

**To Touch or Not to Touch: The Question of Physical Touch in Adult  
Psychodynamic Psychotherapy**

**A Hermeneutic Literature Review**

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## Abstract

The role of touch in psychodynamic psychotherapy has been a controversial issue almost from the start. Despite Freud's initial experimental use of touch, he later distanced himself from the practice, pronouncing psychoanalysis touch-free. This contributed to a prevalent aversion towards touch in psychodynamic psychotherapy that persists today. Nonetheless, recent studies have highlighted the positive effects of touch on mental and physical well-being, and some therapies have successfully integrated touch into their practice. This hermeneutic literature review aims to explore the role of touch in psychodynamic psychotherapy for adults.

The findings of the study reveal that the taboo against touch remains strong in the psychodynamic field. The main objections to touch are rooted in the principles of abstinence and neutrality and the fear of contaminating the transference. Both arguments highlight the rule of non-gratification, which posits that therapeutic change can only occur when a client's desires are not satisfied. Touching a client could inadvertently satisfy these desires and lead to a fixation at the trauma level. The slippery slope argument, which suggests that any form of touch could escalate to sexual misconduct by therapists, is also widely recognised. Contrary to these arguments, a growing body of support for the therapeutic use of touch is emerging. Advocates argue that the taboo against touch is futile, as sexual boundary violations still occur. Additionally, therapists who acknowledge using touch therapeutically often lack a safe environment to discuss and explore their experiences. The use of touch as an intervention is highly individualised and necessitates careful consideration of factors such as cultural background, age, gender, and personal history of both client and therapist. Therapists must also evaluate their personal attitudes towards and comfort with touch before considering it as a potential intervention.

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## **Attestation of authorship**

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

Luba Kabanov

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## **Chapter 1: Introduction**

In this chapter, I outline the rationale for this research and provide a preliminary literature review on the subject. I acknowledge the preconceptions I hold, as a researcher, that influence this research. Finally, I discuss the key terms used in the dissertation and provide an overview of the upcoming chapters.

This research constitutes a hermeneutic literature review that seeks to answer the following research question: “What is the place of physical touch in adult psychodynamic psychotherapy?” This study will focus on exploring historical and current perspectives on touch in talking therapies, with particular emphasis on psychodynamic psychotherapy. The purpose of the research is to explore whether there is a place for interventions grounded in physical touch in psychodynamic psychotherapy. Moreover, the study aims to define implications and guidelines for clinical practice that can potentially enhance clients’ safety and well-being.

### **Rationale for the research**

Ten years ago, when I began personal therapy with a psychodynamically oriented psychotherapist (at that time the orientation of a psychotherapist was a foreign concept to me), I was expecting therapy to be a purely intellectual endeavour, and an unconscious assumption was present that there would be no physical contact between the therapist and myself. This perception was likely influenced by the media and how psychotherapists were portrayed: distant, detached, and devoid of physical nurturing. Furthermore, in the Russian culture, from which I originate and where my therapeutic journey commenced, psychotherapists were commonly regarded as akin to psychiatrists. They were expected to wear white coats and remain seated across a table from their clients. These cultural factors further reinforced my belief that physical touch was not appropriate within the context of psychotherapy. Considering that not even a handshake was expected in the first session, it now appears reasonable to assume that my therapist held a similar view on touch. And, perhaps, my attitude towards touch was perceived by the therapist, leading them to refrain from any physical contact. Alternatively, the therapist's personal approach to touch and its use in therapy might have influenced this decision. Another potential explanation could be a cultural one. In Russia, it is still quite uncommon to shake hands with women and among women.

Neither in our initial session nor in subsequent sessions was there any discussion about using touch in the therapeutic process. However, an unconscious belief persisted within me that touch would not be a part of the therapeutic work.

Perhaps, unknowingly, my choice fell on a particular therapist precisely for the reason of not wanting to be touched. As previously mentioned, when I embarked on my therapeutic journey, I expected the process to be an analysis of my thoughts that would generate insights and, hence, promote change in my life. Although I was filled with emotions, I felt no inclination to explore or question them. Despite experiencing a broad range of feelings, I struggled to identify and articulate them, especially when it came to emotions that were more nuanced than anger or happiness. I did not know how to effectively process these emotions or integrate them into my understanding of myself in a sustainable manner. As a result, these unprocessed emotions seemed to hinder my intellectual self-understanding and impede my ability to effect meaningful changes. Similarly, touch presented a confusing element, probably because it had the potential to evoke more emotions and feelings that I felt compelled to avoid. Therefore, avoiding touch became a personal dogma that I was not inclined to question.

It was not until I commenced practicing as a trainee psychotherapist in Aotearoa New Zealand that I started reflecting on the roots of the touch taboo in psychodynamic psychotherapy, a feature distinct from other therapeutic modalities (Zur, 2007). Initially, I wholeheartedly embraced this rule and, at times, I was terrified at the prospect that a client might want to offer me a hug or request one from me. If that were to happen, I felt as if I would be crossing an invisible line. I felt that such an event would lead to my failure as a therapist, with no opportunity for redemption. And, as will be illustrated later, I was not the only one feeling that way (Toronto, 2001).

The topic of touch was not something that was thoroughly discussed in my psychotherapy training. Additionally, before embarking on my research journey, it seemed that touch was not a widely discussed subject in the professional literature either. This sprung my curiosity even further. The need to understand why therapists, as a group, seem to be quite averse to not only using touch but also talking about it, especially given the current recognition of touch's significance in human development (Music, 2017), became strong and resulted in this research.

Furthermore, the COVID-19 pandemic has influenced our general perception of touch and emphasised the potential benefits and risks of physical contact. The looming threat of infection has made us acutely aware of the hazards associated with touch, resulting in the implementation of social distancing measures and an increase in touch aversion. Although touch has traditionally not played a significant role in psychodynamic psychotherapy, the shift to online work during the pandemic, which lacks embodied presence, posed a unique challenge to maintaining the therapeutic relationship. The subsequent demand for in-person work once restrictions were lifted



further sparked my interest in exploring the role and importance of touch in the context of psychodynamic psychotherapy.

A preliminary literature review showed that touch has been a controversial topic from the very beginning of psychodynamic psychotherapy. Early in his career, Freud employed touch as a therapeutic technique, pressing on his patients' foreheads with the aim of eliciting repressed memories (Galton, 2006). However, quite quickly, he abandoned this idea in favour of the abstinence rule (Freud, 1912). Freud's decision stemmed not only from his perception of touch as ineffective but also from various other factors. These included his aspiration for psychoanalysis to be recognised as a scientific discipline rather than an esoteric practice, the necessity to foster the development of transference, and the desire to avoid any potential "contamination" of it (Mintz, 1969a). To promote transference, therapists were expected to be neutral, 'opaque', and 'like a mirror', as suggested by Freud (1912, p. 117), reflecting what clients brought to the session. The use of touch, however, was believed to hinder this process. Furthermore, Freud also avoided touch to prevent therapists from engaging in inappropriate sexual contact with clients (Mintz, 1969a).

In the last twenty to thirty years, the taboo of touch has been gradually challenged by a shift in thinking that recognises touch as a valuable therapeutic tool (McLaughlin, 1995; Toronto, 2001). For example, Toronto (2001) argues that touch helps "to move treatment along, break through impasses, and allow patients to endure the incredible agony that often accompanies the realization of early insights" (p. 53). This shift in attitude was driven by what is commonly referred to as the 'relational turn' (Mitchell, 1999) within psychodynamic psychotherapy, which emerged during the nineteen eighties. It was recognised that psychotherapists, despite their best efforts, cannot remain impartial observers, but instead, actively engage as participants in the therapeutic process. (Stark, 1999). Every action or non-action impacts clients; therefore, prescriptively avoiding touch was no longer seen as neutral.

The question of whether to touch clients continues to raise more questions than answers. While touch is commonly employed in body-oriented psychotherapies, such as Reichian and bioenergetics therapies, as well as in other talk therapies including Gestalt therapy, family therapy, and cognitive-behavioural therapy, where it serves as a form of intervention like modelling or reinforcement (Zur, 2007), its use in psychodynamically oriented psychotherapy remains ambiguous. Many therapists express unease or even experience feelings of terror, which leads them to altogether avoid addressing touch to ensure they do not cross any professional boundaries (Maroda, 2004). At the same time, many psychotherapists privately acknowledge that they occasionally use touch with their clients but feel constrained from being open

about it due to fear of judgment and potential shame within their professional community (Toronto, 2001).

In response to the above, this research aims to illuminate the phenomenon of touch in adult psychodynamic psychotherapy. Its objectives are to explore the potential drawbacks and benefits associated with touch, and to raise questions regarding the appropriateness of touch avoidance when it is considered a natural and essential element for human development (Music, 2017), often seen as one of the first languages humans learn (Zur, 2007). The research also seeks to promote thinking about whether touch can be implemented in psychodynamic psychotherapeutic work to enhance the therapeutic process on a case-by-case basis and formulate implications for clinical practice. An open discussion about touch holds the potential to help prevent the inappropriate use of touch and the subsequent boundary violations, including sexual encounters with clients, which have regrettably existed since the inception of psychoanalysis and continue to persist today (Swade, 2020).

### **The researcher**

Before commencing the study, I wondered what had drawn me to this particular topic and what my stance was on the use of touch in psychodynamic psychotherapy. As is often the case, my personal history influenced me on this matter. Growing up, I do not recall touch being an everyday occurrence in my family environment. I would be occasionally patted on the shoulder or back when my parents were proud of me, but I cannot recall being hugged or kissed for no particular reason but to express affection. It is likely that for this reason, I still have the memory of how in my early twenties when I was relocating to another city, one of my closest relatives hugged me goodbye. I still distinctly remember how I was standing there, surprised by the event, uncertain of how to react to the 'incident'. This event felt foreign to me, as physical displays of affection were not customary in my family. Additionally, touch had predominantly negative connotations for me, as I suffered from physical abuse as a child. My reaction to the hug might have been influenced by a subconscious fear of touch.

Upon reflecting on my upbringing, I consider the possibility that I may have actually desired physical touch during my formative years. For example, I tended to be more tactile with my friends and romantic partners, and generally enjoyed physical closeness. This positive experience with touch may have been influenced by my cultural background, as Russian culture is considered to be quite tactile (Swade, 2020). Despite this positive experience, touch remained a 'touchy' matter for me, and I often felt awkward using it, as if it were a second language that I had never fully grasped. Therefore, my research aims not only to understand the role of touch in my professional life but also to enhance my proficiency in the 'language' of touch in my personal life.

While working on the research project, the country of my birth invaded Ukraine, a country that is dear to my heart and with which I have cultural connections. At times, conducting the research seemed meaningless as this kind of work seemed ridiculously unimportant when innocent people were dying, and I was unable to stop it. Finding the motivation to continue became challenging. However, upon revisiting Victor Frankl's 'Man's Search for Meaning' (2011), where he emphasises that we always have the freedom to choose our attitude to circumstances, I found a way to make this work meaningful from this perspective as well. My hope was that by exploring this topic in my dissertation, I could contribute to reducing the divisions present in the field regarding touch in psychodynamic psychotherapy, which, in turn, could translate into having less division in the world altogether. Some may perceive this attitude as naïve, but it was something that kept me going throughout the process.

### **Key terms and definitions**

Although there are no specific terms that need to be defined at this stage, a few comments will be provided to give more context to the research.

### **Physical touch**

The research highlighted the absence of a clear definition of physical touch. It is highly likely that this absence could be viewed as one of the reasons why touch is believed to be a controversial tool and is mostly avoided. This argument seems to be particularly relevant since the attitude that any touch, even a handshake, could be a slippery slope that could lead to sexual transgressions with clients (Gutheil & Gabbard, 1993) is still quite prominent.

However, for the purpose of this research, physical touch can be defined as the act of expressing and sharing love and care through the body, which includes touching, holding, embracing, stroking, and caressing, with the absence or minimal presence of sexual arousal (Heron, 1977 as cited in Edwards, 1981).

### **Psychodynamic Psychotherapy**

As previously mentioned, my work as a psychotherapist is primarily informed by the theoretical principles of the psychodynamic approach. The therapeutic modality that is based on the 'talking cure', developed by Freud, suggests that unconscious mental processes influence our thoughts, emotions, and actions, and uses free associations and dream analysis methods to bring it into the open (Cabaniss, 2016). In this research, the terms 'psychoanalytic psychotherapy', 'psychotherapy', and 'therapy' will be used interchangeably with the term 'psychodynamic psychotherapy'. If a different modality is referred to, it will be specified accordingly.

## **Use of pronouns**

The pronoun 'they' in its singular form and its derivatives would be used throughout the dissertation to remain gender-neutral and gender-inclusive when the gender identity of the referred person is unknown. In case the gender identity of the authors of the literature or other persons that I might refer to in this study is known to me, gender-specific pronouns such as 'he' or 'she' would be used.

## **Chapter Summary**

In this chapter, I described what influenced me to undertake this research and provided a preliminary literature review on the matter. I explored what pre-understandings I had about the research topic and how they could affect the research. I also provided definitions for key terms to offer more context to the research.

## **Overview of chapters**

In the next chapter, I outline the methodology and method applied in the study in an attempt to gather relevant literature and answer the research question. In chapters three and four, I address the key findings regarding the place of touch in psychotherapy. Chapter three is dedicated to the brief history of the touch taboo and presents the main arguments of opponents against touch use, whereas chapter four outlines the findings that support touch use in psychotherapy. Finally, in chapter five, I discuss the aforementioned findings, evaluate the strengths and limitations of the research, and discuss its implications for clinical practice as well as potential directions for future research.

## Chapter 2 – Methodology and Method

This study was undertaken to gain a more profound understanding of whether there is a place for physical touch in adult psychodynamic psychotherapy, as psychodynamic psychotherapists seem to prefer to 'touch' their clients with words. A hermeneutic literature review was used to explore the research question. In this chapter, I outline the methodology and method that were applied in this study. I discuss how the methodology and method fit with the research question, highlight my position as a researcher in relation to the research, and outline the steps that were undertaken to conduct the study.

### **Methodology: Hermeneutics**

The hermeneutic methodology is located in the qualitative interpretivist paradigm and was chosen as a framework for this research. The interpretivist paradigm, unlike the positivist one, which promotes the existence of one single reality for all (Davies & Fisher, 2018), strives to understand individuals' interpretation and perception of the world and their lived reality (Schwartz-Shea & Yanow, 2012). It fosters an open and reciprocal relationship between the researcher and participants (in this case texts), where the researcher acts as a listener/reader and interpreter of the data (Grant & Giddings, 2002). Hermeneutics goes even further and encourages researchers to be in dialogue with the texts that they examine (Kennedy, 2014). The notion that a dialogue is necessary to gain a deeper understanding of the phenomenon under investigation resonates with my worldview. Moreover, as a researcher, I find the idea that each human being experiences a unique reality, despite living in the same world, particularly appealing.

The "relational turn" in psychodynamic psychotherapy (Mitchell, 1999) shifted the focus of the therapeutic relationship from intrasubjective and centred solely on clients, to a more intersubjective approach. Although the focus remained on clients, the acknowledgement that therapists also influence the therapeutic process came to the forefront. It was recognised that both parties influence each other and co-create the reality between them (Stark, 1999). Since both hermeneutics and psychotherapy can be viewed as intersubjective (Orange, 2011), and the nature of hermeneutic methodology mirrors the psychotherapeutic process by focusing on interpretation and reflexivity rather than uncovering ultimate truth (Boell & Cecez-Kecmanovic, 2010), this methodology appears well suited for psychotherapeutic research.

There is still debate on the etymology of the word 'hermeneutic'. Given the Greek origin of the word, which can be translated as to interpret, explain, or express out loud, the more poetic and subjective explanation where it is believed that the word

hermeneutics derived from the name of the Greek god Hermes who was in charge of communicating and interpreting gods' wishes to people (Kennedy, 2014), seemed to be more in line with this research.

Hermeneutics initially emerged as a method for deciphering and interpreting Biblical texts. (Rennie, 2012). However, in the nineteenth century, with the help of Schleiermacher and Dilthey, the hermeneutic approach was broadened and began to be used for interpreting all texts, not just religious ones (Boell & Cecez-Kecmanovic, 2010). Contemporary hermeneutics are mainly associated with the work of two philosophers - Martin Heidegger and his student Hans Georg Gadamer (Grant & Giddings, 2002). Heidegger introduced the idea that our 'pre-understandings' impact how we interpret texts and make meaning out of them. He advocated that making meaning was more than just a cognitive endeavour; it was embedded in how we go about being in the world (Boell & Cecez-Kecmanovic, 2014).

Gadamer further developed Heidegger's ideas, proposing that for an interpretation to be successful, researchers must take into account the historical context of the texts and be attentive to the language used (as cited in McLeod, 2011). To describe this phenomenon, Gadamer (2013) coined a special term 'historical consciousness', which not only encourages researchers to be mindful of the cultural-historical background of texts but also stimulates them to be aware of their own cultural-historical context. The concept of 'historical consciousness' appears to be the 'filter' that differentiates the reality of one person from that of another. Therefore, in hermeneutics "understanding occurs as a fusion of the so-called past horizon of the text with the present horizon of the one who understands" (Kennedy, 2014, p. 8). For this fusion to occur, and for both parties to be transformed after the encounter (McLeod, 2011), it is essential for the researcher to be mindful of their own biases and attuned to what Gadamer (2013) refers to as the "otherness" of the text. This involves recognising the unique historical and linguistic context of the text, allowing it to "assert its own truth" (p. 239) and contribute to the collaborative creation of meaning. Hermeneutics encourages a dialogue between texts and researchers, and we can only be in dialogue with a separate other.

Hermeneutics does not require researchers to be objective observers of phenomena; on the contrary, it actively invites the researcher's subjectivity into the research process, acknowledging the impossibility of being completely objective (Smythe & Spence, 2012). Given that touch is a subjective phenomenon, and I was drawn to this topic for my subjective reasons stated previously, hermeneutic methodology seemed to be an appropriate choice. Moreover, in this research, I explore the place of touch in psychodynamic psychotherapy, which, by nature, is

intersubjective since one cannot touch without being touched in return (Peloquin, 1989). At the same time, the experience of touching and being touched is inevitably subjective and is open to interpretation for both sides of the interaction. The meaning that people ascribe to the gesture of touch can differ greatly. What is an appropriate and pleasant touch for one person could be experienced as an act of hostility by another. Hermeneutics, with its interpretivist framework, acknowledges the existence of different realities for different people and allows for an exploratory approach to the research question. Therefore, this methodology is well-suited to the research question.

### **Researcher's position in relation to the research**

The hermeneutic approach to understanding texts has traditionally been used when certain parts of particular texts did not make sense (Kennedy, 2014). To do this, researchers must not only understand the historical and cultural underpinnings of the time and place the texts were written but also the language of the text itself. Schleiermacher (as cited in Kennedy, 2014) implies that the interpreter has the opportunity to better understand the text than authors themselves since the interpreter can more easily access the hidden and/or unconscious motivations of authors. I wonder how applicable this statement is to me. Having been shaped by a different culture and language, can I ever claim that I could have a greater understanding of texts than authors who wrote them using their mother tongue? I do not have an answer to this question, but I know that because of my otherness, a distinctive 'fusion of horizons' (Gadamer, 2013) can be created. Coming from a different cultural and linguistic background provides me an opportunity to notice nuances, such as specific word usage, unfamiliar words, and unique grammar structures, that might seem too commonplace to those who grew up in a similar context and speak the same language. This singularity of mine has the capacity to generate different meanings. For this reason, my research has the potential to be unique and original.

Returning to Gadamer's (2013) warning for researchers to be aware of their own biases, the main bias that I was able to identify was my inclination towards the literature that advocates the occasional touch use in psychotherapy. It is a common hermeneutic phenomenon to be drawn to specific texts and/or authors, while others may not garner the same interest (Smythe & Spence, 2012). Even though, as previously shown, I grew up in an environment that lacked touch, it did not make me completely averse to it. There was still longing and curiosity towards it but, at the same time, cautiousness towards touch was quite present.

Another bias I had to be mindful of was my predisposition to view male authors as more likely to attribute sexual characteristics to touch and advocate for its avoidance in psychodynamic psychotherapy. However, gender biases can work in both directions

and female authors may also have their own biases or assumptions towards touch. Therefore, to ensure a comprehensive and balanced analysis, I made a concerted effort to approach all sources with an open mind and to examine their arguments and evidence critically.

While working on this research, I noticed that initially, I tended to recoil from texts that were quite adamant in their firmness on avoiding touch. I became defensively angry with the authors when they implied or referred to other authors who advocated that all physical touch could lead to sexual transgressions (Hetherington, 1998; Kogan, 2003; Kahr, 2006; Menninger, 1958; Quinodoz, 2003; Wolberg, 1967; Zur, 2007). Therefore, I found myself applying the bracketing principle from phenomenology (Fischer, 2009), which consists of distancing oneself from the phenomenon to be able to explore it from afar and not to view its description as 'a statement about the world' but rather 'a statement about an experience of the world' (Barker et al., 2015, p. 107). Therefore, I attempted to set aside my expectations and assumptions to the best of my ability since being a researcher in the hermeneutic paradigm requires one to be curious and open, to be able to understand the perspective of the other.

#### **Method: Hermeneutic literature review**

Initially, I planned to undertake a systematic literature review (Grant & Booth, 2009). I was under the impression that, to understand the phenomenon of physical touch in psychotherapy, I needed to examine everything that has ever been written about this matter. I wonder if it served as a coping mechanism for the apprehension of being a novice researcher and the hope of finding the 'right' opinion that I would be able to rely on. However, the rigour that a systematic literature review requires (Mallet et al., 2012) and the restrictions that it imposes with its somewhat formalistic approach to the literature search and the literature itself, without providing much space for 'academic curiosity' (Boell & Cecez-Kecmanovic, 2014, p. 258), made me reconsider my initial decision. I opted for a hermeneutic literature review that, similarly to a systematic literature review, provided structure while offering more freedom to the researcher in how to approach the research process and created an opportunity for a dialogue between the researcher and texts (Davies & Fisher, 2018).

The concept of the hermeneutic circle, which was first introduced by Schleiermacher (1998), echoed how I wanted to approach the research process. The idea that parts cannot be understood without the whole and the whole can only be made sense of by understanding the parts (Smythe & Spence, 2012) was in line with my internal ontology.

Therefore, this study is approached through the hermeneutic framework developed by Boell & Cecez-Kecmanovic (2010), which consists of two interconnected



hermeneutic circles. The first circle guides the researcher through the process of gathering, sorting, selecting, reading, interpreting, and re-interpreting the literature. It is usually implemented several times until an appropriate number of relevant resources is identified. In the second circle, the identified literature is analysed by continuous reinterpretations (Boell & Cecez-Kecmanovic, 2010) in order to answer the research question. The second circle may also undergo several iterations before reaching a consolidation phase. Quite often, both circles are interwoven and tend to happen simultaneously.

According to Heidegger (as cited in Kennedy, 2014), it is important how one enters the hermeneutic circle. Boell & Cecez-Kecmanovic (2014) recommend entering the circle by starting with secondary research, such as review articles, to have an overview of the current state of affairs. However, I wonder if I entered the circle before starting the literature search and probably prior to formulating the research question. It is appealing to view the hug that I received from a family member, mentioned in the previous chapter, as the entry point, albeit unconscious, to the circle.

My literature search began with the use of the following databases – PsycINFO, PsycARTICLES, and Psychoanalytic Electronic Publishing (PEP). The combination of these three databases allowed me to access a greater variety of texts. PsycINFO and PsycARTICLES provided access to empirical, peer-reviewed material, while PEP focused my attention on psychoanalytic literature. The keywords ‘physical touch’, ‘touch’, ‘psychotherapy’, ‘adult psychotherapy’, and ‘therapy’ were used in different combinations to gather initial literature.

To focus on highly relevant literature, as hermeneutic methodology suggests (Boell & Cecez-Kecmanovic, 2014), and to narrow down my initial search, I applied inclusion and exclusion criteria. Articles, books, and book chapters written in English and available through the above-mentioned databases and the Auckland University of Technology (AUT) library were included. Literature in other languages, even those I can understand such as Russian and French, was excluded due to the scope of this research project. Perhaps exploring literature in other languages could be considered for future research, as there is evidence that touch and attitudes towards it are highly influenced by culture (Swade, 2020). Literature that explored the physical effects of touch, such as a decrease in blood pressure, even though important in understanding the impact that touch has on human beings, was not part of this study. Finally, priority was given to psychoanalytic/psychodynamic literature.

Initially, I sorted the literature chronologically to start from the beginning. It seemed important to get as close as possible to the origin of touch avoidance to be able to answer the research question. When it came to selecting relevant articles, I

went through the abstracts and conclusions of articles to gather those dedicated to the use of touch or its avoidance in psychotherapy. At this stage of research, two main approaches emerged: literature that advised avoiding touch use in p psychotherapy and authors who were in favour of occasional use of touch in psychotherapy.

After selecting the relevant literature, I used an additional literature search method called 'snowballing' (Boell & Cecez-Kecmanovic, 2014, p, 281). To do that, I went through the references of the articles and books that I had already located through the database search to identify additional resources that were potentially missed previously. Several articles and books were identified, but they did not bring any new perspectives on the place of touch in psychotherapy. Sadly, I was not able to locate any relevant texts that explored the use of touch in psychotherapy within the bicultural context of Aotearoa. This gap could be used as another potential direction for future research.

After identifying the relevant body of literature, I embarked on the journey of understanding, interpreting, and making meaning of the whole by understanding each text separately. The more texts I read, the more complex the topic of touch seemed to be. Over time, I developed a close relationship with the texts, learning which ones to turn to for specific arguments and insights. So intimate did my relationship with the literature become that I even began to dream about the texts I was working with.

Initially, the bias outlined above was very strong. At times, it prevented me from seeing the 'horizon' of the author. I would get angry with yet another inclination that touch would inevitably lead to sexual transgressions. When this occurred, I had to distance myself from the text in question to allow more space for both opinions to coexist. As I delved deeper into the literature, I became aware of my tendency to jump to conclusions and impose my perspective. It was only through a continual process of moving from the part to the whole and back that I learned to engage in a dialogue with ideas that were different from my own. This allowed me to expand my horizon, merge it with the horizons of the authors, and create a deeper understanding of the phenomenon under investigation. The constant journey of reading, rereading, writing, and rewriting allowed the meaning of the phenomenon of touch and its place in psychodynamic psychotherapy to emerge. I became open to allowing different opinions to influence my perception and interpretation of the place of touch in psychotherapy. Moreover, by acknowledging my need for authors to have a specific view on touch, I was able to experience touch as the part that was excluded from the therapeutic process, which could be viewed as the whole.

Finally, I found exiting the hermeneutic circle challenging, as it could arguably be a never-ending process (Boell & Cecez-Kecmanovic, 2010). Each new iteration of

the hermeneutic circle can uncover new literature and reveal new layers of understanding and meaning in the explored texts (Romanyshyn, 2020). I kept wondering whether I had read enough. What if I had missed a very important piece of literature that had the power to eliminate uncertainty as much as possible? What if I misunderstood what I had already read, and my interpretations were wrong? With these questions in mind, there was also a part of me that was able to embrace the uncertainty. Perhaps, the same part that embraces the uncertainty every time I enter the therapy room. Eventually, my more pragmatic side intervened and chose to leave the circle when a saturation point was reached (Boell & Cecez-Kecmanovic, 2010), and additional resources were hardly bringing any new perspectives on the researched phenomenon. The size of the research project and time constraints also played a significant part in my leaving the circle in a timely manner.

### **Chapter Summary**

In this chapter, I outlined the methodology and method used in this research, as well as my stance as a researcher and my pre-understandings and biases. I also discussed the steps undertaken to conduct the study by outlining the hermeneutic circle of inquiry model developed by Boell & Cecez-Kecmanovic (2010) and the process of applying the model to the research. In the following chapter, I examine literature that supports touch avoidance.

### **Chapter 3 - Not to Touch?**

In this chapter, I review the historical development of the touch taboo and examine the establishment of this taboo through a cultural lens. I explore the main arguments that are usually used to promote touch avoidance. Finally, I discuss the literature that advocates for the idea of touching clients with words instead of using physical touch.

#### **A brief history of physical touch in psychotherapy**

Freud's work has greatly influenced psychodynamic psychotherapy, and the attitude towards touch is no exception. Before Freud established psychoanalysis, physical treatments such as the use of different types of touch were quite common in the mental health field (Kertay & Reviere, 1993; Mintz, 1969b; Wilson, 1982). For example, in the nineteenth and the beginning of the twentieth centuries hysteria was treated with touch (Bonitz, 2008). A technique called 'pelvic massage' was administered by physicians to female patients with hysteria with the aim of reaching 'hysterical paroxysm', i.e., orgasm, but this manipulation was not perceived to be sexual in nature at that time (Maines, 1999 as cited in Bonitz, 2008).

Initially, Freud was open to touch use and was impressed with its effects on patients with hysteria and somatic issues (Bonitz, 2008; Forer, 1969; Wilson, 1982). In the early days of his career, when practising hypnosis, Freud used touch. He applied pressure on his patients' foreheads and/or massaged patients' necks in the hope of facilitating the flow of free associations (Breckenridge, 2000; Edwards, 1981; Galton, 2006; Kahr, 2006; Mintz, 1969b).

However, the use of touch in Freud's work was short-lived, and the official reasoning for it was that he eventually found touch to be ineffective in helping with the flow of free associations (Durana, 1998). Due to Freud's lack of explicit argumentation on this matter, contemporary authors suggest that there were other reasons for touch cessation. For example, Diamond (2006) offers a theory that Breuer's work with Anna O and her phantom pregnancy could have influenced Freud against using touch "to preserve male physician reputation" (p. 80). Edwards (1981) echoes this argument by providing an account of a female patient who threw her arms around Freud's neck. This situation was resolved when a servant accidentally walked in at the moment it happened. However, to avoid such complications in the future, as suggested by Swatrley (as cited in Edwards, 1981), Freud decided to remove the physical aspect from psychoanalysis. Mintz (1969b), Totton (2006), and Swade (2020) use similar rationale and advocate that touch needed to be avoided to prevent bad publicity and any conceptions that psychoanalysis might have sexual inclinations.

Additionally, in the post-Enlightenment era with a strong influence of Cartesian dualism (Sinason, 2006), Freud wanted to ensure that his creation received the scientific respect it deserved (Brafman, 2006; Swade, 2020), was accepted as 'the rational positivistic science' (Fosshage, 2000, p. 23), and was not associated with sorcery, primitive societies, and religion (Mintz, 1969b).

Another reason for not using touch could be attributed to the cultural climate in Vienna in the early twentieth century (Bosanquet, 2006; Durana, 1998; Fosshage, 2000) and the Victorian sexual prudery (Mintz, 1969b) of the time. The cultural influence of touch avoidance seems to be very prominent and will be discussed in more detail in the following section.

#### *Supporters of touch in Freud's era*

Not all of Freud's contemporaries shared his views on touch. Ferenczi was an advocate of touch use such as holding, non-erotic hugging, and kissing to provide corrective experiences for patients with early developmental trauma (Zur, 2007). Freud was initially supportive of Ferenczi's approach but withdrew his support after Ferenczi became sexually involved with several patients (Bonitz, 2008; Kahr, 2006; Kertay & Reviere, 1993). It seems that Ferenczi confirmed Freud's concern that touch could lead to sexual enactments and by Ferenczi's banishment the whole topic of touch in psychoanalysis was banished as well (Fosshage, 2000).

Wilhelm Reich, a follower of Freud, is often recognised as the founder of body psychotherapy (Totton, 2002), developed his own method for using physical touch clinically. Even though, unlike Ferenczi, Reich was not implicated in sexual misconduct, he was still expelled from the International Psychoanalytic Association for his views on touch (Zur, 2007). The issue of touch in psychoanalysis became a dangerous territory.

#### *Changes in attitudes towards touch*

Mintz (1969b) suggests that before her article, there was no reference to touch use in psychotherapy. However, the research shows that this may not be entirely accurate, as touch was briefly mentioned in psychoanalytic literature during the fifties and sixties (Menninger, 1958; Wolberg, 1967). At that time, it was viewed as 'incompetent' and 'criminal' (Bonitz, 2008) and its use was to be avoided. There was no distinction between nurturing touch and sexual touch. All touch was viewed as a 'slippery slope' that would inevitably lead to sexual acting out (Hetherington, 1998; Kogan, 2003).

In the sixties and seventies, with the emergence of the human potential movement<sup>1</sup> and humanistic movement, the perception of touch in psychotherapy was reconsidered (Zur, 2007). The movements emerged and challenged Western conservative views around sex, bodies and touch and promote alternative approaches to Freudian psychoanalysis (McCormack, 2018). Touch began to be viewed as something essential to human beings and their relationships outside therapy (Edwards, 1981). For humanistically oriented therapists, it was important to convey spontaneity and genuineness, and they viewed touch as a way of communicating these values (Bonitz, 2008; Zur, 2007). However, the increased acceptance of touch was misused by some members of these movements. For instance, “in search of “peak experiences,” encounter group practices led into uninhibited sexual orgies between group members or even involving the therapist” (Bonitz, 2008, p. 395-396). The creator of Gestalt therapy, Fritz Perls, was quite open about his foolery during group encounters (Perls, 1969) and acquired a “reputation of a ‘dirty old man’” (Bonitz, 2008, p. 396). These events likely reinforced the reservations held by psychodynamic psychotherapists, given their conservative views on the use of touch in therapy.

An attempt was made to bring touch into the open in the year 2000 when the acclaimed psychoanalytic journal ‘Psychoanalytic Inquiry’ dedicated a whole issue to the matter. However, even though it was an important step in fostering the discussion, nothing significantly changed in psychotherapists’ attitudes towards touch, and as was also illustrated by the issue, touch remained a controversial topic in psychodynamic psychotherapy. To this day, there is still no agreement in the field on whether touch should be part of the psychoanalytic technique (Swade, 2020).

### **Cultural influence on the use of touch**

Our cultural upbringing significantly influences in how we view and interpret the world around us, and by definition, how we relate to touch as well. Depending on our cultural environment, we can view touch as something natural and almost mundane or we can relate to touch as something ‘touchy’ and confusing, which is safer to avoid (Zur, 2007). The problem with cultural norms is that they are deeply ingrained in us, often leading us to accept them unquestioningly (Swade, 2020). As a result, it is crucial to explore how culture might have affected the emergence of the touch taboo in psychodynamic psychotherapy.

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<sup>1</sup> Human potential movement - an approach to psychotherapy and psychology that emphasises personal growth, interpersonal sensitivity, and greater freedom and spontaneity in living (American psychological association, 2022)

### *The tactility of a culture*

As mentioned earlier, Freud's Austrian background might have influenced his views on touch, as Germanic culture is considered to be one of the most touch-reserved cultures in the world (Swade, 2020; Zur, 2007). At the beginning of the twentieth century, Victorian prudery, which condemned anything potentially interpretable as sexual, remained influential in Vienna. This context could have put additional pressure on Freud and his followers, to avoid touch in their practice to escape being labelled as 'sexual perverts' (Mintz, 1969b). Additionally, this societal pressure may have contributed to Freud's decision to abandon his theory attributing hysteria to early instances of sexual abuse. As Herman (1992) notes "it was beyond credibility" that "perverted acts against children" were so common in "the respectable bourgeois families of Vienna" (p. 14). Not to be isolated by the scientific community and to make his theory more acceptable for repressive Victorian Austrian society, Freud decided to view sexual abuse as a phantom of the imagination of women (Herman, 1992). Furthermore, the fact that Freud's followers were predominantly from Anglo-Saxon cultures likely reinforced touch avoidance, given that these cultures, while slightly more tactile than Germanic ones, still do not encourage touch as an everyday occurrence (Durana, 1998; Fuchs, 1975; Peloquin, 1989; Swade, 2020).

### *Sexualisation of touch*

Another aspect of Western culture opposing touch use is its tendency to sexualise touch, with men appearing more vulnerable to this trend (Bonitz, 2008; Hunter & Struve, 1998; Peloquin, 1989; Zur, 2007). Confusion between sexual and non-sexual touch was present in the West before Freud (Swade, 2020; Zur, 2007). However, his assumption that touch between a mother and her infant was erotic in nature (Durana, 1998) further added to the confusion and amplified the fear of misunderstanding when using touch. This created fertile ground for touch avoidance (Edwards, 1981; Hunter & Struve, 1998). One might wonder whether one of the reasons why touch is such a controversial topic in psychoanalysis and psychodynamic psychotherapy is due, at least partially, to the fact that, at first, it was primarily a men's trade. Perhaps, men became hostages of patriarchal values that desensitised any non-sexual nurturing qualities of touch, qualities that were deemed feminine (Lawson, 2015) and thus needed to be avoided.

Unfortunately, this legacy is still present and current research shows that girls are touched by parents more frequently than boys and that in Anglo-Saxon countries children in general after they transition into adolescence are rarely touched (Swade, 2020; Zur, 2007). It seems that Western culture tends to be touch-deprived (Bosanquet, 1970) and psychodynamic psychotherapy with its touch avoidance reflects

this social phenomenon. Bosanquet (2006) even wonders whether our “main reason for keeping pets is because fondling and touching pets is freely sanctioned” (p. 43).

### *Personal preferences*

Another idea of why psychoanalysis evolved into a touch-free approach is presented by Brafman (2006). He speculates that the avoidance of touch could have been another of Freud’s preferences, similar to his use of the couch. Freud acknowledged that he introduced the couch because he did not want to be stared at for eight hours a day (Freud, 1913). Perhaps, stemming from his Germanic cultural background, Freud had a low tactile inclination and was uncomfortable with touch, aside from his initial idea of using touch on the forehead to facilitate free association. Consequently, his preference for avoiding touch and not being touched was reinforced by the Victorian environment in which he practised. Therefore, it can be hypothesised that if Freud had come from a more tactile culture, like Spain or Latin America, where touch is so ingrained in everyday life that it is akin to breathing (Swade, 2020), the debate about the appropriateness or inappropriateness of touch in psychodynamic psychotherapy might not exist, nor would the touch taboo be in place. In such a scenario, touch would likely be an integral part of psychotherapy, leaving no controversy to discuss.

### **Classical arguments against the use of touch**

In the reviewed literature, several arguments have been identified that are commonly used to justify why there is no place for physical touch in psychodynamic psychotherapy; these are discussed below.

Almost every piece of literature that I came across during my research explored the concept of abstinence (that eventually became the rule of abstinence) introduced by Freud (1915) after he deemed touch to be ineffective and wanted to distance himself from its use (Freud, 1904). His aspiration was for psychoanalysis to be both scientific and analytical (Mintz, 1969b). However, some of his followers, like Ferenczi, took touch too far by having sexual encounters with clients (Bonitz, 2008). In response to that, Freud (1915) stressed the importance of not gratifying patients’ wishes and longings to provide the necessary push to work through them. Otherwise, he argued, needs would be gratified, allowing patients to remain fixated at the trauma level without any incentive to change.

The same logic was applied to touch. Physical touch was thought to gratify sexual infantile wishes and hinder the treatment by fixating patients at the infantile level (Brafman, 2006; Fosshage, 2000; Mintz, 1969b; Totton, 2006). Therefore, abstaining from touch was thought to provide the needed level of frustration to promote change



(Bonitz, 2008; Casement, 1982, 2000; Durana, 1998; Kogan, 2003) and compel “instinctual drives” to transform into “verbal representations” (Breckenridge, 2000, p. 3). Moreover, there was a concern that touch could reinforce dependency and clinging behaviour in patients, potentially compromising the effectiveness of treatment (Lawson, 2015; Mintz, 1969b).

Another concept closely associated with the rule of abstinence and often used to justify touch avoidance is transference<sup>2</sup> (Freud, 1915) and the fear of its contamination if analysts were to touch their patients (Bonitz, 2008; Fosshage, 2000; Kertay & Reviere, 1993; Mintz, 1969b). Freud (1912) advised psychoanalysts to maintain as much neutrality as possible, serving as mirrors that reflect patients back onto themselves. The belief is that by physically touching patients, therapists cease to be neutral 'blank screens' and interfere with the development of transference. This could lead patients to believe that their desires can be gratified and, as previously mentioned, eliminate the necessity for change (Bonitz, 2008; Fosshage, 2000; Goodman & Teicher, 1988; Swade, 2020).

However, it is also argued that touch avoidance can interfere with transference and recreate the hostile environment that led to patients' difficulties in the first place (Mintz, 1969a; Swade, 2020). Swade (2020) also notes that any intervention, or the absence thereof, can influence transference in ways that psychotherapists would not necessarily be able to anticipate. Extending this argument, Woodmansey (1988) draws a parallel to a quite common parental practice of avoiding comforting their crying children for fear of spoiling them.

Fosshage (2000) adds another argument as to why touch needed to be avoided. He suggests that touch had the potential to jeopardize “the curative goal of rational insight” (p. 23) and make psychoanalysis less scientific and more magical in nature. As mentioned previously, Freud wanted psychoanalysis to be considered a science and not sorcery, therefore, this argument seems to be quite plausible and also, perhaps, relates to the 'blank screen' concept.

#### *Touch use and sexual transgressions*

Some of Freud's followers, like Menninger (1958) and Wolberg (1967), viewed any physical interaction as “incompetence or criminal ruthlessness” (Menninger, 1958, p. 40) on the part of the analyst. Touch was prohibited due to the worry that it would arouse sexual or aggressive impulses in therapists that could be acted upon (Bonitz,

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<sup>2</sup>Transference is understood to be an unconscious displacement of feelings and wishes that were generated by people in patients' past onto a new person, in this case, a therapist in the hope of arriving at a different relational outcome (Roth, 2000; Lemma, 2015).

2008; McCormick, 1973; McLaughlin, 1995; Mintz, 1969b; Novak, 2018; Sinason, 2006; Toronto, 2001; Wilson, 1982). For similar reasons, physical touch was also labelled as 'destructive, dangerous, or unethical' (Horton et al., 1995, p. 444). This aversion to touch has seemingly infiltrated even body-oriented psychotherapy, a model that explicitly acknowledges the role of bodily sensations and awareness in therapy (Young, 2008). Although rooted in the importance of the body for mental health, many of these therapies often abstain from touch, instead focusing on body-centred awareness, breathing techniques, and physical actions (Totton, 2002).

This research led me to some interesting realisations. I became aware that I held much tension around physical touch. Even though I craved nurturing touch, I was also afraid of it. Because of the physical abuse, I endured as a child, touch became associated with danger, and I preferred to avoid it altogether rather than putting myself at risk. As a result, when I was reading the literature that advocated touch avoidance, it prompted me to consider whether the authors' personal relationships with touch could have influenced their professional attitudes. Touch's nurturing aspect is traditionally associated with femininity and is still often seen as a feminine trait; however, in patriarchal societies, feminine qualities may be undervalued and perceived as unprofessional (Lawson, 2015). Perhaps, for men, touch primarily carries a sexual undertone, thus transforming any kind of touch into "a dangerous potential for sexual behaviour" (Lawson, 2015, p. 62). Additionally, I kept in mind the fact that during the formative years of some of the authors in the early twentieth century, touching children was perceived as encouraging "dependency and weakness" (Edwards, 1981, p. 29), which could have influenced their attitude towards touch as well.

The theory that touch could lead to sexual transgression is also primarily based on the non-gratification rule. It is argued that touch would gratify analysts' and/or patients' sexual wishes and desires and lead to sexual transgressions (Durana, 1998; Goodman & Teicher, 1988; Horton et al., 1995; Hunter & Struve, 1998; Swade, 2020). This theory was popular to such an extent that some authors viewed a handshake as a 'slippery slope' that could lead to sexual enactment (Gutheil & Gabbard, 1993). Therefore, Kahr (2006) advocates for complete touch avoidance since clients might consciously feel grateful to be touched but unconsciously, they might experience a "sense of betrayal and seduction" (p. 9). He also shares a clinical vignette of a colleague who suggests not to pick up a female client's sweater because, when worn, the sweater sits on the client's breasts and touching the sweater would be akin to touching the breasts.

I found it unexpected that Kahr made this conclusion sound obvious and even inclined that this experience would be perceived as 'molestation'. To emphasise the

obviousness, he used words such as 'of course' and 'evident' and called a sweater an 'intimate article of ... clothing'. It made me question whether therapists cease being human and instead become fully defined by their profession, constantly seeking to unearth sexual implications in every action, even small acts of kindness. If we approach every interaction with the determination to find sexual connotations and scrutinise them intensely, we are likely to discover them.

### **Touching with words**

Several authors expressed the opinion that therapists do not need physical touch because they should be able to symbolically touch their clients with words (Kogan, 2003; Orbach, 2006a; Quinodoz, 2003). For example, Quinodoz (2003) states that psychotherapists need to be skilful enough with their language to be able to touch clients with their words. Anzieu (as cited in Kogan, 2003) elaborates on the skilfulness of therapists' language and advises that words could be used symbolically to provide the missing tactile experience between mother and child.

Kahr (2006), who is also a proponent of the use of words to touch clients, justifies this approach with the perspective that psychical touch can trigger clients' unconscious memories, thus, should be avoided. However, he does not elaborate on the fact of why triggering unconscious memories should be avoided. On the contrary, it seems to be an opportunity to work through these memories. One of the main goals of psychodynamic psychotherapy is to make the unconscious conscious. It appears that touch could facilitate that.

At the same time, Kahr (2006) seems to suggest that verbal interventions are less likely to trigger clients. However, I would argue that it is impossible to be certain that refraining from physical touch with a distressed client would not trigger early repressed memories of feeling unseen, unloved, uncared for, etc. Perhaps, this approach could be seen as contradictory. Touch is suggested to assist in accessing the unconscious, yet it is simultaneously avoided and deemed "re-traumatizing" (Kahr, 2006, p. 7).

Even Orbach (2004, 2006b), who is one of the few psychoanalytic authors to bring awareness to the existence of psychotherapists', clients' bodies and the need to take these bodies into account, remains very cautious regarding the use of touch in psychotherapy. When talking about touch, Orbach suggests that interpretations can touch clients on different levels (Orbach, 2006a). She questions the taboo but does not advocate for its elimination (Orbach, 2003, 2006a). While Orbach encourages psychotherapists to engage in open dialogue about the use of touch in their practice, she does not necessarily imply that this conversation should result in the full

'decriminalisation' of touch. The potential effects and appropriateness of incorporating touch into therapy remain topics for further discussion and exploration.

### **Chapter Summary**

In this chapter, I discussed the history of physical touch in psychotherapy and explored the role of culture in the establishment of the touch taboo. I reviewed the main arguments presented by those opposed to the taboo and highlighted a common opinion that words should be used to connect with clients in psychodynamic psychotherapy. In the next chapter, I review literature that advocates for the use of touch in psychotherapy.

## Chapter 4 – To touch?

In this chapter, I outline views that favour the use of touch in psychodynamic psychotherapy. I examine the silence in relation to the topic of touch and how the touch taboo affects it. I also explore the socio-cultural changes that, according to the literature, have had an impact on touch being viewed in a more positive light. Finally, I discuss what touch is, highlight its positive effects, and explore findings that illustrate factors therapists should consider if they decide to use touch in their work.

### **Silence about touch use**

As previously mentioned, opponents of touch use are primarily concerned that touch could lead to psychotherapists engaging in sexual transgressions (Bonitz, 2008; Gutheil & Gabbard, 1993; Hetherington, 1998; McLaughlin, 1995; Mintz, 1969a). Sexual transgressions, even though rare, do occur in therapeutic relationships (Bonitz, 2008; Gabbard, 2017; Wilson, 1982; Zur, 2007) and research shows that men, who are usually more prone to advocate touch avoidance (Swade, 2020), are also more likely to transgress (Totton, 2006; Zur, 2007). However, one of the main arguments of the supporters of touch is that sexual encounters with patients happen despite the existence of the touch taboo (Fosshage, 2000; Lawson, 2015; Swade, 2020); thus, a plausible interpretation is that the touch taboo may not be fulfilling its intended purpose and might be impeding open discussion on the subject. (Bosanquet, 2006).

According to several authors who have written about the matter of touch in the last fifty years, many psychodynamic psychotherapists, on the basis of anonymity or in private conversations, do admit to using touch in their practice, but they do not discuss it openly, nor do they write about it (Bosanquet, 1970; Cornell, 2015; Forer, 1969; Fosshage, 2000; Mintz, 1969b; Toronto, 2001). Even Winnicott, who was known to have used touch in his work, remained silent about its use in his writing (Durana, 1998; Totton, 2006). Perhaps, it was due to the fact that his approach was viewed by his contemporaries as something 'very idiosyncratic' that could not have been used as a rule (Brafman, 2006). Kahr (2006) adds that some assumed that Winnicott touched patients because he was childless and touch-deprived. This attitude of the psychotherapeutic community did not help to encourage an open conversation about the use of touch.

Even though research demonstrates that the use of appropriate<sup>3</sup> touch does not correlate with sexual misconduct (Fosshage, 2000; Pope, 1990; Swade, 2020), and

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<sup>3</sup> Unfortunately, the mentioned studies and literature do not define what is considered to be appropriate touch.

despite the fact that therapists actually use touch, the discussion around its use is shrouded in silence (Galton, 2006; Orbach, 2003; Swade, 2020). Therapists fear talking about it because they do not want to be associated with something “reckless and dangerous” (Galton, 2006, p. xxi; Kosierb & Bilodeau, 2020). Besides fear, therapists admit to experiencing anxiety (Hunter & Struve, 1998; Westland, 2011), guilt (Forer, 1969; Kosierb & Bilodeau, 2020), and shame (Galton, 2006; Swade, 2020) when it comes to touch use.

The great majority of psychotherapists remain silent, their views remain unrepresented, and many of them practice with a “shameful secret” (Galton, 2006, p. xx). The ones who dare to admit using touch openly are still labelled “courageous” (Farrell, 2006, p. 102). Bosanquet (1970) and Kosierb & Bilodeau (2020) suggest that this fear could be explained by a lack of training and experience with how to work with touch. Therefore, it seems to be a self-perpetuating cycle. Psychodynamic psychotherapists are not being taught how to use touch and do not experience touch in their personal therapy. They also cannot explore touch use in supervision because supervisors usually have not been trained in touch use and have not experienced touch in their personal therapy themselves.

Despite increasing research acknowledging the positive effects of touch on physical and mental health, a notable silence on the topic remains (Bonitz, 2008; Bowlby, 2005; Field, 1998; Montagu, 1986; Spitz, 1945; Swade, 2020). Research on mammals, like the famous Harlow’s monkey experiment (1958) and unfortunate ‘experiments’ with orphanage babies that died without touch (Diamond, 2006; Simms, 2014; Spitz, 1945), illustrate how important touch is for the survival and healthy development of youngsters. Becoming adults, humans are less dependent on touch for survival, but it remains a ‘fundamental need’ that affects their well-being (Swade, 2020). To illustrate this Swade (2020), uses a relatable example, stating that often “people who are upset can manage to ‘hold it together’ until empathically touched, say on the arm or shoulder, at which point they instantly burst into tears” (p. 135). Expanding on this, Totton (2006) comments that “touch deprivation is, in our culture, an almost universal form of early trauma” (p. 147).

### **Socio-cultural changes affecting attitudes toward touch**

Together with the above-mentioned research and the gradual acknowledgement of attachment being more than just a “mental construct” (Orbach, 2003, p. 20), the literature suggests additional reasons why the attitude to touch is, albeit slowly, starting to change (Durana, 1998; Fosshage, 2000). According to Fosshage (2000), in the last few decades, psychodynamic psychotherapy has experienced a move from a relatively positivistic approach to a more relativistic attitude

where it is acknowledged that even the mere fact of observing affects the one who is observed. This change in attitude questions the possibility of the neutrality principle and challenges the idea that prescriptive touch avoidance can be considered neutral (Bonitz, 2008).

Another change in psychodynamic psychotherapy that puts neutrality and the rule of abstinence under question is the transition from the intrapsychic to the intersubjective or relational model. This model implies a mutual influence of therapists and clients on each other and suggests that any action or non-action affects the relationship between them (Fosshage, 2000; Swade, 2020). In this model 'blank screen' and abstinence are viewed as actions that affect clients and their transference (Stark, 1999). As such, touch avoidance can have multiple meanings for clients and may not be experienced as neutral (Fosshage, 2000). Moreover, due to the mutual influence that every interaction, or the absence of it, has on its participants, body-oriented therapists also concluded that "touch of the therapist is not neutral and that there are profoundly different effects" (Young, 2008, p. 14) on different clients.

Durana (1998) further suggests that the current exercise culture, characterised by a heightened emphasis on physical fitness and bodily awareness, along with growing interest in Eastern practices such as yoga and meditation that promote a holistic approach to well-being, indicate that a narrow focus on the mind is not enough. Intuitively, we gravitate toward practices that create opportunities to balance the mind-body division. Based on the above, it seems that the current environment is quite favourable for questioning the relevance of the touch taboo in psychodynamic psychotherapy.

### **What is touch and how to use it?**

As mentioned above, touch is used by therapists but there are no guidelines on how to use touch therapeutically (Bonitz, 2008; Durana, 1998; Wilson, 1982). According to Zur (2007), appropriate physical touch<sup>4</sup> is not prohibited by ethical standards and codes; however, there are no recommendations on how to use it. Goodman & Teicher (1988) cite the American Psychological Association's Board of Professional Affairs as one of the few professional resources that actually provide a definition of appropriate touch. According to the Board, "permissible physical touching is defined as that conduct which is based upon the exercise of professional judgment and which, implicitly, comports with accepted standards of professional conduct" (p. 492). However, the definition is still quite vague and lacks specificity.

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<sup>4</sup> Zur does not specify what could be considered appropriate touch.

It is quite difficult to find a precise definition of touch in the literature, which led me to wonder if this could be another reason for the touch taboo. How can we use something if we do not have the words to talk about it? Even the Code of Ethics of the United States Association of Body Psychotherapy (2018), which has a whole section dedicated to the ethics of touch, does not provide a definition of touch. Ethical guidelines of the European Association of Body Psychotherapy (2020) have even less specificity regarding touch use. There is no separate section on touch, only an article on the use of body techniques in general. However, both associations' guidelines do specify the inappropriateness of sexual contact with clients.

In Aotearoa New Zealand, the Psychotherapists Standards of Ethical Conduct (2022) developed by The Psychotherapists Board of Aotearoa New Zealand and the Code of Ethics (2018) developed by the New Zealand Association of Psychotherapists do not mention physical touch at all, but both highlight the need to maintain appropriate sexual boundaries and refrain from sexual intimacy with clients. The absence of any reference regarding touch use could be interpreted as another indication of the rooted belief in the fields that touch should be avoided and not discussed.

### **Positive effects of touch**

While most psychotherapists tend not to talk about touch, the ones that do highlight many benefits of its use. Kupfermann & Smaldino (1987), McLaughlin (1995), and Bosanquet (2006) advise that the use of touch may generally facilitate treatment. Many authors agree with them and specify that touch should be viewed not just as a helpful technique but as a distinct form of communication (Bonitz, 2008; Bosanquet, 2006; Breckenridge, 2000; Durana, 1998; Fosshage, 2000; Lawson, 2015; Mintz, 1969b; Woodmansey, 1988). Some authors advocate that touch is our initial form of communication since we rely heavily on touch in our preverbal state (Kertay & Reviere, 1993; Peloquin, 1989; Swade, 2020). Therefore, several authors present an alternative perspective to classical theory and suggest that touch can facilitate the therapeutic process when clients lack the verbal ability to communicate their concerns and needs (Cornell, 2006; Durana, 1998; Mintz, 1969b; Toronto, 2001; Woodmansey, 1988).

Moreover, touch has been found to facilitate self-exploration (Durana, 1998; Wilson, 1982) and create a sense of mutuality and equality in the therapeutic relationship (Forer, 1969). It can also help establishing trust (Durana, 1998; Kosierb & Bilodeau, 2020; Swade, 2020), with Kupfermann & Smaldino (1987) finding that therapists who use touch are perceived to be more reliable. Touch has the power to promote awareness, particularly bodily awareness (Peloquin, 1989), as it is quite difficult not to be aware of the body part that is being touched. Because we cannot be touched without touching back in return, touch also promotes reciprocity (Peloquin,



1989). Beyond this, the use of touch allows clients to experience a more coherent sense of self (Kupfermann & Smaldino, 1987) and balance out the mind-body split (Novak, 2018). Therapeutic touch can foster a sense of self-acceptance in clients and contribute to modifying negative self-images (Fosshage, 2000; Swade, 2020). Touch may aid clients in better tolerating pain and reducing feelings of shame (Durana, 1998).

Furthermore, the use of touch fosters a genuine encounter between therapist and client (Kertay & Reviere, 1993) and provides “corrective emotional experience” (Goodman & Teicher, 1988, p. 494) or a “reparenting’ function” (Swade, 2020, p. 140) by allowing clients to be “a baby” and feeling “small and vulnerable and looked after” (Swade, 2020, p. 140) in a physical way. Nurturing touch from a therapist may allow clients to experience touch in a new, positive way (Hunter & Struve, 1998; Novak, 2018). Breckenridge (2000) also suggests that touch can let clients know they are inherently touchable. The few studies that have been conducted with therapy clients as participants confirm that the respondents mainly found touch to be helpful and beneficial treatment-wise, and found touch to have positive effects similar to the ones stated above (Goodman & Teicher, 1988; Horton et al., 1995; Hunter & Struve, 1998; Swade, 2020).

### **When to use touch**

Despite its numerous positive effects, most pro-touch authors agree that touch needs to be used on a case-by-case basis (Bonitz, 2008; Casement, 2000; Durana, 1998; Fosshage, 2000; Horton et al., 1995; Kertay & Reviere, 1993; Mintz, 1969a; Novak, 2018; Swade, 2020). This is because individual experiences and attitudes towards touch are highly idiosyncratic, and in every therapeutic relationship, the uniqueness of both the therapist and client must be considered when contemplating touch use. Therefore, touch as an intervention cannot be prescriptive. It seems that psychodynamic psychotherapists are not alone here since body-oriented psychotherapists can be quite often cautious in using touch as well (Totton, 2006).

However, I would argue that the lack of prescriptiveness is not specific to touch but is relevant to any other intervention. There is no such thing as a general-use intervention, even something as benign as showing empathy cannot be used indiscriminately since, for example, clients who have strong antisocial inclinations could interpret empathy as the therapist’s weakness and it could undermine the therapeutic work (McWilliams, 2011). Moreover, touch, like any other intervention, can be used ethically and unethically (Hunter & Struve, 1998).

When considering the use of touch in psychotherapy, therapists must explore their relationship with touch (Durana, 1998). Various aspects may influence their tendency for touch use or avoidance. These include cultural background, as the

previous discussion has highlighted its significant impact on attitudes towards touch. Age is another factor; younger therapists, for instance, tend to be more open to touch use (Sinason, 2006). Gender can also play a role, with women typically more comfortable with touch (Zur, 2007). Professional orientation is significant too; non-psychodynamically oriented psychotherapists are more prone to use touch in their work (Bonitz, 2008; Swade, 2020). Therapists must also consider their personal history (Bonitz, 2008; King, 2006; Swade, 2020; Zur, 2007), their encounter with touch in personal therapy (Novak, 2018; Swade, 2020), and the attitudes of their supervisors regarding touch use (Kosierb & Bilodeau, 2020; Novak, 2018; Swade, 2020).

Most importantly, according to the researched literature, therapists must be aware of their personal preferences regarding touch and be open about the discomfort with using touch with themselves and their clients, rather than using the taboo as a defence (Horton et al., 1995; Kertay & Reviere, 1993; Kupfermann & Smaldino, 1987; Orbach, 2003; Peloquin, 1989;). Several authors also emphasise the importance of authenticity and recommend avoiding using touch when one is uncomfortable doing so since it could be counterproductive due to mixed signals that would be sent by the therapist in these instances (Bosanquet, 1970; Durana, 1998; Fosshage, 2000; Mintz, 1969a; Swade, 2020 Wilson, 1982).

The idiosyncrasies of touch are also applicable to clients. Most authors that advocate for appropriate touch use in this research agree that clients' personal history, cultural background, age, and gender need to be considered before contemplating touch use (Bonitz, 2008; Bosanquet, 1970; Durana, 1998; Horton et al., 1995; Hunter & Struve, 1998; King, 2006; Novak, 2018; Peloquin, 1989; Swade, 2020; Zur, 2007).

Several texts highlight the need to also take the therapeutic relationship into account (Kertay & Reviere, 1993; Wilson, 1982; Woodmansey, 1988; Swade, 2020; Zur, 2007). Wilson (1982) and Swade (2020) both argue that using touch in the initial phase of therapy, while trust is still not established, is inadvisable since clients might already feel a lack of control facing a stranger and could feel more threatened and confused if touch were to be used. However, according to Wilson (1982), this recommendation can be overlooked if there is a situation of crisis since some clients can benefit from physical support to work through the sense of overwhelm and despair. Additionally, Woodmansey (1988) suggests that touch can actually promote trust and a feeling of safety, and, as a result, can help establish a strong therapeutic alliance and provide support in situations of crisis.

Working with survivors of sexual abuse adds another layer of complexity to the use of touch in therapy. Premature or inappropriate use of touch could be damaging to the client's well-being and sense of safety, potentially leading to re-traumatisation

(Swade, 2020) by "going dead in their bodies" (Rothschild, 2002, p. 101). However, touch can also be therapeutic for survivors of sexual abuse, as nurturing touch can help them restore trust and understand that touch does not always have to be violent or harmful (Bonitz, 2008).

Swade (2020) distinguishes another exception to the recommendation of not using touch in the initial phase of therapy. She suggests that it is appropriate and potentially advisable to use touch with clients from highly tactile cultures, such as South American and Southern European countries, from the beginning since touch is an everyday occurrence in these cultures. Brafman (2006) indicates that in these cultures, a handshake is not even considered touch due to their openness to tactile encounters, such as hugging or rubbing one's hand, even upon first meeting.

With the move of the relationship to the middle or the working-through phase, touch use becomes more appropriate and beneficial since the relationship is strong and trust is established (Swade, 2020; Wilson 1982). At this stage, touch has the capacity to "facilitate client's ability to experience intimacy" (Wilson, 1982, p. 70). Several authors talk about the importance of aligning touch with the level of intimacy within the therapeutic relationship (Bonitz, 2008; Durana, 1998; Kertay & Reviere, 1993; Hetherington, 1998; Hunter & Struve, 1998), which is more likely to be the case in the middle phase of therapy (Swade, 2020). Swade also adds that touch can be used in the ending stage of therapy "to consolidate the gains of the middle stage" (p. 193), such as helping clients internalise feelings of worthiness and lovability, promoting self-acceptance, and solidifying closeness. The literature highlights that the most acceptable types of touch in these cases include holding a client's hand, putting a hand on the client's shoulder, and giving/receiving a hug (Bonitz, 2008; Fosshage, 2000; Hunter & Struve, 1998; Novak, 2018; Swade, 2020).

Even though the aspects mentioned above are critically important in deciding whether to touch a particular client or not, touch always needs to be used in the client's best interest (Bonitz, 2008; Kosierb & Bilodeau, 2020; Kupfermann & Smaldino 1987). Even with an appropriate level of intimacy in the therapeutic relationship and a client's overall positive experience with touch in their personal history, a positive experience with touch in therapy is not guaranteed. Therefore, to maximise the therapeutic effect of touch, the literature suggests that clients need to be in control of touch use. Consent should be obtained, and if clients express any discomfort with touch, it should be discontinued immediately (Bonitz, 2008; Kertay & Reviere, 1993; Peloquin, 1989; Sinason, 2006; Swade, 2020).

Forer (1969), Hunter & Struve (1998), Toronto (2001), and Wilson (1982) recommend exploring every instance of touch to make the intervention more

therapeutic. Several authors highlight that touch should never gratify therapists' needs (Goodman & Teicher, 1988; Horton et al., 1995; McCormick, 1973; Novak, 2018; Swade, 2020) but, at the same time, should not be avoided for fear of deriving pleasure from it (Woodmansey, 1988). Bearing these points in mind, Maroda's (2004) statement, "knowing how and when to touch requires a great deal of sensitivity" (p. 153), accurately summarises the complexity of using touch in therapy. The relationship with touch is so idiosyncratic that it can be very difficult to navigate, especially without a safe space for discussion. Therefore, Durana's (1998) recommendation to avoid touch when in doubt could be considered a 'gold standard' in this matter.

### **Chapter Summary**

In this chapter, I explored literature that advocates for the use of touch. I highlighted the issue of silence surrounding touch use in psychotherapy, and examined the role of the touch taboo in this silence. I outlined the socio-cultural changes that positively affected perceptions of touch use. Additionally, I discussed the definition of touch, explored the benefits of its use, and highlighted aspects to consider if touch were to be used in psychodynamic psychotherapy. In the next chapter, I discuss my findings, outline the implications for practice and education, consider the strengths and limitations of the study, suggest directions for future research and offer my concluding comments.

## Chapter 5 – Discussion

In this chapter, I discuss and summarise the primary findings of this study, and explore the practical implications of these findings for both clinical practice and education within the field of psychotherapy. I outline the strengths and limitations of this research, and offer potential avenues for future research. At the end of the chapter, I offer my concluding comments.

### Discussion of findings

After reviewing the literature addressing the use of touch in psychotherapy, this study found that touch remains a ‘touchy’ subject in the field of psychodynamic psychotherapy. The ‘rule’ of touch avoidance seems to have become deeply ingrained in the culture of psychodynamic psychotherapy. Even more than a century later, therapists remain cautious about discussing whether touch is an admissible technique, let alone using it as one. This caution persists despite substantial research indicating the importance of physical touch in human development and well-being. (Bonitz, 2008; Bowlby, 2005; Field, 1998; Montagu, 1986; Spitz, 1945; Swade, 2020). Interestingly, touch was referred to as an “innovation” (Forer, 1969, p. 231) just fifty years ago, even though it has been used as a healing modality for thousands of years (Swade, 2020).

Another aspect that I found curious while conducting my research was that Freud, despite his influential role in the field, never insisted on imposing his beliefs and attitudes about psychoanalysis on others; he only viewed them as recommendations (Freud, 1913). However, it seems that it did not stop his followers from treating the recommendations as rules that were not to be deviated from. Moreover, as outlined above, Freud's introduction of the rule of abstinence and the concept of transference, along with the fear of its contamination, seem to constitute two of the principal arguments favouring touch avoidance. Additionally, as indicated by the literature, Freud's aspirations for psychoanalysis to be considered scientific and not be associated with sorcery and/or religion, suggest that his potential insecurities may have contributed, at least in part, to the avoidance of touch.

The examined literature highlights the significant role that cultural background appears to play in touch avoidance. This is because, according to the literature reviewed, cultural upbringing influences how one relates to touch (Swade, 2020; Zur, 2007). Therefore, the establishment of the touch taboo may be, in part, attributable to the cultural backgrounds of Freud and his followers, which generally prioritise minimal use of touch in everyday life. Moreover, the fact that touch is sexualised in the Western world, where psychodynamic psychotherapy originated from, seems to have added another layer of restrictions on touch use (Edwards, 1981; Hunter & Struve, 1998; Zur,

2007). Considering the role of cultural influence, one could entertain the thought that this debate might not have arisen, had Freud been brought up in a Latin culture, where touch is typically embraced as a sign of "a fluid, spontaneous warmth and freedom" (Swade, 2020, p. 99).

Another popular argument among authors advocating touch avoidance was the belief that touch in therapy could lead to sexual transgressions by therapists and, as such, should be avoided. This perspective was also supported by the gratification rule, implying that touch could gratify sexual wishes and lead to sex. This argument made me wonder whether it was implied that therapists lack impulse control and if touch were to stimulate sexual desire therapists would immediately act on it. Interestingly, this does not seem to be a concern in some of the body therapy approaches where touch is often an integral part. Moreover, if we follow the logic that touch leads to sexual acts, then avoiding touch should ensure the absence of sexual transgressions by therapists. However, research indicates that this is not the case. Sexual boundary violations still occur even with the existing touch taboo. This can be explained by the fact that touch is not necessary for sexual arousal and/or seduction – words can achieve a similar result.

While engaging with the literature, an interesting interpretation regarding the belief that touch leads to sex came to mind. Historically, therapists often used the couch during sessions, and being touched while lying down by an authority figure – which clients often perceive therapists to be (Fors, 2018) – might have been interpreted as having sexual connotations, particularly during the Victorian era. Although the use of the couch has decreased in contemporary therapy, touch continues to be sexualised in Western culture, with the act of lying down remaining associated with intimate activities, such as sleeping and having sex. This raises the question of whether therapists who avoid touch are inadvertently reinforcing this belief (Swade, 2020). It appears there is a prevailing fear that introducing touch into the therapeutic space will inevitably lead to the sexualisation of the relationship, causing many to avoid it.

Additionally, research demonstrated that a number of authors advocated the need to 'touch' clients with words, without resorting to the physical act of touch. The primary rationale behind this argument was to promote the working through of patients' internal conflicts by symbolising and reinforcing the clients' "symbolic functioning" (Galton, 2006, p. 71) in the process.

Another finding of this research was that, despite the existence of the touch taboo, psychodynamic psychotherapists privately admit to using touch as an intervention. However, they lack the space to talk about this experience and are compelled to deal with shame, guilt, and anxiety because of it. Thus, it appears that the touch taboo does not fulfil one of its purposes of eliminating sexual transgressions, but

does preclude open discussion about its use, which in turn has the potential to increase transgressions. Perhaps, a more relevant question might be how to initiate an open discussion about the use of touch, since the research demonstrated that touch is, in fact, being used in psychodynamic psychotherapy. It is interesting that in our work as therapists, we tend to encourage clients to be as open as possible, fostering an environment where no subject is taboo. Yet, collectively, we seem to struggle with having an open discussion about touch.

The reviewed literature also revealed that over the last twenty to thirty years, socio-cultural shifts, such as research demonstrating the positive effects of touch on physical and mental well-being, the move toward a more relativistic approach to the therapeutic process, and the shift toward a more relational way of engaging within the therapeutic relationship, all called into question the rule of abstinence and the very possibility of psychotherapists' neutrality. Every action or non-action appears to influence our clients, whether we acknowledge it or not, and having the taboo in place and lacking the opportunity to discuss it might not be in the clients' best interest. The research also highlighted the fact that some authors view touch as a fundamental human need. Thus, could avoiding touch be neglectful of client needs? Is it feasible that we relinquish some of our needs upon entering the consulting room and cease to be human? However, Brafman (2006) raises a valid question regarding the extent to which we should fulfil our clients' needs and where to draw the line. When it comes to the use of touch, this question requires careful consideration.

Additionally, the research also emphasised the challenge of defining what constitutes appropriate or therapeutic touch. Even within body-oriented psychotherapy, a cohesive definition is lacking. This leads me to wonder whether the absence of an open discussion is due to the difficulty in defining what needs to be discussed. Or, perhaps, it could be the reverse: the inability to initiate a conversation may preclude the possibility of formulating a definition.

Simultaneously, the research demonstrated that touch can offer numerous benefits, including aiding in treatment facilitation, promoting communication and trust, facilitating self-exploration, encouraging mutuality and equality, aiding in the creation of a coherent sense of self, and promoting bodily awareness. Touch has the capacity to promote self-acceptance and minimise negative self-perception. It can help alleviate shame and tolerate pain. Touch can promote the genuineness of the therapeutic relationship and provide a "corrective emotional experience" (Goodman & Teicher, 1988, p, 494). By being touched by a therapist, clients might experience touch in a new, positive way and think of themselves as touchable. Therefore, touch seems to be

too good of a tool to avoid completely or, as Diamond (2006) and Orbach (2003) suggest, to at least have an open discussion about it.

Another important finding of this research was that the advocates of touch do not promote indiscriminate use of touch. There seems to be a tacit agreement that touch should be used on a case-by-case basis and many different aspects should be considered before introducing touch as an intervention. The research found that the main aspects to be considered before using touch include cultural background, age, gender, and personal history of both therapist and client in a particular dyad. Therapists also need to be aware of their personal attitudes towards touch, whether they have experienced touch in their personal therapy, and their supervisors' attitude towards touch use. The therapeutic relationship needs to be considered as well, since touch might be wrongly perceived in the initial phase of the relationship due to lack of trust (although not everyone agrees with this statement since touch has the potential to promote trust) and is more appropriate in the middle phase of the work where trust has been established. The aforementioned considerations regarding touch and the lack of a clear definition raise the question of whether touch avoidance might be an easier approach. However, if this were the case, it is important to ask the question: 'For whose benefit is touch being avoided?' It might seem that the avoidance of touch is more about easing our professional lives, potentially at the cost of our clients.

The most important takeaway from this research is that, like any other intervention, touch should always be used in the client's best interest, with an aim to maximise beneficence and minimise any potential maleficence. For touch to be therapeutic, the relational context of the dyad should be considered, clients must feel in control of this intervention, and consent should always be sought before its use. Finally, every instance of touch needs to be explored.

The fact that we avoid talking about something does not make it disappear. I wonder if there is an element of collective denial happening in the field of psychodynamic psychotherapy. Much like a toddler who covers their eyes to hide, we seem to be covering our eyes, trying to pretend that touch is not happening. Interestingly, the research revealed that while the majority of the literature examined was supportive of the appropriate use of touch, the voice of the minority advocating for touch avoidance still seems to be the loudest.

### **Implications for psychotherapy**

While working on this research, I was able to gain a better understanding of touch as a phenomenon from both a psychotherapeutic and a more human perspective. The body of literature I explored helped me expand my horizon regarding touch and its importance for human development and well-being. In the process of



working on this research, I dove deeply into my own relationship with touch and what influenced me to avoid using touch in my work. The reviewed literature highlighted that this exploration is one of the most important aspects of deciding whether there is a place for touch in psychotherapeutic work. Therefore, one of the main implications of this research for psychotherapists, and other mental health professionals for that matter, is the need to explore their relationship with touch before implementing it as an intervention.

Another important implication of this research is that touch is a highly idiosyncratic phenomenon. Its perception is influenced by many factors, including cultural background, gender, age, and personal history of both therapist and client. All of these need to be taken into account if touch use is to be considered. Additionally, a degree of openness and courage from therapists is required to explore their attitudes towards the place of touch in psychodynamic psychotherapy, as touch use is still shrouded in silence, and touch-avoidant tendencies seem to dominate the field.

If the internal examination reveals that therapists are at ease with occasional touch in their work, the following more practical implications derived from this research could provide guidance. Touch use should be considered on a case-by-case basis, i.e., therapists should have a clear rationale for touch use in every instance. The client's best interest should always be the guide for every intervention, and touch should not be an exception. Touch as an intervention should be part of the therapeutic process and coherent with the level of intimacy of the therapeutic relationship. Consent for touch use should be sought prior to its use. It is essential to closely monitor clients' responses to touch, and touch should be discontinued immediately if clients are uncomfortable with it. Every instance of touch use should be discussed in the session since processing any touch in therapy helps "keep the work safe, informed, and disciplined" (Novak, 2018, p. 25).

### **Implications for education**

The research highlighted the fact that one of the reasons why touch could still be perceived as an instrument to avoid is due to the lack of appropriate training in psychotherapy programmes. The literature explored indicated that touch has the potential of facilitating treatment. Thus, including a more detailed exploration of touch use in the psychodynamic psychotherapy curricula could be beneficial. Moreover, training could serve as the starting point for exploring therapists' own relationship with touch. Additionally, as Lawson (2015) suggests, training on touch use could be included in continuing development programmes that psychotherapists undertake throughout their careers. The hope is that this research has demonstrated that having

an open discussion about touch could positively impact the therapeutic process and including touch in training programmes could be a way of facilitating this discussion.

### **Strengths and limitations**

The chosen qualitative methodology was a good fit for this study due to the subjective nature of touch and how it is perceived by human beings. The hermeneutic methodology provided the freedom to choose only highly relevant literature and allowed me to bring my subjectivity into the work. My origin, background, and training influenced the selection criteria in a highly idiosyncratic way, bringing originality to the research. Coming from Russia, at times it felt as if I was a bridge between the touch-reserved and touch-welcoming literature. It was as though I was perched on a metaphorical fence, attempting to view both perspectives from an outsider's standpoint, similar to the Russian culture that is located the middle of the tactile spectrum (Swade, 2020). The applied model of the hermeneutic circle helped me perceive the whole and the parts of the research. At every iteration, my understanding of what should be viewed as the whole and what should be experienced as the parts changed, allowing me to remain in a permanent conversation with the texts. This expanded my horizons and humbled me, proving that there is no one definite answer to the research question.

This research, albeit in a small part, contributed to promoting and welcoming an open discussion of the place of touch in psychodynamic psychotherapy, which can be considered another strength of the study. This contribution seems to be important since, as has been illustrated by the research, silence, and lack of a safe space to explore touch could lead to mistakes, inappropriate use of touch, and subsequent boundary violations. Therefore, touch avoidance does not seem to be serving the role for which it was potentially introduced.

Due to the limitations imposed by the university on this study, such as a deadline and word count, I was only able to focus on a limited amount of literature. These limitations led to a reliance on culture-specific literature, as the study primarily explored texts in English written predominantly by Western authors. The absence of literature in other languages or by non-Western authors from this study could be considered a limitation.

Another aspect that could be considered a limitation of the study is that the vast majority of the literature explored touch from a therapist's point of view, without exploring the clients' perspective, attitude, and experience of touch use. This seems significant, as clients' well-being and best interests are paramount in the therapeutic process, and touch should only be used with their best interest in mind.

The subjectivity that the methodology allowed me to bring into the study could be viewed not only as a strength but also as a limitation. Inevitably, I cannot be aware of all the unconscious processes that drive my actions. Therefore, I might not have explored aspects that could have led to a different answer to the research question.

### **Recommendation for future research**

To address some of the limitations stated above, future research could review literature written in languages other than English. My inclination would be to explore texts in Romance or Latin languages due to a greater embrace of touch use in these cultures' everyday life. However, exploring literature in any other language has the potential to bring additional value to the matter of place of touch in psychodynamic psychotherapy.

Another limitation that could be addressed with the help of future research is the minimal amount of literature that explores how clients perceive touch in talking therapies such as psychodynamic psychotherapy. A qualitative study using semi-structured interviews with open-ended questions could be undertaken to focus on how clients experience therapeutic touch.

Exploring how indigenous people, particularly Māori, view touch when working in the mental health field seems to be another important area of future research, especially in a bicultural nation like Aotearoa New Zealand. Moreover, this study highlighted that this gap is currently present.

Lastly, the inclination to use or avoid touch in the therapeutic process could be explored through the lens of attachment theory (Bowlby, 1982). One possible avenue of exploration could involve examining whether there is a correlation between the attachment styles of therapists and their tendency to avoid touch in their practice. Since attachment theory has been extensively researched, such a study could employ a quantitative methodology and be designed as a randomised controlled trial using surveys.

### **Conclusion**

The focus of this study was to investigate whether physical touch has a place in adult psychodynamic psychotherapy. To achieve this goal, the primary arguments put forth by advocates of touch avoidance and supporters of incorporating appropriate touch in psychodynamic psychotherapy were reviewed. Practical implications for those therapists who, after exploring their own relationship with touch, concluded that it can be an additional intervention they might use in their work, were highlighted. Additionally, the fact that touch remains a phenomenon concealed by silence in a field where clients are encouraged to bring all of themselves to therapy was emphasised.

Have I found the answer to my research question? I have but my answer, unlike the results of a randomised control trial, is not transferable. One of the main conclusions I drew from the research was that touch is a highly idiosyncratic phenomenon, and each psychotherapist needs to decide for themselves whether to include it in their toolbox. At the same time, touch seems to be too valuable a tool not to be mentioned as a possibility when we train new therapists. Touch is a skilful intervention that can be powerful when used occasionally, at the appropriate moment, and with the right individual.

Finally, I wonder if the lack of touch in Western societies, including Russia, has a part to play in what is happening in the world currently. It is possible that the lack of nurturing touch may have made us less affectionate and more prone to aggression. Studies have suggested that the lack of nurturing touch can result in such consequences (Swade, 2020). Could the change start with us? It seems the time has finally come to openly discuss occasional touch use without experiencing shame, guilt, and anxiety.

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