

# Dare I touch?

## Exploring the Potentials of using touch in Neuro-Linguistic-Psychotherapy

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*Touch remains the most trusted connection between people. I will believe your touch before I believe your words. Virginia Satir (1988)*

I breathe. I come to my centre. What does it mean to come to my centre, for me? It means being at home with me; it means being ok with the thoughts, sensations, emotions, being ok with me. Moreover, it means making a statement to the world about being me: it's ok. Strangely, it is when I'm mostly in my centre, that I'm also mostly connected to others. This is nothing new, I haven't invented any novelty; different people in different cultures have talked about these moments.

I breathe. I come to my centre and connect with you through my centre. We watch each other, we sense each other's presence; we touch. What could be more wonderful than this celebration of life? What could be scarier than this celebration of life?

And in those moments it doesn't matter that I am a therapist and you are a client (or vice-versa). In those moments we are. And when I am, then all is ok, and when you are all is ok.

And techniques? And changework? And achieving the client's outcome? Well, techniques is what we do when being isn't that easy, isn't it?

Some people are afraid of trance; they are fearful because trance opens the door to powerful change, it opens doors to genuine and authentic magic. The fear of touch is of the same nature. Touch is an explicit invitation to come home, to fully be. Is there any bigger fear than the fear of fully being?

In this paper I would like to invite you to reconsider using touch in therapy, and discuss some tips about using touch. This is not the truth, but instead my map. It is my very intimate map, and I want to welcome you inside, for I am interested in you making contact with my map, and through that, in making contact with me from your centre, from your breath.

## Why touch?

Perhaps more than most specific, even eclectic or integrative approaches of psychotherapy, NLPt acknowledges the importance different worlds. Our main door into those worlds (or maps) is sensory acuity.

Touch and body are of special value to NLPt for three basic reasons: holding space, flexibility and sensory acuity.

**Holding:** NLPt is not about using techniques. It is a means of helping a person expand his map, at times shifting into a more beneficial map. In the end, the client learns to model himself, being able to flexibly

deconstruct and reconstruct maps in response to the information (inner and outer environment) he interacts with.

But at first, questioning the map is scary. It's like changing the view that the world is flat, into a view where the world is round (how come we don't fall, people asked). In a way, the client may go through a transitional stage – where she has no maps at all<sup>1</sup>. As therapists, we try and make it safe, without smothering – we supply containment for the change to happen by itself. We hold the space. To be able to 'hold' that space for a client while she changes is, so I believe, our most important task as therapists and touch can immensely assist - at times - with genuine containing.

Touch can convey a message of being there without needing to change, fix, or otherwise make it better for the client. Touch can communicate genuine experience of sharing (not an 'expert' touching the novice).

### **Flexibility**

In an autobiographical note, Freud (1923-1925) narrated the following incident: “And one day I had an experience which showed me in the crudest light what I had long suspected. It related to one of my most acquiescent patients, with whom hypnotism had enabled me to bring about the most marvellous results, and whom I was engaged in relieving of her suffering by tracing back her attacks of pain to their origin. As she woke up on one occasion, she threw her arms round my neck. The unexpected entrance of a servant relieved us from a painful discussion, but from that time onwards there was a tacit understanding between us that the hypnotic treatment should be discontinued.”

Most controversies about touch (funnily, it was the same about hypnosis) argue against the complications of the therapeutic alliance, inviting complicated transference and counter-transference into work with little control, treating 'the symptom' rather than 'the cause'.

Neuro-Linguistic Psychotherapy recognises that psychotherapeutic theories are only maps. We do not, therefore, have to approach touch in a complex way. When I hold a map in which touch complicates therapy, I am likely to complicate my work; when I hold a map where touch is a sexual threat, I am likely to be sexually threatening to my clients. Should we devise a simple, effective and moving map for touch - we can utilise it with greater ease – when it fits with the client's map of the world.

Being flexible is definitely not about 'thou must touch', but instead about having the possibility of touching, when appropriate and potentially beneficial.

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<sup>1</sup> For a detailed discussion see my article *A Myth of Transition*, 2001.

**Acuity** With the vast use of sensory processing in NLPt it is peculiar how amorphous and neglected are the tactile and kinaesthetic areas.

Although relatively neglected, many novel therapists have long used touch as means of non-verbal communication, being aware of the rich sensory input and output that could be facilitated through touch. I was thrilled to find the creative way Ernest Rossi has found for therapeutic touch in his work<sup>2</sup> (see also Rossi, 2002). Stephen Gilligan's Self-Relations psychotherapy is heavily reliant on touch (mainly self-touch and self awareness through touch) and body (Gilligan, 1997).

I found incorporating touch in NLPt, to be helpful not only with body and physical, tactile dimensions but also to increase efficacy in working with, accessing and allowing emotional-processes. In my map, we primarily process emotions through our body. But perhaps even more important, working with touch calls upon you even more genuinely: you bring more of yourself into therapy, allowing yourself and the client to learn more, to be more curious, more effective; to be more – with someone else.

## Making connections

The use of touch in healing was always an integral part of practice. Somewhere in the last two centuries, mainly as a result of psychoanalysis, touch became a taboo in certain therapeutic cultures, carrying vast amount of 'why not to touch' evidence. But our bodyminds were always here, and body-therapies continued to enjoy popularity and success. Body-oriented psychotherapies were therefore not an invention or discovery but rather a systematic 'coming back home' into body processes.

Wilhelm Reich (1897-1957) reintroduced the body into psychotherapy in a systematic and methodological way, and most of the modern body-oriented psychotherapies are derived from, or at least much influenced by his work<sup>3</sup>.

In Appendix I you will find some references and recommended readings to learn about different aspects of body-psychotherapy and about the use of body and touch in non-bodywork therapies.

## Preparing to connect – centring and grounding

*A concentration is a necessary condition for the mastery of an art... one cannot learn to concentrate without becoming sensitive to oneself.* **Erich Fromm** (1975).

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<sup>2</sup> During a workshop 'Neurogenesis and gene expression in the healing art and hypnosis' Long-close farm, Keswick, October 2002.

<sup>3</sup> See Boadella's account of Reich's work, 1985.

The most important place to be in when we deliver change is home. Without a strong first position, without a firm, yet flexible self, we could lose ourselves. To lose oneself means to immerse in a persona, to have an extremely flexible, yet empty personality.

Good therapists and facilitators engage in modelling all the time; what is rapport if not modelling the other and coming back? Modelling, perhaps more than any other quality, requires centre and ground. Grounding and centring are the core of your authentic Self, they allow you to dress and undress maps and realities without losing that which makes you genuine and unique.

I believe that to be centred and grounded implies having faith. Centring is the inner congruity of mind body and spirit; and acting from your centre is applying congruent Being. Grounding is being centred within a map, a context, a reality.

When you breathe in your toes, heart and scalp, you are centred. When you yield into gravity with your breath, you are grounded

When your heart is in rapport with your words head and legs - you are centred and grounded.

When your thoughts are naturally flowing from feelings and sensations, and clearly communicated to the other - you are grounded and centred.

And you can never stay 'in Centre', since, like any other path of mastery, centring is a process, a journey, not a place. You cannot stay static in breath; you cannot stay in one pulse.

To follow the path of centring is to go blindfolded into yourself, affirming what is and acknowledging whatever is there; practicing coming back and hoping your somatic intelligence, your congruent faith, will somehow learn the structure of coming home.

**To be centred is not about being at home, but rather about coming back home again and again and again, until the path is clear and quick, until you can walk blindfolded.**

We all have maps. We cannot survive without a map; we cannot live in a meta position or else our life is empty, boring and disassociated. To ground is to connect our Self into the map, to draw our *path* on a ground. In the body, the grounding process is that of being aware of our connection with the world, and specifically with earth.

In therapy, being grounded and centred allows you, as a therapist, to travel into wild and frightening maps without losing the string that attaches you to your core.

To make connection, and especially to touch without grounding is not only senseless and futile but also dangerous. Without an awareness of where I end and where you begin therapy turns into chaotic mess.

I believe that before any professional contact with another person is made, it is important to check our centre and ground. In the context of touch, before I invite someone in, before I share and facilitate life - it is crucial that I am firmly centred and grounded.

Some of the references include excellent exercises for grounding and centring. In future papers I shall examine practical ways of grounding and centring in therapy. I also welcome any new ideas, theoretical or practical about grounding and centring.

## Contextualising touch

*Does this path have a heart? If it does, the path is good; if it doesn't, it is of no use. Both paths lead nowhere; but one has a heart, the other doesn't. One makes for a joyful journey; as long as you follow it, you are one with it. The other will make you curse your life. One makes you strong; the other weakens you. Don Juan to Carlos Castaneda*

Let me make a strong generalised statement: People in our culture are afraid of touch. The basic, fundamental connection is mostly feared of and as such has the potential to be dangerous. It is therefore important to discuss the criteria for using touch in the therapeutic context. Appendix II offers one possible way of establishing a 'contact contract'.

The following guidelines are merely ideas to consider. I sometimes find comfort in having the support of ideas and concepts, and you might find it useful as well. But really, beyond all these consideration, beyond theoretical and practical questions, let your Self look inside and ask the question Don Juan asked Castaneda, *does this path have a heart?*

### When to touch?

- When you feel touch would be helpful or useful for the client.
- When you congruently feel ready to touch.
- When you can deliver safe touch.
- When you can contain your own 'stuff' and not impose it on your client.
- When you have introduced the general idea of touch in the beginning of your work and your client is ok with it and knows what to expect.
- When you have asked, and got permission from your client to touch.
- When touch is needed by the client and is appropriate.
- When I-thou connection is needed.
- When touch will facilitate your client's outcome, directly or indirectly.
- When the client needs holding.
- When you work with young parts.

### When not to touch?

- When you are in doubt.
- When you don't feel ready to touch or be touched.
- When you are not sure whether your touch is safe.
- When you are afraid to touch or to be touched, or for any other reason feel uncomfortable to touch or to be touched.
- When you suspect you or your client might get hurt, as a result of touch.

- When you are not grounded and / or not centred.
- When you need holding, or desperate for touch.
- When you cannot contain your own emotional state.
- When you don't like your client or for some other reason cannot send a congruent loving message with your body.
- When you are not sure whether the touch will be for you or your client.
- When you feel your boundaries are threatened \*.
- When client's boundaries are amorphous \*.
- When touch will cause diversion from the client's outcome.
- When client cannot work through transference but only act it out.
- When the client verbally agreed to touch, but was sending incongruent non-verbal messages.
- When you did not ask the client for permission.
- When client did not agree to touch.

\* Under skilled hands, these cases can actually be helped with touch. However, if you are in doubt, avoid touch.

### How to touch?

- Communicate the idea of touching ahead, as well as just before applying touch. I usually say something like: *I sometimes use safe touch in the session, such as holding your hand or putting a hand on your back. I will ask to make sure it is OK with you, but I wanted to know how do you feel about this possibility?*
- Let the client know he can always say NO, and his NO will be respected and accepted.
- Be sure you get congruent answers to these questions \*\*.
- Offer support or touch, do not force it.
- Be very specific in describing what you are about to do, and ask for permission: *would it be OK if I put a hand on your back to support your spine? Will you tell me if it's not OK?*
- Check non-verbal response to touch.
- Use common sense.
- Be there.
- Touch with all of you, congruently, clearly and intently.
- Increase sensory acuity and keep calibrating.

\*\* Sometimes clients will say 'no, I don't need to etc.' In many cases, these clients are likely to be the ones who will collapse and need support, so make sure to keep your offer open. I often say something like: *If at any stage you need my hand, it's just here for you to take, and it will stay here for you even if you don't need it throughout our work together.*

## Conclusion

Continuously - I breathe. As often as I remember I come to my centre; as frequently as I dare I connect with you through my centre. We watch each other, we sense each other's presence; we touch.

I realise this paper was only a teaser, only a beginning. We all crave to be more in touch, with ourselves and others, with life. I can never have enough of that connection, perhaps this is why I do this work. What could be more wonderful than this celebration of life?

In age of alienation and fear, of fragmentation and trauma, our bodyminds crave for connection. I know that I do, I hope you do too. I hope it is a beginning, I hope I would dare and explore some more. I hope that more and more I would answer this question with a yes.

## **Appendix I**

### **Resources and suggested Reading**

#### **To begin with:**

Smith, E.W.L, (1985), *The Body in Psychotherapy*, NC:McFarland & Company Inc. Introducing different modalities of body-oriented psychotherapies. Including historical and theoretical perspectives, diagnostics and intervention, as well as ethical and personal considerations.

Smith, E.W.L et al (Ed's), (1998), *Touch in Psychotherapy*, New-York:Guilford. A collection of articles from various psychotherapeutic schools about the use of touch in psychotherapy. Useful for theory, history and references, as well as full with research and ideas.

#### **Exploring different perspectives:**

Gould, S.J (1988). *The Mismeasure of Man*, London:Penguin. An insightful book about the history of labeling human beings and its consequences.

Judith, A. (1996), *Eastern Body Western Mind, Psychology and the Chakra System*, CA:Celestial Arts Publishing. Excellent on Chakra and bodywork, very valuable tools for non-bodywork therapists, as it is a clear and applicable model.

Keleman, S. (1981), *Your Body Speaks Its Mind*, CA:Center Press. Basic textbook from one of the leading writers about body-oriented psychotherapy.

Kurtz, R. & Prester, H. (1977). *The Body Reveals*, NY:Bentam Originator of Hakomi bodywork.

Levine, P.A. (1997). *Waking the Tiger - Healing Trauma*, Berkeley, Ca: North Atlantic Books. Excellent on healing trauma in the body - Somatic Experiencing.

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Lowen, A. (1958), *The Language of the body*, NY:Macmillan Publishing co.  
Although somewhat old-fashioned, Lowen is a classical read into the body-psychotherapeutic model.

Lowen, A. (1975), *Bioenergetics*, NY:Arkana.

Maul, B.V. (Ed.) (1992), *Body Psychotherapy or The Art of Contact*, Berlin:The European Association for Bodypsychotherapy.  
A Collection of various relevant articles.

Painter, J. (1986). *Deep bodywork and Personal Development*. Mill Valley:Bodymind Books.  
About Postural Integration and excellent development of body psychotherapy.

Pert C.B. (1997). *Molecules of Emotion*, London:Simon&Schuster.  
Excellent on paradigm shifts in psychotherapy and bodymind approaches.

Reich W. (1972), *Character Analysis*. NY:The Noonday Press.  
Most body-psychotherapies stem from Reich's work. Old-fashioned and dogmatic but very interesting and insightful.

Rosenberg, J.L, Rand, M.L. & Asay, D. (1985), *Body, Self & Soul*, GA:Humanics.  
An extremely practical and knowledgeable book about Integrative Body-Psychotherapy.

Rossi E.L. & Cheek D.B. (1988), *Mind-Body Therapy*, New-York:Norton.  
Classic bodymind hypnotherapy book.

For more references specifically about IMT and body-hypnotherapy, please contact me.

### Web Resources

Acupuncture:

[http://health.yahoo.com/health/Alternative\\_Medicine/Alternative\\_Therapies/Acupunc-ture/](http://health.yahoo.com/health/Alternative_Medicine/Alternative_Therapies/Acupunc-ture/)

Alexander Technique:

<http://www.alexandertechnique.com/>

Anodea Judith & Chakra work:

<http://www.sacredcenters.com/>

Bioenergetics and Alexander Lowen:

<http://www.bioenergetics-society.com/lowen2.html>

Craniosacral therapy:

<http://www.sheacranial.com/>

<http://www.karuna-institute.co.uk/>

<http://www.craniosacraltherapy.org/>

Deep Bodywork:

<http://www.opencentre.com/octrain.html>

The Feldenkrais method:

<http://www.feldenkrais.com/>

Hakomi Bodywork:

[http://www.hakomi.com/hakomi\\_com/](http://www.hakomi.com/hakomi_com/)

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Hellerwork:	<a href="http://www.hellerwork.com/">http://www.hellerwork.com/</a>
Integrative Body-Psychotherapy:	<a href="http://www.ibponline.com/">http://www.ibponline.com/</a>
Integrative Massage Therapy:	<a href="http://www.imt.co.il">http://www.imt.co.il</a>
Postural Integration:	<a href="http://web.tiscali.it/aipt_/jack.htm">http://web.tiscali.it/aipt_/jack.htm</a> <a href="http://www.posturalintegration.org/">http://www.posturalintegration.org/</a> <a href="http://www.cwinds.com/postural/postural.htm">http://www.cwinds.com/postural/postural.htm</a>
Rolfing:	<a href="http://www.rolf.org/">http://www.rolf.org/</a>
Shiatsu:	<a href="http://www.shiatsu.co.uk/">http://www.shiatsu.co.uk/</a>
Somatic Experiencing:	<a href="http://www.traumahealing.com/">http://www.traumahealing.com/</a>

Somatic Processing and body-centred healing  
<http://www.body-wisdom.com/somatic.htm>

Various resources for bodywork approaches  
<http://www.careeratyourfingertips.com/bodywork.htm>

Wilhelm Reich & Orgonomy: <http://www.orgonelab.org/>

### **Appendix II** **Possibility for establishing the contact contract**

Introducing the possibility of working with touch, and then dedicating some time to establish safe touch, and defining the 'contract of contact' can be a powerful rapport building skill.

1. Introduce possibility of working with touch. Would it be ok?
2. Ask client to verbalise what kind of touch is not ok for him:  
I don't want you to: hit me / touch my breasts / stroke my hair
3. Verbally commit not to do that: I will not ... hit you / touch your...
4. Check that the client heard and that the message was accepted.
5. Ask client, what kind of touch can be a safe contact?
6. Ask to try and make sure it feels safe. Make contact and ask - does it feel ok?  
Does it feel safe?
7. Ask client / offer verbal and/or non-verbal cue for asking for this specific supportive touch.
8. Practice giving this cue and responding to it.

Establishing a cue is especially important because asking for support or asking for touch is one of the hardest things to do, you want to make sure that your client can readily make use of this resource (and access his own resources of asking for support!).

### **References**

Boadella, D. (1985), *Wilhelm Reich, The Evolution of his Work*, London:Arkana.

Freud, S. (1923-1925), *An Autobiographical Study* in Gay, P. (ed.). (1995), *The Freud Reader*, London:Vintage, 16-17.

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Fromm E. (1957). *The Art of Loving*, London:Thorsons, 96-97.

Gilligan, S. (1997), *The Courage to Love*, NY:Norton.

Rolef Ben-Shahar, A. (2001), *A Myth of Transition - Modelmaking and transitional stages of reality formation as expressions of spirituality*, Anchor-Point, September 2001 Edition: 15-9:3-13

Rossi, E. L. (2002), *The Psychobiology of Gene Expression*, NY:Norton, 467-473.

Satir, V. (1988), *The New Peoplemaking*, CA:Science and Behavior Books, 61.