clear contract; 2) clarity about one's own intentions and motivations for touching a particular client; 3) clarity about one's own sexual boundaries; 4) finding other outlets for sexual and intimate contact; and 5) scrupulous use of supervision.

- Potential that touch will be used to gratify the needs of the therapist.

Touch can be used by therapists to gratify other (non-sexual) needs, including the need for intimacy and closeness, the need to be experienced as a nurturer by the client, and/or the need for physical contact. Therapists can minimize the risk of this type of exploitation by becoming familiar with their own needs through personal therapy and self-awareness practices, establishing outside sources for their gratification, and regular use of supervision.

- Signs of danger.

Signs that indicate that touch may be being used in ways that are potentially injurious to the client include: 1) differential use of touch with different gendered clients; 2) touch used in an unexamined way in response to a client's request; 3) touch that occurs in secret, or reluctance of the therapist to discuss his or her use of touch with colleagues or a supervisor, and 4) touch that occurs in the context of sexual attraction, on the part of either therapist or client.

Somatic Tracking Defined

The specific techniques and definitions presented here were developed by Ron Kurtz and others in the context of Hakomi Body-Centered Psychotherapy, and have been adapted and expanded by the author to address the assessment of the use of touch. (Barstow, Meredith, Del Prince, Grace and Fauchaux, 2001; Hakomi Somatics Institute, 1999; Kurtz, 1990; Ogden, Bowen, Minton and Dickenson, 1998.)

Tracking

In Hakomi Therapy, tracking is defined as the close observation by the therapist of both spoken and non-verbal aspects of the client's experience. According to Kurtz (1990), tracking is "looking for signs of the other person's experience, like moist eyes, all kinds of facial expressions, tone of voice, gestures (small or large, but especially small), changes in posture, movements, even the style of a movement or a voice" (p. 83). Other things that can be tracked include: positioning, emotional expression, energy, skin tone, states of consciousness, and congruence or incongruence among these different avenues of expression. These signs can be subtle, and are often missed or ignored in ordinary interaction. According to Kurtz, skillful tracking requires mindfulness and receptivity on the part of the therapist: a state of mind that is "open and sensitive and not so much task-oriented" (p. 84). As the term is being used here, tracking is not limited to the client's experience: both therapists and clients are encouraged to track their own experience in a similar manner.

Applied to the client, tracking allows the therapist to gather information about things that are present but not being named, such as how the client feels about what he or she is talking about. It also provides immediate feedback about the client's response to interventions and allows the therapist to monitor the impact of the therapeutic process without having to distract the client with unnecessary questions. This information can be used in several ways: to help the therapist understand and make contact with the client's present experience, thus facilitating mindfulness, expanding the client's self-knowledge, and deepening the therapeutic relationship; to help the therapist form hypotheses about the client's history and core beliefs, thus facilitating the therapist's ability to demonstrate deeper understanding and strengthening the therapeutic relationship; and to help the therapist formulate therapeutic strategy and assess the potential impact of different interventions. Applied to the therapist (by

the therapist), tracking increases the amount of information available to the therapist, and makes it more likely that countertransference responses will be noticed and skillfully interpreted.

Mindfulness

Mindfulness is an essential component of tracking both the client and oneself as therapist. Mindfulness is a state of consciousness similar to a meditative state. It involves turning one's attention inward and becoming a witness to the contents of consciousness. Aspects of experience that can be mindfully attended include the presence and quality of thoughts, emotions, associations, sensations and other aspects of bodily experience. As a state of mind, mindfulness is focused on present experience in a way that is "willfully passive" (Kurtz, 1990, p. 28), with the intention to simply observe rather than evaluate or change what is observed. The practice of mindfulness allows one to slow down and gather primary data about one's present experience before being swept up in habitual reactions, thoughts, judgments, and beliefs. Access to this primary experiential data creates the possibility of responding to the experience in a way that is chosen rather than habitual, and provides insight into our core beliefs and habitual responses to experience.

In Hakomi therapy, ideally both therapist and client spend a significant part of each session in a mindful state. The therapist's mindfulness looks different from the client's and serves the therapy in a different way. The therapist's mindfulness supports the therapy by allowing the therapist to notice aspects of his or her own experience, the client's presentation, and the interaction that might normally be overlooked and that may be valuable to the client. It also allows the therapist the opportunity to notice and contain any personal countertransference reactions. The client's mindfulness allows the client to learn about him or herself and to access hidden beliefs and other important aspects of his or her experience. The therapist can access mindfulness through practice and intention; the client's ability to become mindful depends on the state of the therapist and of the therapeutic relationship. When there is enough safety and trust in the relationship, the client can be encouraged to become mindful by slowing down and turning his or her attention inward in order to notice aspects of his or her internal experience. This process is supported by the therapist's mindfulness and ability to speak quietly and simply from that state.

APPLICATIONS OF SOMATIC TRACKING TO THE ASSESSMENT OF TOUCH

Somatic tracking can be used to help therapists assess both the appropriateness and the impact of touch as an intervention. It can also provide data that can help both therapist and client deepen their understanding of the client's experience of touch, thus strengthening their ability to make conscious choices about its use in the therapy. Durana (1998) states that in addition to questioning the client about the use of touch, therapists can look for signs and cues to help them know if they have violated a physical or psychological boundary or are at risk of doing so through the use of touch. These cues include somatic cues, feeling cues, countertransference cues, and energetic cues (p. 276). All of these cues can be experienced through the body, and are included in the concept of somatic tracking presented here. The wealth of information available through somatic tracking provides a safety net for therapists using touch because it allows them to recognize and respond to negative or potentially transference aspects of the client's experience that the client may not be aware of or eager to talk about.

There are four primary ways that somatic tracking can be applied in the therapeutic setting: 1) the therapist observes the client's bodily presentation; 2) the therapist observes his or her own bodily experience in the presence of the client; 3) the therapist observes his or her own physical experience through the hands or other parts of the body that are in contact with the client during touch; and 4) touch is offered in an "experimental" fashion in which the client is encouraged to become mindful of his or her experience of the touch contact (Kurtz, 1990, p. 111). The following paragraphs present specific examples of the use of each of these categories of somatic tracking in the assessment of touch as an intervention.

Tracking the Client

Tracking the client's bodily presentation can be used to help assess the appropriateness of touch in two primary ways. First, it can be very helpful while taking the client's touch history. In this case, postural shifts, changes in breathing, and other aspects of the client's bodily presentation may indicate things like hidden discomfort with a topic, areas of dissociation, or incongruencies between the client's verbally and somatically expressed experience. The therapist can use these cues as signs to explore the topic verbally in more detail with the client, and/or the cues can be brought explicitly to the client's

attention in order to help him or her become aware of deeper aspects of his or her experience. For example, the invitation to explore a slight restriction in the breath that occurs during the client's description of his or her experience of touch in a particular relationship may help the client to identify areas of discomfort or other aspects of that experience that may be new to them, and that may also be relevant to the exploration of touch in the therapeutic setting.

Second, tracking the client's body can provide a means of recognizing potential boundary violations or other reactions to the use or imminent use of touch. Physical withdrawal upon approach is an obvious sign that touch is unwelcome; however changes in the quality of eye contact, breath, and more subtle shifts in posture can also indicate aspects of unconscious experience that may need to be either explored verbally before proceeding with touch, or explicitly investigated as part of the experience of touch. Whether or not touch is actually used, tracking the client's body and naming what is observed creates the opportunity for the client to become aware of previously unconscious aspects of his or her experience in relation to touch, and for this material to be explored as part of the therapy and the decision to use touch.

Tracking Oneself (Therapist)

The therapist can use awareness of his or her own bodily experience to support the assessment of touch in several ways. Durana (1998) states that "somatic cues (in the therapist) provide information about responses in the client, how a specific touch intervention affects the client, and so on. Interpretation requires that the therapist be attuned to his or her own body" (p. 276).

Boundary awareness is an important area where this skill can be useful to therapists exploring the use of touch. According to Durana (1998), "boundaries have a palpable and usable reality that can be experienced by the therapist" in terms of the client's energetic presence, or how much personal space the person occupies (p. 276). These boundaries shift in the context of a boundary violation. Therapists can use their felt sense of the client's boundaries to track for the possibility of boundary violation through or during the use of touch, as well as to help bring the client's awareness to somatic and other aspects of his or her boundaries.

Durana (1998) gives the specific example of sexually abused clients, who may contract energetically or "disembody partially" in response to a perceived boundary violation (p. 276). According to Durana, "these cues may be even more revealing than the words of the client, since the client may not even be aware of the changes taking place" in his or her boundary (p. 277). Exploring the therapist's sense of a strong "no" or sense of other changes in the client's boundary with a client who has verbally agreed to the use of touch provides the client with the opportunity to uncover ambivalence or other aspects of his or her relationship to touch and to boundary setting that might otherwise have been overlooked. Verbal processing of these discoveries can be used to help both therapist and client make more informed choices about the use of touch.

The ability to track one's own bodily experience can also help therapists with the sometimes difficult task of recognizing and differentiating countertransference responses. The therapist's bodily experience can provide clues about the client's experience (a form of objective countertransference), and it can also inform the therapist about personal (subjective) countertransferences that might influence the therapist's thinking about the use of touch. With experience and self-awareness, therapists can become familiar with their own countertransference responses- both subjective and objective. This information can be used to guide the therapist in his or her choices about the use of touch: strong personal countertransference responses (such as a strong desire to comfort the client) may contraindicate the use of touch; other countertransferences can help guide the therapist in their choice of interventions and topics to explore with the client. (Differentiating these responses may require the assistance of a qualified supervisor.)

Durana (1998) offers an example of using the therapist's bodily experience to inform therapeutic strategy. He describes a somatic response that involves a slight tightening in his upper abdomen, and states: "having learned to recognize this personal sensation allows me to distinguish it from potential countertransference and to use it as a professional cue to engage the patient" (p. 276). Therapists can also use awareness of their own bodily experience to track for dissociative or other trauma-based or unconscious states in the client; the presence of these states can affect whether and how the therapist proceeds with the use of touch. For example, this author sometimes experiences a strong holding in her belly that she has learned to use as a cue to check for the presence of unnamed fear or overwhelm in the client. Depending on the client, touch might be contraindicated in this case because of the lack of

boundary present, or it might be indicated as a way to help the client ground and feel safe.

Tracking the Experience of Touch Contact (Therapist)

This category of tracking refers to that which is experienced through the therapist's hands or other parts of the body that are in contact with the client during touch. It is most useful to those who have training in specific touch techniques such as bodywork and energy work; however it is included here because there is such a vast amount of information that can be sensed through the hands, even without special training. This information includes aspects of the client's presentation such as energy, temperature, the quality of the skin (e.g., closed or open), movement, vibration or trembling, muscular and energetic holding, tension patterns, relaxation or yielding into the touch, stiffening or resisting the touch, qualities such as fullness or emptiness, and shifts in or incongruencies among any of these aspects during the course of the touch contact. Some practitioners also track emotional states in their clients through touch.

As with the two categories of tracking listed above, this information can guide the therapist in the assessment of the impact of the touch. It also provides the therapist with data that can help deepen the client's verbal exploration of the touch experience as well as provide both therapist and client with more information to support the ongoing assessment of the use of touch in the therapy. For example, bringing the client's attention to a trembling in the tissue as touch is initiated might help them to become aware of a part of themselves that does not want to be touched or that wants to be touched differently; it might also lead to memory and useful processing of a past experience or belief. Exploration of these discoveries might or might not lead to changes in the touch contract between therapist and client.

Encouraging the Client to Track His or Her Own Experience

The skill of tracking one's own bodily experience can also be taught to clients as a tool for self-awareness and as an aid in the therapeutic process. A client in a mindful state is in a position to notice things about his or her experience of touch contact or about his or her response to the suggestion of touch that might not be tracked by the therapist, and that might not enter into awareness under normal circumstances. When shared with the therapist, this information can be used (as above) to help assess the ongoing appropriateness of touch contact, and as a jumping off point in the exploration of touch-related issues. This approach has the added benefit of equalizing some of the power differential in the therapeutic relationship because it empowers the client to become aware of his or her own experience, rather than waiting for the therapist to name it for him or her.

One way to maximize the benefits of this type of exploration in the context of touch is to set up the use of touch as an experiment¹, in which the client is directed to simply observe what happens inside in response to a particular touch or to the suggestion of touch. Experiments of this type are commonly used in Hakomi therapy (Kurtz, 1990). They are designed to help invite aspects of the client's experience or history into the foreground of awareness. While the experiment is being performed, both therapist and client remain mindful: the therapist tracking the external signs of the client's experience in response to the touch or suggestion while the client tracks his or her internal experience.

CONCLUSION

Touch represents one end of the continuum of relational proximity and distance that is fundamental to the field of psychotherapy. The healing opportunities that are available through touch and human closeness are vast- both for therapy clients and for the culture at large. It is a shame that our culture has embedded so much fear into such a simple, ubiquitous human act. Given this situation, the use of tracking skills helps therapists to stay in contact with both themselves and their clients, and provides a wealth of information to help navigate the personal and cultural complexities of the touch experience. With so much information available, it is arguably difficult to make the kinds of gross

¹ The term "experiment" can sound somewhat dehumanizing when applied to people: in this context, the term is used to refer to an attitude of openness, of having no investment in a particular outcome, similar to the attitude underlying the scientific method. The presence of this attitude welcomes the unpredictable and engages the curiosity of both client and therapist. This creates a space in which new information or aspects of the client's experience are welcome, and into which these aspects can emerge without shame or judgment.

therapeutic and ethical errors that are sometimes associated with the use of touch. In addition, in the event that mistakes are made, they do not have to signal a therapeutic crisis or termination. Tracking empowers therapists to quickly identify and recover from mistakes in ways that honor the client's experience, support his or her therapeutic learning, and may even deepen his or her trust in the therapeutic relationship. Tracking also empowers therapists to effectively help clients work with and through their wounding around touch, rather than skirting the issue out of fear. It is this author's hope that the information presented here, used in conjunction with appropriate training and supervision, will be a useful tool for therapists making decisions about the use of touch in their practices.

References

- Barstow, C. (1999). *Right use of power: Ethics for health care professionals, first ed.* Boulder, CO: Many Realms. (Copies can be obtained from "Cedarb@aol.com".)
- Barstow, C., Meredith, M., Del Prince, P., grace, M., & Fauchaux, D. (Eds.). (2001). *Hakomi experiential psychotherapy resource book.* (Not available for public distribution. Training information available through The Hakomi Institute: www.hakomiinstitute.org or HakomiCo@aol.com.)
- Caldwell, C. (1997). Ethics and techniques for touch in somatic psychotherapy. In C. Caldwell (Ed.), *Getting in touch: The guide to new body-centered psychotherapies* (p. 227-238). Wheaton, IL: Quest Books.
- Durana, C. (1994). Bonding and emotional expressiveness in the PAIRS training: a psychoeducational approach for couples. *Journal of Family Psychotherapy*, 5(2), 65-68.
- Durana, C. (1996a). Bonding and emotional re-education of couples in the PAIRS training, Part 1. *American Journal of Family Therapy*, 24(4), 315-320.
- Durana, C. (1998). The use of touch in psychotherapy: Ethical and clinical guidelines. *Psychotherapy*, 35(2), 269-280.
- Geib, P. (1982). The experience of non-erotic contact in traditional psychotherapy: A critical investigation of the taboo against touch. *Dissertation Abstracts International*, 43, 113A.
- Hakomi Somatics Institute (1999). Hakomi sensorimotor psychotherapy training notes. (Training information available through the Sensorimotor Psychotherapy Institute (formerly Hakomi Somatics Institute), P.O. Box 19438, Boulder, CO, 80308.)
- Horton, J., Clance, P., Sterk-Elifson, C., & Emshoff, J. (1995). Touch in psychotherapy: A survey of patient's experiences. *Psychotherapy*, 32(3), 443-457.
- Hunter, M., & Struve, J. (1998). *The ethical use of touch in psychotherapy.* Thousand Oaks, CA: Sage Publications.
- Kertay, L., & Reviere, S. L. (1993). The use of touch in psychotherapy: theoretical and ethical considerations. *Psychotherapy*, (30)1, 32-40.
- Krueger, D. W. (1989). *Body self and psychological self: A developmental and clinical integration of disorders of the self.* NY: Brunner/Mazel Publishers.
- Kupfermann, K., & Smaldino, C. (1987). The vitalizing and revitalizing experience of reliability: The place of touch in psychotherapy. *Clinical Social Work Journal*, 15(3), 223-235.
- Kurtz, R. (1990). *Body-centered psychotherapy: The Hakomi method.* Mendocino, CA: Liferhythm.
- Mintz, E. E. (1969). On the rationale of touch in psychotherapy. *Psychotherapy: Theory, Research and Practice*, 6(4), 232-234.
- Montagu, A. (1978). *Touching: The human significance of the skin.* New York: Harper and Row.
- Ogden, P., Bowen, B., Minton, K., & Dickenson, C. (1998). Hakomi Integrative Somatics training manual. (Not available for public distribution. Training information available through the Sensorimotor Psychotherapy Institute (formerly Hakomi Somatics Institute), P.O. Box 19438, Boulder, CO, 80308.)
- Phillips, J. (2002). Touch in psychotherapy: The value of somatic tracking. Unpublished master's thesis, Naropa University, Boulder, CO.
- Smith, E., Clance, P., & Imes, S. (1998). *Touch in psychotherapy: Theory, research and practice.* New York: The Guilford Press.
- Spotnitz, H. (1972). Touch countertransference in group psychotherapy. *International Journal of Group Psychotherapy*, 22, 455-463.