



Affective touch

Affective or contactful touch,
used safely and ethically, can
reach pre-verbal layers of
experience in clients, says
Kate Merrick

In 2008, I began my training in gestalt psychotherapy. Although touch was not part of the curriculum and generally not permitted or encouraged, something happened in my second year of training – one of those profound and unforgettable moments that stands out when I reflect on my time as a trainee. During our usual group process, something was said that triggered a deep and old traumatic memory to surface. It was an implicit memory, a memory my body had long held on to, that in that moment, flooded through me and sought discharge through involuntary shaking and uncontrollable sobbing.

Now I can explain my reaction with clarity and insight, having studied trauma for many years, but at the time I was shocked and confused by what was happening. My tutor quietly swapped chairs with my neighbouring student and sat next to me. And then, she did something so human and so simple, yet so profound. She held my hand. That was it. Simple, right? So easy! But no, this intervention is radical and rare within the world of talking therapies. But it was this very experience that propelled my interest in body psychotherapy and moved me to study a psychotherapeutic form of touch some 12 years later.

So what's so good about touch? And why have talking therapists kept touch well away from the consulting room, even pre-pandemic? And at what cost?

The power of touch

When my tutor held my hand, I felt fully attended to. I could feel her care. The warmth and boundary of her hand against mine supported me to anchor myself when I didn't have much internal capacity to ground or stabilise. She also stroked my back, which felt like the warm, gentle caress of a loving mother, helping to soothe a child in distress. Her voice, calm and clear, provided a further container but it was her touch that supported me to sink deeper into my experience, allowing the full wave of emotional discharge to complete itself.

The care and physical tenderness with which my experience was met helped to heal and repair the trauma deep within me. It had a different quality to talking on its own.

Like many of the clients I work with, I didn't grow up in a particularly tactile or affectionate environment. One result of this was that I became very used to denying my own longing for emotional intimacy, to the point where my need no longer presented itself in my conscious awareness. And with touch comes intimacy. I remember with crystal clarity the moment the body psychotherapist I worked with years later gently stroked my arm and demonstrated something called 'affective touch'. It felt as though my entire body melted; as though any armouring in my musculature momentarily gave way to something peaceful, warm and soothing. In that moment of feeling safe and attended to, my therapist's gentle touch allowed me to experience a softening and a tenderness, both within myself and towards her. An emotionally intimate moment unfolded between us. It was the quality of touch that allowed me to access this tender experience.

Affective touch - a gentle stroke of one to 10cm per second - is a new area of research. Growing evidence shows how this particular form of touch directly stimulates the pleasant and rewarding sensations of the c-tactile (CT) fibre systems in the body.¹ These are the touch-sensitive nerve fibres

contained within the small hairs on our skin that produce a gentle, consistently pleasurable feeling from light pressure. These fibres send signals to the insular cortex region of the brain, which is also responsible for processing taste, pain and emotion, suggesting that CT fibres convey a more emotional quality of touch.²

Links are being made to how this system promotes social bonding, develops our social brain as babies and supports our capacity to navigate interpersonal relationships successfully.³ Affective touch is also said to contribute to 'a sense of body ownership and by implication to the psychological self.'⁴ And this is just one form of touch – there are other ways of working with therapeutic touch, or 'contactful touch', as it is sometimes referred to.⁵

Helping a client to explore and strengthen their boundaries is one example. Facilitating and supporting expression and helping a client to feel more embodied or to deepen their breathing pattern are also ways that touch can help support their growth and development. However, although there are myriad ways in which we might bring touch into the therapeutic encounter, it does require sensitivity, skill and training.

Touch was not something I had been trained in myself, and I wanted to know more about the implications for therapy. So I committed to receiving a specific type of therapeutic touch, biodynamic massage, with a body psychotherapist for two years.

Biodynamic massage

Biodynamic massage is a form of psychophysiological massage concerned with the integration of all levels of human experience. It 'addresses physical, emotional, mental and spiritual dimensions of existence. It emphasises and directly addresses the energetic and emotional meaning of physical posture and bodily symptoms'.⁶ For this work, I would lie down on a massage table in loose clothing and the therapist would apply ▶


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series of different massage techniques, depending on my emotional and physical needs in the moment.

The majority of techniques were intended to soothe my sympathetic nervous system, activating the parasympathetic branch, which governs rest and digestion; expand and regulate my breath; attend to areas showing the impact of stress and tension, and support my body to move back into harmonious balance. These were different to regular massage sessions. The intention would always be to attend to the psychological function of the muscles and tissue, with both therapist and I attuning to any emotional material - thoughts, feelings, sensations - that emerged during the work.

The sessions would mostly include a mixture of talking therapy and massage work and it was not long before I began to notice profound shifts in my nervous system and psychophysiological states that I had assumed were unchangeable. I began to feel lighter, more open, more robust and expansive, less fearful, intrinsically safer. My senses sharpened, my body awareness grew exponentially, firmer boundaries developed and my confidence became more deeply rooted in the core of my being. So it was not long before I began to refer my own clients to practitioners who worked with this form of touch. As I had quietly expected, issues that they had faced for years began to shift and loosen in their rigidity.

Clients began reporting similar experiences to my own - less charge and activation in the nervous system, more internal space to breathe, internal safety and boundaries beginning to strengthen, more flexibility, less reactivity and a growing capacity to adapt to new and different situations with ease. I knew that, as much as we had been able to explore and process some of these themes together in therapy, there were parts to their experience that talking alone just could not reach. For example, it feels like therapeutic touch can reach those earliest pre-verbal layers of experience in our bodies that talking therapy



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struggles to get close to. Those earliest developmental stages we move through as babies invite a sensory experience from our caregivers, as well as a verbal one. So it makes sense, then, that those very old, implicit memories that remain held in the body - such as not feeling heard when crying out or not being met with tenderness and care when in distress - may feel satisfied and repaired through receiving some form of soothing, gentle touch in adulthood.

Therapists working within a traditional psychoanalytic framework might argue that touch is gratifying the client's infantile need, which should remain frustrated in order to work with it. And the traditional body psychotherapy stance might be that touch, in this instance, can enhance a sense of self and self-boundary by offering an experience of nurturing and containment, as well as mobilising frozen energy in the body. An updated argument, however, is that we can at least hold the *possibility* of touch, and, as with all interventions, whether or not its use is appropriate must be considered in the context of the relationship between the therapist and client.⁷

Fears and ethics

It's obvious why we might be afraid of even contemplating the possibility of using contactful touch with clients. There is of course the coronavirus risk. But, that aside, news stories reporting

violating and inappropriate misuse of touch are common. Physical contact is now restricted within nurseries and school settings, for fear of litigation. And, as therapists, we are particularly sensitive to boundaries. One major fear is that, if touch can deepen emotional intimacy, might emotional intimacy with our clients become entangled with sexual intimacy? As touch is so often linked with sex, this fear is well founded. Fears of sexual arousal and acting out by either therapist, client or both readily emerge, although research has indicated that psychotherapists who touch are no more likely to act unethically than those who do not touch.⁵ And there are guidelines for any therapist who may be curious about bringing touch into their work.

Training in biodynamic massage was a natural transition and, as I moved towards integrating touch into my work, clarity and transparency were key. Clients knew that I was training, when I'd qualify, what biodynamic massage entails and when I would begin to apply it in my practice. Now that I am qualified, I set out contractually how I work from the outset and it is always explicit that clients will have a choice about whether they want to work with touch or not. There are also certain clients I would exercise caution with when working with touch, particularly in the early stages of therapy. I would tread very carefully, for example, around clients who suffered sexual

and/or physical abuse in childhood, and any client for whom their body has become a source of danger. Some body psychotherapists do not use touch with traumatised clients, while others think touch can support containment, facilitate safety, holding and help those who disassociate stay present.⁵ It is also important that clients have good ego strength to be able to tolerate and contain the feelings, physical sensations and memories that can emerge as a result of working with any form of touch. And, just as touch may not be suitable for every client, so too will it not be suitable for every therapist. As Asheri says, 'Working with touch requires a willingness to engage responsibly, moment by moment, in each interaction, both implicitly and explicitly, with the question, to touch or not to touch?'⁷ This is where good supervision also comes in as a crucial support and resource.

Adding this intervention to one's therapeutic repertoire does

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add another dimension of depth and complexity to the work. Among many other benefits, contactful touch invites emotional intimacy, reawakens pleasurable sensations in the body, can strengthen internal and interpersonal boundaries, increases body awareness and, in turn, gives us a greater sense of body ownership.

It feels like a great loss that touch is not only left out of the therapy room but that this quality of touch is becoming harder to access for ourselves, in an age where we are becoming increasingly over-stimulated. We're working harder, are more dependent on technology and less engaged with people and our natural environments. I wonder what the cost is to ourselves, our wellbeing, our sensual experience and our intimate relationships?

I hadn't realised just how much touch had been missing from my life until I received that lovely, gentle stroke from my therapist. That deep melting pleasure I experienced was too strong to ignore. What I found more and more as I completed my body psychotherapy training and started incorporating it into my client work is that working with therapeutic touch introduces something that transcends our everyday experience. It's as though the simplest of relational human gestures – whether it's a gentle stroke, playful touch, a caring hand on the back or a therapeutic massage – allows our mind and body to soften into a deeper state, creating more internal space for the soul to inhabit.

Touch also brings with it mystery and something 'other'. The suffering that many have experienced due to lockdowns in recent times has thrown into stark relief the deep psychological and emotional impact of being deprived of touch. It is an exciting space to hold, although it is not for the faint-hearted. I believe it's time we paid more attention to this powerful and neglected sense that is available to us, should we be courageous enough to use it. ■

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