

Alyn, J. H. (1988). "The politics of touch in therapy: A response to Willison and Masson." Journal of Counseling & Development **66**(9): 432-433.

Comments on a discussion by B. G. Willison and R. L. Masson (see record 1986-22702-001) on touch as an adjunct to psychotherapy, suggesting that therapists refrain from touching clients until further research indicates if and when touch improves treatment outcome. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Asheri, S. (2009). To touch or not to touch: A relational body psychotherapy perspective. Contemporary body psychotherapy: The Chiron approach. L. Hartley. New York, NY, US, Routledge/Taylor & Francis Group: 106-120.

(From the chapter) The aim of this chapter is to open a window to the way in which I, and we at the Chiron Centre, have been grappling with the controversial issue of touch within the psychotherapeutic encounter, both theoretically and clinically. I will start by looking at some key relational developments in Chiron's philosophy, which have impacted profoundly on our use of touch. I will continue by illustrating my updated understanding of the place of touch in the therapeutic encounter, with two clinical examples: one of a client who is struggling with compulsive overeating and the other, of a client who is questioning her sexuality. I will pay particular attention to my countertransferential process while negotiating the dilemma: to touch or not to touch, and, if to touch, how to touch. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Baker, F. S. (2000). "Healing in psychotherapy: Using energy, touch, and imagery with cancer patients." Gestalt Review **4**(4): 267-289.

Argues that cancer patients are often so debilitated by their treatments that they require support, not only mentally and emotionally, but also spiritually and physically as well. Traditional talk therapy blended with energy work, touch, and guided imagery offers the broad band of support that seriously ill patients require. In this paper the author describes how she has joined principles and practices of energy healing, touch, and guided imagery with a Gestalt approach to psychotherapy. She explores and describes the compatibility of healing work and Gestalt practice. She discusses treatment design and includes a case study involving a female client with breast cancer. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Bar-Levav, R. (1998). A rationale for physical touching in psychotherapy. New York, NY, US, Guilford Press.

(From the chapter) The author suggests that the basic source of anxiety in psychotherapeutic patients in the 1990s comes from their preverbal experiences as newborns and infants when everything is learned through physical sensations. Many frightening physical experiences occur during the first 2 years of life, and each of us lives with the same chance physiological response patterns that were associated with surviving these early experiences. Old hurt and preverbal rage are easily stimulated in adulthood and our body reacts to signals from another age. This preverbal "knowledge" can be addressed and changed in therapy by

repeatedly establishing exquisite contact with the distrustful and scared infant inside the adult patient, allowing the affects and physical reactions of early preverbal experiences to come to the surface. Physical touch, with the explicit permission of the patient, is the most reassuring intervention when the body undergoes strong affective experiences. A firm but gentle touch at the right moment allows a patient to endure such experiences of extreme panic and pain without bolting. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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.

The present literature review examines how physical touch has been used by therapists with their clients in traditional verbal psychotherapy. Attitudes and practices of therapists are presented in a historical context, starting with physicians' treatment of female hysteria in the 19th century, and concluding with current issues of debate. The use of touch in therapy has been highly controversial ever since Freud stated his principle of abstinence. This paper intends to give an overview of the various positions of influential therapists on the use of touch and their rationale for touching or not touching their clients, including the contextual factors that have shaped the use of touch over time. Furthermore, research findings pertinent to the use of touch in psychotherapy are included. The review concludes with practical recommendations concerning the use of touch in the contemporary therapeutic setting. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Bosanquet, C. (2006). Symbolic understanding of tactile communication in psychotherapy. Touch papers: Dialogues on touch in the psychoanalytic space. G. Galton. London, England, Karnac Books: 29-48.

(From the introduction) For Chapter Three, the distinguished Jungian analyst Camilla Bosanquet has comprehensively revised and updated for this collection a paper that she first published thirty-six years ago. She argues that a symbolic understanding of tactile communication in psychotherapy allows for the possibility that it can be part of the ongoing analytic process rather than an interference. Bosanquet includes a very moving fragment of a long analysis she began in 1962, working with a depressed and suicidal female patient for whom, at one stage in the treatment, touch became an important element of the analysis. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Carter, V. S. (2003). Reminding the body: Using touch therapy with female incest survivors. US, ProQuest Information & Learning. **63**: 4879-4879.

Psychotherapists working with traumatized clients must be alert to the symptoms of dissociation and disembodiment, which such clients commonly manifest. Since the late 1980s, somatic therapies, which make the client's body an important focus of treatment, have played an increasingly prominent role in treating trauma survivors. This study specifically explores bodywork's influences on dissociation and disembodiment in a significant subpopulation of trauma

victims: adult female incest survivors. Using semistructured interviews, the researcher surveyed six such survivors who had been both psychotherapy and bodywork clients. Analysis of these interviews showed that one-half of the participants had clearly benefited from their bodywork, and the other one-half had mixed experiences with it. The benefits among the first group included decreased anxiety, impulsiveness, and compulsiveness and increased intimacy, self-esteem, sensuality, creativity, and spirituality. The mixed experiences included heightened anxiety, confusion, and distress in two cases. One participant experienced no bodywork. Similarities in the experiences of the three participants who were positively affected by bodywork produced a provisional model for understanding how bodywork benefits this population. In the course of the bodywork, the clients experienced regressed and disorganized states, becoming aware of their somatic defenses (e.g., tightening or numbing of muscles or holding of breath) while they remembered the traumatic events of childhood, often for the first time in years. This awareness ultimately led the clients to voluntarily disengage from their chronic defensive patterns, thereby facilitating their recovery process. Observing clients' regression (e.g., in the form of a childlike voice), the somatic therapists might help clients understand the experience by making timely interpretation. As the somatic therapists maintained an empathic observational stance, the clients gradually learned to differentiate the therapists from the abusive actors and situations of the past. The positive results of bodywork among the first group of participants demonstrate the central role the body plays in recovery from incest trauma. The ambiguity of results among the second group of participants highlights the need for specialized training for professional bodyworkers who wish to address the unique problems of incest survivors, as well as other victims of physical and psychological trauma. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Cassatly, J. D. (2004). Touch in psychotherapy: A survey of psychologists' attitudes, values, and practices. US, ProQuest Information & Learning. **64**: 4607-4607.

There is minimal research regarding the use of touch in psychotherapy. This study was conducted in order to better understand psychologists' attitudes, practices, and values related to the use of touch in psychology. From a national mailing of 650 licensed psychologists, the responses of 260 psychologists were received and analyzed. The results indicated that demographic variables such as psychologist gender, race, religion, spirituality, age, orientation, and work setting were not significantly associated with psychologists' decision to use touch. However, the age of the client was significantly related to psychologists' willingness to use touch. Many respondents reported that they believe touch can be ethical and therapeutic in psychotherapy. Most respondents also indicated that they have used physical touch with clients at least once and did not believe that if the use of touch stirs sexual feelings in a client it was unethical. The most commonly cited reasons for not using touch with clients involved concern about transference and believing it is unethical. Regardless of psychologist gender, certain forms of touching such as prolonged hugs, therapist kissing a client, and slapping a client on the buttocks were commonly identified as raising ethical

concerns. Other forms of touch such as shaking a client's hand, a brief hug at the end of the session, touching the client's shoulder as he/she leaves were the least frequently endorsed. The majority of participants indicated that there were certain clients that they would probably not hug based on diagnosis and dysfunction. These include clients who are angry or potentially violent; diagnosed with borderline personality disorder; act out sexually, or are actively psychotic. Finally, the most common messages that psychologists attempt to communicate when touching their clients are acceptance, empathy, and support. The most frequently observed reactions of clients to psychologists' use of touch were increases in trust, ability to discuss painful experiences, and self-disclosure. Few participants reported that they perceived their clients' response to the use of physical touch was negative. Among those psychologists who perceived negative reactions to therapist touch, most related that they were able to process the client's reaction during their treatment. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Chang, S. O. (2003). "The nature of touch therapy related to Ki: Practitioners' perspective." Nursing & health sciences 5(2): 103-114.

Touch therapy related to Ki, a type of healing touch, has been regarded as one of the distinct therapeutic modalities in traditional oriental medicine. The present study attempted to develop a substantive theory about helping patients using touch therapy related to Ki, by exploring the views of practitioners who are using this therapeutic modality within the context of the Korean society. A grounded theory approach was applied during the collection and analyses of data. The core category, main categories and trajectory of helping patients during the use of touch therapy related to Ki was delineated. Helping patients while using touch therapy related to Ki was found to be a dynamic process with each participant actively engaged in increasing the activating, potential power of the human being. These findings have value in understanding the embedded meaning of the healing process through touch therapy within the context of Ki. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Clance, P. R. and V. J. Petras (1998). Therapists' recall of their decision-making processes regarding the use of touch in ongoing psychotherapy: A preliminary study. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 92-108.

(From the chapter) In this chapter, we report on therapists' recall of their use of nonsexual and nonaggressive touch within an ongoing, intensive psychotherapy experience. We decided that it would be helpful to get some information from practicing psychotherapists about the decision-making process regarding touch in psychotherapy. We distributed 35 questionnaires regarding clients whose therapists had vs had not touched and received 11 replies. In a 2nd study, we simplified the questionnaire and received 11 responses from 20 therapists. The following 8 responses each describe different decision making processes in regard to using or not using touch in psychotherapy. In summary, these therapists clearly put much thought into their decisions to touch or not to touch

clients. Many variables, such as the clients' ego strength, dynamics, needs, body language and cues, history regarding touch, length of time in therapy and others, might affect their decisions with particular clients. The therapists used their own thinking and judgment about clients in the decisions they described, rather than a rule to touch or not to touch. They seemed to give thoughtful consideration to the individual clients as they made their decisions. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Cronise, J. G. (1993). The taboo of touch in psychotherapy. US, ProQuest Information & Learning. **54**: 1090-1091.

Dunne, C., P. Bruggen, et al. (1982). "Touch and action in group therapy of younger adolescents." Journal of adolescence **5**(1): 31-38.

Describes the introduction of therapies based on bioenergetics, gestalt, massage, and psychodrama in an adolescent psychiatric unit. These included group guided fantasy, group trust exercises, group breathing and body movement, and role playing. After a period of intense staff training and the gradual introduction of such interventions, these methods became part of the unit's culture and the institutional taboo against touch was crossed. The use of touch and action in therapy resulted in a reduction in violence and a greater expression of caring feelings. Clinical material is presented. (11 ref) (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Durana, C. (1998). "The use of touch in psychotherapy: Ethical and clinical guidelines." Psychotherapy: Theory, Research, Practice, Training **35**(2): 269-280.

With the emergence of humanistically oriented therapies, and given recent developments, a different view of the therapist–client relationship has evolved. Although touch has long been associated with healing in most cultures, Freud and other psychoanalysts established a no-touch rule in the therapist–client relationship. Critics of the touch taboo argue that the blank screen stance of therapists recreates the cold and distance environment that contributed to the client's dysfunction, and it ignores the value of touch as a powerful therapeutic ingredient, one which emphasized a more open and intimate relationship between client and therapist. Today there is a lack of consensus about the use of touch and the complex ethical and clinical issues surrounding its use. This article review the clinical and research literature and explores views for and against using touch in therapy. Given the powerful effect of touch and the legal climate in our society, ethical and clinical guidelines are presented to assist the therapist in using touch appropriately, with sensitivity and skill. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Edwards, D. J. (1981). "The role of touch in interpersonal relations implications for psychotherapy." South African Journal of Psychology **11**(1): 29-37.

In Western culture, the use of touch in interpersonal relations has, as far as possible, been avoided. This view of touch has been reevaluated, and the fundamental nature of touch as a nurturant response is now more fully

understood. It is suggested that there are 9 types of touch in interpersonal relations: information pick-up, movement facilitation, prompting, aggressive, nurturant, celebratory, sexual, cathartic, and ludic. In the context of psychotherapy, touch was avoided in the development of classical psychoanalysis but is used in many contemporary forms of therapy. It is argued that there are appropriate applications of most of the types of touch referred to (with the exception of sexual) in psychotherapy, but it is pointed out that many of these applications are powerful therapeutic techniques that require judgment, sensitivity, and skill on the part of the therapist. (Afrikaans abstract) (32 ref) (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Fagan, J. (1998). Thoughts on using touch in psychotherapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 145-152.

(From the chapter) The author outlines her views on the general kinds of touch, as well as on both the prerequisites and the reasons for using touch in therapy. She also discusses the fears (both external and internal), avoidance, and confusion that go with this way of making human connection. A brief case study of the use of touch in the psychotherapy of an adult female patient is presented. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Fagan, J. and A. S. Silverthorn (1998). Research on communication by touch. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 59-73.

(From the chapter) This chapter summarizes an extensive program in which, individually and collectively, the authors and 3 graduate students tackled 2 very difficult-to-research areas: touch and emotion. We devised a procedure that could measure people's ability to understand emotional communications, validated it in standard ways, and then used it to explore a number of interesting hypotheses. The aim of this chapter is to bring the reader along with us in following our thought processes and in sharing the delight of discovery that goes with research. In this research program, we demonstrated that it was possible to design a test, the Touch Communication Index (TCI), that could measure a very difficult area, to give this test adequate reliability and validity, and to use it to get useful information. We used the TCI to explore personality characteristics of high and low scorers among 4 groups: medical patients, psychosomatic patients, neurotic anxiety patients, and alcoholics. We found that the TCI was able to differentiate among severely disturbed, moderately disturbed, normal, and sophisticated Ss. In the test of the double-bind theory of schizophrenia, schizophrenic Ss were less accurate than control Ss in the reception of emotional communication, however, the schizophrenic Ss showed no greater problem with inconsistent messages than the normal Ss did. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Farrell, E. (2006). The presence of the body in psychotherapy. Touch papers: Dialogues on touch in the psychoanalytic space. G. Galton. London, England, Karnac Books: 97-108.

(From the introduction) Chapter Eight is contributed by Em Farrell, who draws upon her experience of working with anorexic and bulimic individuals and suggests that more conscious and concrete acknowledgement of the body is needed in psychoanalytic psychotherapy. She suggests that just as the psychotherapist's mind and words are the objects of unconscious phantasy, so, too, is the therapist's body, and she or he may need to be more aware of this and make more use of it in the consulting room. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Field, T. M. (1995). Infant massage therapy. Touch in early development. T. M. Field. Hillsdale, NJ, England, Lawrence Erlbaum Associates, Inc: 105-114.

(From the chapter) infant massage in the Western world / massage therapy with preterm infants / massaging cocaine-exposed preterm infants / massaging HIV-exposed neonates / depressed mothers massaging their infants grandparent volunteers as massage therapists (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Field, T. M. (1998). "Touch therapy effects on development." International Journal of Behavioral Development **22**(4): 779-797.

In this review empirical data are presented on the use of touch therapy, specifically massage therapy for improving the clinical course of several conditions including growth and development of pre-term infants, reducing pain, increasing attentiveness, diminishing depression, and enhancing immune function. Potential underlying mechanisms for massage therapy's effects are proposed for each of these conditions. The general effect appears to derive from the stimulation of pressure receptors and the ensuing increase in vagal activity and slowing physiology. This in turn facilitates a more relaxed behavioral state, effects a decrease in stress hormones, most particularly cortisol, and an increase in immune function, particularly natural killer cells. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Fosshage, J. L. (2009). To touch or not to touch in the psychoanalytic arena. B. Willock, R. C. Curtis and L. C. Bohm. London, England, Karnac Books: 327-350.

(From the chapter) The purposes of this paper are: first, to review the historical and classical theoretical basis for the interdiction on touch in psychoanalysis; second, to provide a contemporary theoretical basis for the use of touch; third, to provide a brief overview of the research on physical touch; fourth, to review clinical reports of touch in the psychoanalytic literature and relevant psychotherapy research; and fifth, to lay down some guidelines for the use of touch in the analytic setting and to provide several clinical vignettes. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Gagne, D. and R. C. Toye (1994). "The effects of therapeutic touch and relaxation therapy in reducing anxiety." Archives of Psychiatric Nursing 8(3): 184-189.

31 inpatients suffering from anxiety were randomly assigned to 1 of 2 treatment conditions (therapeutic touch and relaxation therapy) or to a therapeutic touch placebo condition. Each S completed a self-report anxiety measure and was rated for amount of motor activity before and after each of 2 15-min treatment sessions in a 24-hr period. A multivariate analysis of variance (MANOVA) showed that whereas relaxation therapy provided significant reduction of anxiety on the self-report measure and the movement measure, the nursing intervention of therapeutic touch resulted in significant reductions of reported anxiety. The control group showed small but nonsignificant effects. Results suggests that both relaxation and therapeutic touch are effective palliatives to experienced anxiety. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Geib, P. (1998). The experience of nonerotic physical contact in traditional psychotherapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 109-126.

(From the chapter) The study researches the topic of nonerotic physical contact between male therapists and their female patients. I chose to interview women who had been in therapy with men, because I thought that it was in the dyad of female client and male therapist that Oedipal issues would be most prominent, and erotic yearnings and fears most pronounced. The study was qualitative in nature, with in-depth interviews of 10 women. Six of the 10 women reported that being touched had been an unambivalently positive therapist experience. The other 4 reported mixed feelings about being touched and said that for them being touched had ultimately been countertherapeutic. There were 4 different kinds of therapeutic practices that seemed to affect the outcome substantially: 1. the therapist provided an environment where the client felt that she, rather than the therapist, was in control; 2. the therapist was clearly responding to the client's needs, rather than his own; 3. the therapist encouraged open discussion of the contact, rather than avoiding the topic; and 4. the therapist made sure that physical and emotional intimacy developed at the same pace, rather than being insensitive to this issue of timing. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Geib, P. G. (1982). The experience of nonerotic physical contact in traditional psychotherapy: A critical investigation of the taboo against touch. US, ProQuest Information & Learning. 43: 248-248.

Glickauf-Hughes, C. and S. Chance (1998). An individualized and interactive object relations perspective on the use of touch in psychotherapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 153-169.

(From the chapter) Suggest potential guidelines for use of touch in psychotherapy, based upon the characterological styles of clients. These are intended to help therapists make thoughtful decisions about whether to use

touch as a component of treatment with a given client. We will discuss an individualized and interactive object relations approach to the use of touch in psychotherapy. The decision making guidelines include (1) not using touch with clients who have a more primitive level of ego organization and object relations development, as in such cases it frequently promotes a malignant or unconstructive regression; (2) using touch cautiously and in response to the clients' request with individuals who have been used (particularly in a sexual manner) by parents; and (3) using touch more frequently with higher-functioning clients whose core issues are inability to bond, shame about needs, and lack of awareness about feelings and needs. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Halbrook, B. and R. Duplechin (1994). "Rethinking touch in psychotherapy: Guidelines for practitioners." Psychotherapy in Private Practice **13**(3): 43-53.

As a form of tactile communication, touch is a therapeutic intervention, potentially powerful in its ability to comfort and quiet. For adult clients, touch is laden with various layers of meaning reflecting early personal experience and the dominant culture. The opportunity for touch decreases with age, but touch can readily be incorporated into therapeutic routines with elderly clients. In addition to cultural and generational differences, geography may affect what is perceived as appropriate touch between client and therapist. The opportunity to touch therapeutically may occur more naturally in group than in individual psychotherapy. Some types of therapeutic touching include body and massage therapy. Despite the benefits of touch, excesses on the part of therapists and the increasing concern about ethical misconduct have yielded a culture of practitioners who tend to approach physical contact with clients cautiously. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Hetherington, A. (1998). "The use and abuse of touch in therapy and counselling." Counselling Psychology Quarterly **11**(4): 361-364.

Sexual exploitation within therapy is founded upon inappropriate physical contact. Yet the use of touch in therapy remains a contentious issue. Some therapists purport that touch is a primary source of communication of which many clients, as children, were deprived. They argue that refraining from the appropriate use of touch in the counseling situation can be damaging to the client. This article considers the argument for the use of physical contact in therapy and counseling and its potential therapeutic value. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Horton, J. (1998). Further research on the patient's experience of touch in psychotherapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 127-141.

(From the chapter) P. Geib (1982, 1998) found 5 factors associated with patients positive or negative evaluations of touch in therapy. This study questioned whether 4 of Geib's factors would be reflected in a larger, more diverse sample of patients and therapists. The factors examined were: (1) clarity of

communication regarding touch, sexual feelings, and boundaries of therapy; (2) the patient's perception of control in initiating and sustaining physical contact; (3) congruence of touch with the level of intimacy in the relationship and with the patient's particular issues; and (4) the patient's perception that the physical contact was for his or her benefit. An additional area assessed was whether greater potential for sexual attraction in the therapy dyad makes touch more ambiguous and prone to misinterpretation, and thus less likely to be positively evaluated. A 36-item questionnaire and a therapeutic alliance measure (the client portion of the Working Alliance Inventory) was distributed to 900 male and female psychotherapy patients. Although results support Geib's findings that patients' positive evaluations of touch in therapy are associated with its congruence, the patient's sense of control and the patient's ability to speak freely with the therapist, the narrative answers indicate that many patients have difficulty both verbally requesting physical contact and expressing negative reactions about the therapy. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Horton, J. A. (1995). Touch in psychotherapy: A survey of patients' experiences. US, ProQuest Information & Learning. **56**: 1109-1109.

No consensus exists among therapists regarding the appropriateness or benefit of touching patients. This study attempts to test and extend Gelb's (1982) finding of factors associated with patients' positive or negative evaluations of touch in therapy. These factors are: (1) clarity regarding touch, sexual feelings and boundaries of therapy; (2) patient feels in control of touch; (3) touch is congruent with patient's issues and the level of intimacy; and (4) contact is felt to be for patient's, not therapist's, benefit. Two other hypotheses were tested: whether potential sexual attraction (sexual orientation and gender pairing in dyads) is inversely related to positive evaluation of touch, and whether the degree of therapeutic alliance (as tested by the Working Alliance Inventory (WAI)-Horvath & Greenberg, 1986) can help predict patient evaluation of touch. An anonymous survey was distributed through therapists, self-help and twelve step groups, and newspaper advertisements. Two hundred and thirty-one completed research packets were returned. Patient demographics, presenting and continuing symptoms and problems, evaluative questions testing Gelb's factors, and narrative answers regarding the significance of touch in therapy were obtained, along with the WAI. Results support a positive relationship between both Gelb's factors and the WAI and patients' positive evaluation of touch in therapy. No generalization regarding negative touch experiences can be made from the data. Hypothesized potential for sexual attraction did not prove significant. Thematized narrative answers indicate that a large number of respondents (69%) felt touch fostered a bond, trust, and greater openness and communicated acceptance, enhancing their self esteem (47%). The large number of sexual abuse survivors who responded (40%) rated therapist touch significantly more positively than did non survivors, and more frequently mentioned the positive effect of touch on self-feelings, trust, and (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Horton, J. A., P. R. Clance, et al. (1995). "Touch in psychotherapy: A survey of patients' experiences." Psychotherapy: Theory, Research, Practice, Training **32**(3): 443-457.

Assessed 231 clients' experiences of and attitudes toward physical contact in psychotherapy in order to test and extend P. Gelb's (1982) identification of 4 factors associated with these evaluations: (1) clarity regarding boundaries of therapy, (2) congruence of touch, (3) patient's perception of being in control of the physical contact, and (4) patient's perception that touch is for own benefit rather than the therapist's. The effects of therapeutic alliance and potential for sexual attraction were also assessed. Results supported a positive relationship between the 4 factors and patients' positive evaluations of touch in therapy. Many Ss felt touch fostered a bond, trust, and greater openness with their therapist (69%), or communicated acceptance and enhanced their self esteem (47%). (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Hunter, M. and J. Struve (1998). "Challenging the taboo: Support for the ethical use of touch in psychotherapy with sexually compulsive/addicted clients." Sexual Addiction & Compulsivity **5**(2): 141-148.

The authors argue that touch is too valuable a tool to deny its use to the psychotherapist who is attempting to treat those who are suffering from compulsive or addictive sexual behavior. They note that the primary objection to therapist–client physical contact has been the extreme cases where a therapist has violated his or her professional standards and has, consequently, become sexual with a client. The authors argue that the unethical use of any technique ought to be an indictment of the clinician, not the technique. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Hunter, M. and J. Struve (1998). The ethical use of touch in psychotherapy. Thousand Oaks, CA, US, Sage Publications, Inc.

(From the cover) Mental health professionals are entrusted with the responsibility of providing appropriate treatment for clients in a safe environment that nurtures trust, a necessary ingredient for optimum movement through the therapeutic process. Though treatment approaches vary, most modalities are verbally based and, in theory, exclude physical contact. "The Ethical Use of Touch in Psychotherapy" demonstrates that touch is intrinsic to the healing process along with talk-therapy, regardless of the practitioner's theoretical orientation. While the use of touch is a given in other health care settings, it remains a benefit denied as taboo in psychotherapeutic relationships, due to transgressors whose unscrupulous use of this technique have marred its reputation. This book encourages readers to conduct a meaningful self-reflection and explore possible misconceptions related to touch in order to rejuvenate its acceptance. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Imes, S. (1998). Long-term clients' experience of touch in Gestalt therapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 170-200.

(From the chapter) Although therapists can theorize about what is important to their clients, the goal for this chapter was to learn directly from clients about their experiences of touch. In particular, the author wanted to learn whether themes might emerge that might instruct therapists in the use of touch in psychotherapy. To honor a client-centered approach to touch in therapy, a group of clients was invited to participate in a focus group on touch in therapy. The clients were asked to think about what had been important to them about touch in therapy, and to generate questions most likely to tap into the relevant aspects of being touched by one's therapist. From that group discussion, a questionnaire was developed and given to trainees at the Gestalt Institute of Georgia, to clients in group therapy, and to selected clients in individual therapy. Case illustrations from a number of clients are included. Topics discussed include: overall differences in the use of touch, clients' views of "good" and "bad" touch in psychotherapy, extensive use of touch in therapy (extreme sexual abuse during childhood, touch deprivation during childhood), moderate use of touch in therapy (either moderate abuse or adequate touching during childhood, physical invasion during childhood), minimal or no use of touch in therapy (extreme sexual, physical, and/or emotional abuse and/or neglect; unmet dependency needs during childhood, with little current environmental support). (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Kepner, J. (2001). "Touch in Gestalt body process psychotherapy: Purpose, practice, and ethics." Gestalt Review 5(2): 97-114.

The use of touch in a Gestalt-influenced, body-oriented psychotherapy is discussed, including cultural influences on attitudes toward touch. The term Gestalt Body Process Psychotherapy is introduced to differentiate a specific body-oriented approach from the classical Gestalt therapy work with the body. Development of touch intervention within Gestalt body process psychotherapy is described. Psychotherapeutic purposes of touch are detailed in its influence on awareness, assessment, therapeutic relationship, psychophysical change and energy systems. It is argued that awareness may not be sufficient for the structural reorganization to support new modes of contact. Characteristics of the therapist in touch are presented, and crucial ethical guidelines as assisting its beneficial and sound use are described. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Kertay, L. and S. L. Reviere (1993). "The use of touch in psychotherapy: Theoretical and ethical considerations." Psychotherapy: Theory, Research, Practice, Training 30(1): 32-40.

Discusses the importance of touch in human communication, reviews the development of a taboo against touching among early psychoanalytic writers, and considers more recent arguments that counter this strict taboo against touching psychotherapy patients. Suggestions are outlined for appropriate uses of touch in psychotherapy, and the ethics of touch are discussed in the context of theoretical issues and ethical principles. The authors believe a rigid, rule-bound approach regarding touch in therapy is precluded by the complexities

of this issue and by insufficient attention having been paid to linking theoretical arguments to ethical considerations. A 3-level approach of ethical, therapeutic, and decision-making guidelines in considering the use of touch is proposed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Kertay, L. and S. L. Reviere (1998). Touch in context. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 16-35.

(From the chapter) Potential misuses and miscommunications notwithstanding, the authors believe that touch can be wisely and judiciously applied in the course of therapy, to the benefit of patients. The authors believe that the decision to apply or withhold touch in psychotherapy should be determined by the meaning of the touch, and that an interpretation of this meaning is determined in large part by the contexts in which touch occurs. This chapter reviews some of the contextual cues to the meaning of touch, including the therapist's context, the patient's context, and the therapeutic alliance. It refers to empirical findings in the literature related to various aspects of touch in psychotherapy, whenever such findings are available. When they are not, it comments on the nature of the contexts and their implications for using or withholding touch in a psychotherapy relationship. Topics discussed include: developmental implications of touch, early taboos against touch in psychotherapy, sexualized touch in psychotherapy, indications and contraindications to touch, and guidelines for the conscientious therapist (ethical considerations, therapeutic considerations, theoretical issues: communicating with touch and listening for feedback). (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Kupfermann, K. and C. Smaldino (1987). "The Vitalizing and the Revitalizing Experience of Reliability: The place of touch in psychotherapy." Clinical Social Work Journal **15**(3): 223-235.

Discusses the use of physical touch in psychotherapy as an adjunct to enhance the effectiveness of the treatment. It is a nonmanipulative, nonsexuctive procedure used during stressful times with certain patients—adults as well as children—to facilitate a confirmation of the self as separate from others. It should also instill in the patient a feeling of increased safety and reliability as well as promote basic trust in self and others. Two clinical cases of an adult male and female are provided to emphasize transference and countertransference considerations. The delicate balance between discipline and flexibility required by the therapist is described. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Lawry, S. S. (1998). Touch and clients who have been sexually abused. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 201-210.

(From the chapter) It can be argued that therapeutic touch with survivors of sexual abuse is contraindicated at all times. Given the myriad of ways in which

touch, even well-intentioned touch, can be subjectively experienced as harmful, abstaining from using touch interventions with survivors is certainly a viable option. Moreover, it may very well be the position of choice for beginning therapists. If clinicians are not beginning therapists, are not working within a short-term model of treatment, and are otherwise comfortable with the use of touch, then the guidelines in this chapter are offered for the decision-making process of whether to utilize touch with particular sexual abuse survivors. As with any therapeutic intervention, its use should be evaluated for each client individually. Topics discussed include: questions for the therapist to ask about himself/herself (how do I feel about touch personally, am I attracted sexually to this client) and questions to ask about the client (what client need is being met by touch, and is touch the only way of meeting that need; does my client have sufficient ego strength; what level of dissociation/depersonalization is the client currently experiencing; is my client seeking sexual gratification from me; is the therapeutic relationship developed and balanced enough to withstand the potential intensity of touch). (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Lerman, H. (2005). "Review of The Ethical Use of Touch in Psychotherapy." Journal of sex & marital therapy **31**(4): 356-358.

Reviews the book *The Ethical Use of Touch in Psychotherapy*, by Mic Hunter and Jim Struve (see record 1997-36467-000). The reviewer found this to be the most comprehensive book on the subject of touch as a factor in human life and in psychotherapy that he has seen. The authors begin with the physiology of human touch, a topic often ignored in psychological circles. The authors then progress through the subject of the value of touch as a factor in human socialization, pointing out how essential touch is in the formation and maintenance of social relations. Only after this introduction do they move directly into the topic of touch in psychotherapy. The authors discuss in some detail the history of the use of touch in various psychotherapeutic modalities, beginning with psychoanalysis and moving through the human potential movement and behavioral therapy into a discussion of how touch has been used with couples, families, and groups. Following this discussion, the authors offer suggestions as to when therapists might use touch and when they probably should not. They discuss how power dynamics affect touch, of which many are not aware. Only after all of this do the authors introduce the topic of ethics as it applies to touch in psychotherapeutic settings. The entire third section of the book is then devoted to the professional issues involved. The book concludes with another discussion of when to use touch, this time in the form of questions that therapists should ask themselves in order to explore both their professional views and their personal experiences with touch as a negative or positive experience. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Mandelbaum, D. (1998). *The impact of physical touch on professional development. Touch in psychotherapy: Theory, research, and practice.* E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 211-219.

(From the chapter) The use of touch in the therapeutic process is considered risky and controversial. How an awareness of this risk and controversy has had an impact on the author in his own psychotherapy practice is one of the topics discussed in this chapter. The impact of the awareness of the risks of touch on the author's professional training and development are also discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

McNeil-Haber, F. M. (2004). "Ethical Considerations in the Use of Nonerotic Touch in Psychotherapy With Children." Ethics & Behavior.Special Issue: Ethics and behavior **14**(2): 123-140.

Although touch frequently occurs in psychotherapy with children, there is little written on the ethical considerations of therapeutic touch. Because physical contact does occur, therapists must consider if, how, and when it is used, for both their clients' safety and their own. In this review, I further develop the issues suggested by Aquino and Lee (2000) in the use of nurturing touch in therapy by considering many types of touch that occur in psychotherapy with children; the possible positive role of touch; clients' perception of touch in therapy; considerations related to the therapist, the child's safety, and any history of abuse in the child's and family's background; and other practical considerations. I list guidelines. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Milakovich, J. (1998). Differences between therapists who touch and those who do not touch. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 74-91.

(From the chapter) The 2 main objectives of this study were (1) to identify factors that may differentiate therapists who touch from those who do not touch their clients in individual psychotherapy, and (2) to describe characteristics of psychotherapy practices where nonerotic touch is used as part of the therapeutic process. 84 therapists (average age 45 yrs) were interviewed by phone, using a structured questionnaire containing 112 questions. The sample included approximately equal numbers of humanistic and psychoanalytic therapists, plus a number of therapists with cognitive and other orientations. Results of the study showed that both professional and personal experiences with touch in therapy appeared to influence a therapist's beliefs about touching clients. A personal history (vs no history) of abuse was an additional factor differentiating therapists who touch from those who do not. Some therapists reporting adherence to a psychodynamic orientation showed ambivalence over the issues of touching clients. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Milakovich, J. C. (1993). Touching in psychotherapy: The differences between therapists who touch and those who do not. US, ProQuest Information & Learning. **54**: 3347-3347.

Mintz, E. E. (1969). "On the rationale of touch in psychotherapy." Psychotherapy: Theory, Research & Practice **6**(4): 232-234.

Discusses touch as: (a) a natural part of a warm, ongoing relationship, (b) gratification of the patient's infantile needs, (c) gratification of the patient's manipulative needs, (d) a means of eliciting feelings around aggression, and (e) an expression of the therapist's feelings. "Use of physical contact, then, seems to require not only an understanding of the patient's psychodynamics and an awareness of the probable effects of touch at that moment, but also a readiness for touch on the part of the therapist." (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Peifer, D. E. (2009). Adolescent experiences of touch in psychotherapy. US, ProQuest Information & Learning. **69**: 4437-4437.

The use of physical contact in psychotherapy has been a controversial issue in the field for some time. Ethical and risk management concerns about touching clients are prevalent in the literature. Yet few studies have explored the client perception of appropriate, nonsexual forms of touch that occur in the therapeutic setting. The existing research has focused on adult clients, while there are few studies that examine the role that touch plays in therapy with children and adolescents. Therefore, the purpose of this project was to explore adolescent experiences with and attitudes about nonsexual, ethical forms of touch in psychotherapy. Qualitative approaches were utilized in this study. In order to examine the factors that potentially affect an adolescent's view of physical contact, a survey was constructed containing three different formats for acquiring information. These included forced choice responses with a Likert scale, open-ended questions, and clinical vignettes. The hard copy survey was sent to parents of adolescents, clinicians, organizations, and agencies that offer psychotherapy to this population. Participants included six adolescent males and six adolescent females (N=12) ranging in age from 14 to 18 years old. Results indicated that adolescents hold strong opinions about touch in psychotherapy. Adolescents emphasized the importance of individual differences in response to touch and urged clinicians to be cautious when initiating physical contact. In addition, the strength of the therapeutic alliance influenced the adolescent's evaluation of touch. Gender differences were also noted. The data suggest that male and female adolescents differ not in the amount of touch they receive from clinicians, but the type of touch. Whereas female adolescents recalled examples of hugs or nurturing touch in their psychotherapy, male adolescents typically referred to handshakes, or greeting forms of touch. Gender-specific taboos about touch were mentioned. Specifically, male adolescents were the least open to touch when they had male clinicians. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Pinson, B. (2002). "Touch in therapy: An effort to make the unknown known." Journal of Contemporary Psychotherapy **32**(2-3): 179-196.

This paper is an exploratory study based on interviews with four psychoanalytically-oriented therapists who touched their patients. It examines how the therapists and their patients conceptualized their experience. The therapists reported that the decision to touch, in the five cases presented here,

was guided by the specific needs of their patients and their patient's circumstances rather than by their orientation and their overall attitude towards touch. Positive outcomes are reported in four out of the five cases. For these patients touch provided safety, grounded them in the here and now, promoted growth, integration and differentiation, and/or assuaged pain. In one case the outcome of touch for the patient is not known. Results are discussed in light of the literature on the use of touch. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Raab, I. (1996). Touch in psychotherapy: Controversies and applications. US, ProQuest Information & Learning. **57**: 3420-3420.

The purpose of this thesis is to examine how therapists from three theoretical perspectives on psychotherapy, namely psychoanalytic psychotherapy, body-oriented psychotherapy and somatic therapy, conceptualize the use of touch. Touch is presented as a controversial issue that leaves psychodynamic psychotherapists ambivalent about its clinical usefulness, as well as its ethical basis. Increased reports of boundary violations in professional settings call for professionals' attention to the issue. In this dissertation, it is demonstrated how the psychotherapist's theory and intention shapes the way he or she approaches and practices touch. It is argued that specific theoretical concepts influence the therapist's positions on touch. To address this notion, the thesis poses the following questions: When might touching between patient and therapist constitute a constructive element in the therapeutic interaction? Do some theories define how body and mind interface? How do the therapeutic context and specifically touch influence their interconnection? On the other hand, it is asked if certain theories are incompatible with the use of touch in psychotherapy. When might touch pose a boundary violation in the therapeutic context and thus negatively influence the patient's therapeutic progress? Also, does touch prematurely gratify specific yearnings or circumvent their exploration in therapy? To answer these questions, a cross-sectional perspective is developed, using the three psychotherapeutic models, as named above, to explore the positive and negative implications for using touch in psychotherapy. This investigation uses a three step method. First, the literature is reviewed for each approach to touch. Next, interviews with eighteen psychotherapists are conducted. The models are illustrated with real-life stories and a hermeneutic discourse between feedback from the therapists and the author's formulations is created. Last, concepts are provided which are intended to (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Rothschild, B. (2002). Body psychotherapy without touch: Applications for trauma therapy. Body psychotherapy. T. Staunton. New York, NY, US, Brunner-Routledge: 101-115.

(From the chapter) Memory of traumatic events differs from memory of other events in that it is often non-verbal, somatic, implicit memory. This makes body psychotherapy a natural for helping to integrate traumatic experiences. However, many traumatized clients - especially those who have suffered at the

hands of other - cannot be touched without becoming overwhelmed or going dead in their bodies. This presents a unique challenge to the psychotherapist and the body psychotherapist: how to integrate body experiences without touch? This chapter will offer both theory for understanding and techniques towards solving this dilemma. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Russell, T. T. and C. M. Morrill (1989). "Adding a systemic touch to rational-emotive therapy for families." Journal of Mental Health Counseling **11**(2): 184-192.

Discusses theoretical and practical reasons for integrating rational-emotive therapy (RET) and family systems therapy (FST). The integration of the 2 systems allows the family counselor to consider simultaneously the independence of individuals and the interdependence of family members. A model is presented linking RET and FST concepts and containing 4 components: assessment, focus, style, and evaluation. Techniques that overlap in the 2 therapy approaches are outlined: Both use an active-directive problem-solving style, goal-oriented strategies, and creatively designed "homework" assignments. The need to test empirically the blend of the FST and RET methods is noted. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Smith, E. W. L. (1998). A taxonomy and ethics of touch in psychotherapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 36-51.

(From the chapter) Too many mavens of psychotherapy ethics speak as if "touch" is a homogeneous, unidimensional phenomenon in all its contexts and occurrences. The author maintains that it is only through taking account of the conditions and purposes of touch that we can come to a meaningful ethics of touch in psychotherapy. In order to identify types of touch that may occur in psychotherapy, a taxonomy is offered. First, those forms of touch that are now taboo are defined. By so doing, perhaps we can clear ground for a discussion of the other forms of touch that may or may not be ethical; decisions about these forms require a very careful consideration of theoretical and ethical considerations. The taxonomy of touch in psychotherapy includes 2 kinds of taboo touch, hostile/aggressive and sexual touch, and 5 kinds of touch considered acceptable or unacceptable depending on the circumstances, inadvertent touch, conversational markers, socially stereotyped touch, touch as an expression of the therapeutic relationship, and technical touch. Informed consent for touching and guidance from Hindu psychology on when not to touch are briefly discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Smith, E. W. L. (1998). Traditions of touch in psychotherapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 3-15.

(From the chapter) The major thesis of this chapter is that touch has been part of psychotherapy from its inchoate beginnings until the present. Touch in psychotherapy serves as a genuine human expression of person-to-person relating. Many therapies include it as legitimate praxis when used ethically and appropriately, as defined by their theory. Although a traditional part of psychotherapy, touch continues to be a focus of controversy. This chapter suggests that the controversy is kept alive through bias against touch born of an implicit Western cultural philosophy and born of historical influences and context. It explores each of these sources of this controversy-producing bias or prejudice in turn. First, it is suggested that the prejudice against touching in psychotherapy is a by-product of the mind–body dichotomy so well entrenched in the philosophical underpinning of Western society. Second, the author believes that the prejudice against touching in psychotherapy is the heritage of historical influences that came in time to be taken as scientifically based truth. The chapter alludes to a number of contingencies in the life and work and Freud. Continuing traditions of touch in therapy settings are discussed, including Reichian and neo-Reichian traditions of touch and humanistic traditions of touch. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Smith, E. W. L., P. R. Clance, et al. (1998). Touch in psychotherapy: Theory, research, and practice. New York, NY, US, Guilford Press.

(From the jacket) This book brings together experienced clinicians to review the research and to offer ethical, theoretical, and practical guidelines for using nonerotic touch in therapy settings. Grounded in empirical findings, the volume gives voice to both therapists and clients. Its goal is to help practitioners formulate their own appropriate and therapeutic approach to touch. The volume begins with the importance of context in understanding touch as a form of communication. Part II includes original research on touch as communication, and views touch from both the client's and therapist's perspectives. Part III offers candid clinical insights on the use of touch within traditional therapeutic approaches as well as lessons from bodywork approaches. Clinical commentary and case examples illuminate both successful and unsuccessful uses of touch. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Spotnitz, H. (1972). "Touch countertransference in group psychotherapy." International journal of group psychotherapy **22**(4): 455-463.

Discusses problems and risks associated with touching in group therapy and outlines its indications and contraindications. It is suggested that 2 types of feelings primarily account for the need to touch and be touched in sessions: touch transference and touch countertransference. Situations in which touch should be avoided are enumerated, e.g., when the countertransference is dominated by strong affectionate sentiments or feelings of violence and participants are not certain of their ability to control their behavior. Providing emotional gratification instead of promoting personality maturation is viewed as a general risk. 2 main justifications for the use of touch as a therapeutic agent are to facilitate transference and to resolve resistance. However, it is argued that

verbal interventions are usually preferable. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Stenzel, C. L. (2002). Psychologists' use of touch in individual psychotherapy. US, ProQuest Information & Learning. **63**: 551-551.

Little is known about non-erotic physical contact between psychologists and adult psychotherapy clients. The present study sought (a) to describe the current use of touch in verbal psychotherapy (forms of touch and when used), (b) to investigate the relationship between the use of touch and selected psychologist and client characteristics; and (c) to examine psychologists' attitudes regarding touch with clients reporting a history of childhood sexual abuse. From a national mailing to 1200 doctoral level psychologists in private practice, responses of 470 psychologists indicated that touch with psychotherapy clients is infrequent, but occurs often enough to warrant attention. Consistent with Smith's touch taxonomy, frequencies supported three categories of non-sexual touch communication: Touch as an Expression of the Relationship, Socially Stereotyped Touch, and Touch as Technique. Although both male and female psychologists offered Touch as an Expression of the Relationship and during the psychotherapy session significantly more often to female clients than to male clients, this effect was much more pronounced for female psychologists; female psychologists were much more likely to touch female clients during psychotherapy than male clients. In contrast, Socially Stereotyped Touch (i.e., handshake) was more likely to occur when a male was present in the therapeutic dyad and touch offered during greeting and parting a psychotherapy session was significantly more likely in same-gender dyads. As expected, humanistic psychologists offered Touch as an Expression of the Relationship and during a psychotherapy session significantly more often than psychodynamic psychologists, with those of other orientations reporting touch at levels between these two groups. Psychologists with higher levels of personal and professional experience with touch-oriented techniques were also more likely to report using Touch as an Expression of the Relationship and during psychotherapy. Finally, in response to a vignette, psychologists rated therapist use of touch with clients reporting a history of childhood sexual abuse as less beneficial, less appropriate, and potentially more harmful than with clients without an abusive history. Findings supported Smith's hypothesis that psychologists consider both clinical and ethical dimensions when considering the use of touch. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Stenzel, C. L. and P. A. Rupert (2004). "Psychologists' Use of Touch in Individual Psychotherapy." Psychotherapy: Theory, Research, Practice, Training **41**(3): 332-345.

A national sample of 470 practicing psychologists responded to a survey regarding touch in adult individual psychotherapy. Results reflected a high degree of caution regarding physical contact with clients. Close to 90% of respondents never or rarely offered touch to clients during a session. The handshake, a socially stereotyped form of touch most likely to occur during greeting or parting, was the only form of touch that occurred with some

frequency. Therapist and client gender, theoretical orientation, and touch experience of the therapist were related to the use of touch. Contrary to guidelines, touch was typically not discussed with clients when it occurred. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Suiter, R. L. (1984). A comparison of male and female professionals and nonprofessionals evaluations of the use of touch in psychotherapy. US, ProQuest Information & Learning. **44**: 2422-2422.

Torraco, P. (1998). Jean's legacy: On the use of physical touch in long-term psychotherapy. Touch in psychotherapy: Theory, research, and practice. E. W. L. Smith, P. R. Clance and S. Imes. New York, NY, US, Guilford Press: 220-237. (From the chapter) Physical contact with patients is often a necessary tool in intensive therapy that aims at healing emotional illness and not merely relieving symptoms. But such a powerful tool should be used judiciously, only under very specific conditions that protect the patient from abuse and also guard the therapist. Physical touch can confuse therapists whose ego boundaries are not well delineated, which is why clear ground rules are necessary. The potential for abuse in utilizing these powerful techniques is great, even with the best of intentions. Guidelines for the use of physical touch in long-term psychotherapy are presented, along with case studies of 4 psychotherapy patients. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Turner, J. (1990). Let my soul soar: Touch therapy. Healing voices: Feminist approaches to therapy with women. T. A. Laidlaw and C. Malmo. San Francisco, CA, US, Jossey-Bass: 221-239. (From the preface) focuses on how meaningful and relevant body sensations and experiences are to psychological healing / offers both (1) accounts of her own experience of her body and of her personal growth and change and (2) descriptions of her work with her clients (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Ullman, D. (2000). "Response to "Healing in psychotherapy: Using energy, touch, and imagery": Some thoughts on the healing field." Gestalt Review **4**(4): 289-294. Comments on the article by F. S. Baker (see record 2001-07694-001) on the use of energy, touch, and guided imagery in Gestalt therapy with cancer patients. It is suggested that a Gestalt dialogue on the healing field could go a long way toward alleviating suffering, not only in terms of treating already seriously ill patients, as Baker suggests, but in restoring physical vitality to all our lives, providing a vision of health that will help us to better understand our world. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Wallace, R. (2005). Touch communications psychotherapy. US, ProQuest Information & Learning. **65**: 3731-3731. Touch communications psychotherapy is based on the indivisible unity of the mind and the body. The aim of the research described in this report is to show

how the body imprints its memories of stress, trauma, and deprivation which affect the unique mental, emotional, and physical personality of each human being. These patterns can be modified and annulled by re-education based on the re-establishment of the broken communications to repressed feelings and attitudes. This process requires interactive communication between client and psychotherapist, utilizing both verbal and nonverbal modes. Demonstrations are given in the form of detailed case histories describing the transactions with each client. Each of these is followed by a section furnishing detailed correlation with neurophysiology; this correlation covers first-level neuroanatomical processes and physical anatomy. Technical details of neuroanatomy, physical anatomy, and the theory of closed circuits (cybernetic feedback loops) have been relegated to five appendixes. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Weisberg, A. M. (1992). Touch in psychotherapy: Motivations for using touch among body oriented psychotherapists and body workers. US, ProQuest Information & Learning. **53**: 1080-1080.

Willison, B. G. and R. L. Masson (1986). "The role of touch in therapy: An adjunct to communication." Journal of Counseling & Development **64**(8): 497-500.

Examines the role of physical touch between counselors and clients, reviewing both research and clinical data. Although published findings are not conclusive, there is some indication that touch, when appropriately used, can have a positive impact on clients. Conversely, there is little evidence of negative effects of appropriately administered touch; yet, some clinicians still maintain a conservative bias against any physical contact between counselors and clients. The present authors conclude by proposing guidelines for the use of touch in counseling. (37 ref) (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Wilson, J. M. (1982). "The value of touch in psychotherapy." American Journal of Orthopsychiatry **52**(1): 65-72.

Considers that touching between therapist and client in psychotherapy has the potential to encourage the client's self-disclosure, to enhance his/her self-acceptance and development of positive interpersonal relationships, and possibly to promote the therapeutic alliance. These effects are illustrated through a literature review and case vignettes. The dangers of touch in therapy are outlined; chief among these are sexual misinterpretations on the part of the client and loss of control by the therapist. (33 ref) (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Young, C. (2007). "The power of touch in psychotherapy." International Journal of Psychotherapy **11**(3): 15-24.

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. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Zur, O. (2007). Touch in Therapy. Washington, DC, US, American Psychological Association.

(From the chapter) Touch in therapy has probably been the most controversial of all boundary crossings because of the cultural and professional associations of touch with sexuality. The major concern is that nonsexual touch may lead to sexual touch and sexual exploitation. As a result, touch has become a major risk management concern. This chapter discusses the issues of touch as an adjunct to verbal psychotherapy and reviews the literature on body psychotherapies in which touch is often the primary therapeutic tool. Touch, here, refers primarily to physical contact initiated by the therapist. However, even when a client initiates a handshake or a hug, it is the therapists' responsibility to use their clinical judgment, in each therapeutic situation, to ascertain whether responding positively to the clients' wish to touch is ethical and clinically advantageous. (PsycINFO Database Record (c) 2010 APA, all rights reserved)