

**EXPERIENCES OF DEMONSTRATING CARE TO YOUTH  
USING NON-EROTIC TOUCH**

by

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### **Abstract**

This study explored the lived experience of using non-erotic touch to demonstrate care to youth. A hermeneutic – phenomenological approach was used to collect and analyze the experiences of nine participants who work as professionals in a helping profession. The themes of communication, relationship and decision-making factors emerged from this analysis. It was discovered that while the three themes appear to be separate, in actuality they could not be examined in complete isolation. Lastly, the overall essence of awareness was prominent throughout the research and the importance of being aware of multiple dimensions within the realm of counselling. The lived experience of the participants is further elucidated through lived existentials to give a composite description of what the experience is of using non-erotic touch to demonstrate care to youth. Implications for further practice and service provider organizations is explored as well as considerations and recommendations for counsellor education and future research.

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## **Chapter One: Introduction**

Touch has been used as a method of healing that dates back thousands of years (Horton, Clance, Sterk-Elifson, & Emshoff, 1995). For example, in classical Chinese acupuncture, touch is used to provide caring, assess emotional reactions and diagnose patients' ailments (Durana, 1998). Freud documents in his early psychotherapy practice the use of non-erotic touch to facilitate emotional expression (Durana, 1998; Holub & Lee, 1990; Phelan, 2009). However, he eliminated touch within the realm of psychotherapy entirely once the concepts of transference and countertransference were actualized, and criticized those who continued the practice of touch in therapy (Hetherington, 1998; Kertay & Reviere, 1993), believing any type of touch would certainly lead to sexual relations. Freud's change in opinion and practice contributed to touch becoming taboo (Aquino & Lee, 2000; Phelan, 2009). His opinion was the catalyst that caused touch to be rarely spoken of even though some practitioners continued the use of non-erotic touch in their practice. Freud's later belief that touch be strictly prohibited was extremely influential in many settings where the use of non-erotic touch became strictly forbidden between practitioners and clients even though touch is the earliest and most basic form of human communication and influences human development (Wilson, 1982).

### **Significance of Research Topic**

Today touch continues to be a sensitive subject despite its known positive effects, for fear that others will think it is sexual (Durana, 1998; Kertay & Reviere, 1993; Toronto, 2001). However, the traditional rule of 'never touch' is being challenged, as it is evident that more and more counsellors are using touch with clients (Westland, 2011).



Interestingly, touch is not enough of a taboo to stop using it as a counselling technique; nevertheless, the fear is great enough to prevent discussing it (Bonitz, 2008; Horton, Clance, Sterk-Elifson, & Emshoff, 1995; Phelan, 2009; Wilson, 1982). While the use of touch is not for everyone, it is important that the use of touch be exposed; that it be talked about, in order to remove any fear and stigma (Toronto, 2001). More awareness is vital on this topic to increase understanding and improve the accuracy of interpreting its intent (Stenzel & Rupert, 2004). Transparency is vitally important as is discussing the use of touch with clients, counsellor awareness, and ensuring touch is utilized to meet the needs of only the client (Horton et al., 1995).

### **Definition of Terms**

There are several types of touch to consider in a counselling environment. Sexual touch and touch used for physical punishment are unethical, often illegal, and go against a multitude of ethical guidelines (Aquino & Lee, 2000). The British Columbia Association of Clinical Counsellors (2009), the Canadian Counselling and Psychotherapy Association (2007), the Canadian Psychological Association (2000), and the College of Psychologists of British Columbia (2009) all clearly state in their codes of ethics that counsellors and psychologists are not to engage in sexual relationships with clients. Amongst these governing bodies, ethical principles are addressed in detail making it very clear that any sexual relations between counsellor and client is unacceptable and will not be tolerated. While the topic of touch is sensitive, and often elicits thoughts of sex and sexuality, for the purposes of this thesis, I am strictly referring to non-erotic touch. Non-erotic touch can best be defined by examining the meanings of erotic and touch. According to The World Book Dictionary (2005), erotic is defined as, "1. of or having to



do with sexual passion or love; 2. arousing or tending to arouse sexual desire; and 3. subject to strong sexual desire". Touch is defined as, "1. to put the hand, finger, or some other part of the body on or against and feel; and 2. to put (one thing) against another; make contact with." With the help of these definitions, non-erotic touch can be described as making contact against another person that is not sexual, passionate, or arousing to neither the one who is touching nor the touched.

### **Purpose of the Study and Research Questions**

Despite the efforts of some therapists to completely remove the use of touch from the realm of counselling, it clearly has benefits, and practitioners are engaging in non-erotic touch practices (Aquino & Lee, 2000). The purpose of this study is to understand the experiences of those in the helping profession who choose to engage in non-erotic touch as a means to demonstrate care to clients. The literature, which is further discussed in the literature review, outlines the benefits of non-erotic touch working as a professional helper, and addresses the trepidation over choosing such technique in practice. Ethical concerns and considerations are not clearly defined in the literature and need further clarification. The decision to utilize this technique to demonstrate care will also be examined. In this study I hope to gain a greater understanding of how professionals arrive at the decision to utilize touch and understand any ethics helping to guide this choice. The question guiding this research is: What is the experience of using non-erotic touch to demonstrate care in professional helping practice with youth? A secondary question is: What factors influence your decision to engage in non-erotic touch or not?

## Researcher Context

Working for the school district, there is a lack of clear, clinical, and ethical guidelines regarding the use of touch. It is obvious, in my opinion, that touch needs to be addressed. Within schools, there is a no touch policy that is regularly broken. I witnessed adults initiating hugs with students, which I believe leans toward boundary violation due to the hug meeting the need of the adult to make the student feel better. The witnessing of adults using touch with students clearly demonstrates the necessity for more concrete, ethical principles to address concerns such as intent, initiation, timing and the importance of a developed relationship. Observations of the use of touch also speak to the issue of whose needs are being met during such incidences.

I worked with a student who regularly reached out and touched me. He would either use his finger to touch my nose, pat my arm or shoulder with his hand, share a high five and on occasion give me a hug. The more I read about the use of touch in practice, the more I understood student's need to touch and his need to feel grounded and accepted. I was no longer troubled by this touch, and considered it acceptable because I had a greater understanding that touch on the forearm or a high five in this instance was not a boundary crossing or violation. I also perceived this touch as meeting the student's needs, not my own as he initiated the touch. My relationship vastly improved with this student once I became less rigid and more relaxed regarding the use of touch. He was more attentive, more honest, and made some very profound statements about his own self-awareness surrounding his behaviour.

I stopped panicking with thoughts of who was watching or what would they think when students reached out to hug me. Previously, I believed touching students was



wrong, regardless of the circumstances. Now I have a greater understanding that meeting a student's need is not to be feared, but embraced. Knowing my intent, when using touch with a student, is to meet his or her needs, I feel more relaxed when such incidents arise. Greater self-awareness regarding intent and understanding of whose needs are being met has also reinforced the importance of developing a strong, trusting, and therapeutic relationship. On the other hand, the importance of my self-awareness regarding my values, beliefs, thoughts, and actions has been reaffirmed and reinforces this is a constant process I must engage in. However, as a professional I will not have free reign to touch clients at any given moment. What it means to me is once a strong, trusting therapeutic relationship has developed, informed consent has been obtained including the use of touch, and the benefits of this touch for the client are explored, then it is something that can be incorporated into my practice. I understand there is some work to be done on my part in regards to being absolutely certain what my boundaries surrounding touch are and how I will choose to use it to benefit my clients.

If there is one thing I have learned, it is that I no longer have a sense of wrong doing when I give a youth reassurance through a touch on his or her shoulder, placing my hand on his or her arm to help him or her refocus, or by giving encouragement with a high five. I now have a clearer appreciation that touch is not a cause for alarm when it is used for all the right reasons with the intent of beneficence, while also having an acute awareness of nonmaleficence.

Working with children and youth for the past twenty plus years, I have always been told that I am not to touch them, regardless of the circumstances. Naturally all sorts of circumstances arise and when this rule was challenged I seemed to get the same response,

avoid touch as much as possible. When I was younger and more naïve, I took this advice whole-heartedly. As the years pressed on and my experiences became more prolific, I continued this no-touch policy and if I was really stuck and could not avoid a hug for example, I would raise one hand high into the air, and reciprocate with what I call a half hug. All these years, I have had conflicting feelings. I knew in my heart that some of the students I have crossed paths with truly did need that physical contact they were so desperately seeking out. I often questioned, “What is the harm?” On the other hand, when I heard colleagues comment on their need to know what is going on in a student’s life so they knew when to give him or her a hug or not, it did not sit well with me. I could clearly feel the distinction yet I did not understand it. When I began to read into the use of touch, it was like an epiphany for me. I was beginning to understand. I started to understand the clear distinction between meeting the students’ needs and meeting my own. I was aware of why those no touch policies were in place; fear. There is an enduring association between the words touch and sex. When I began to understand some of the negative background regarding the reasons to avoid the use of touch, I also realized there are many positive benefits to the use of touch.

### **Conceptual Lens**

Albert Einstein has been quoted as saying, “Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted” (Harris, 1995, p.3). This quote is indicative of the importance of qualitative inquiry for this study. Examining non-erotic touch cannot be counted yet people’s experiences are meaningful and they do count (Mayan, 2009). Through interpretist methods and a hermeneutic phenomenology framework, the essence of people’s experience regarding non-erotic



touch within an educational setting was examined. Touch can be a sensitive topic and touch between people is a human encounter. Hermeneutic phenomenology is therefore, well suited to this research. The hermeneutic phenomenological framework allowed for clear examination of these human experiences through interpreting participant's interactions with others and describing the phenomenon of touch to reveal the essence of these experiences (Tan, Wilson, & Oliver, 2009). The hope is that this process will create meaning and understanding regarding the use of non-erotic touch as well as the decision to use touch or not (Lavery, 2003).

### **Overview of the Thesis**

Chapter one introduces the topic of using non-erotic touch and establishes the rationale behind this research and the primary question guiding this study. Brief definitions of non-erotic touch have been provided to elucidate that touch which is clearly illegal or unethical will not be examined. My personal experiences have been recognized. I conducted this research using an interpretive hermeneutic phenomenology framework to capture the essence of the experiences, and further comprehend the decision to use non-erotic touch, of those working with youth.

Chapter two provides a comprehensive literature review of research regarding the use of non-erotic touch within a therapeutic setting. It begins with discussing the importance of communication, the benefits of touch for clients, and the primitive nature of touch. Ethics is then reviewed focusing on the importance of being explicit regarding the use of touch, mutual agreement, and the importance of clear, well-defined boundaries. Finally the importance of the therapeutic relationship is recognized.

Chapter three provides a detailed outline of the interpretive hermeneutic phenomenology framework for this research. Ethical concerns and issues are addressed. Specific research procedures are provided including recruitment of participants, consent, and interview structure. A description of all phases and presentations of data are provided along with how the study was evaluated.

Chapter four analyzes my research findings that reveal the overall essence of the participants' experiences regarding the phenomena of using non-erotic touch to demonstrate care as being awareness. The main themes of communication, relationship and decision making factors are also examined.

The lived existentials of lived experience are examined in chapter five. The themes or existentials of the experience of using non-erotic touch are lived relation, lived body, lived space and lived time. It is through the interpretation of each of the existentials that the true essence of the experience is revealed.

Lastly in chapter six, a comparison of my research findings to the literature is made. There is discussion reflecting on limitations to this research as well implications for further practice and service provider organizations. Considerations and recommendations for counsellor education and future research are also examined. The chapter concludes with my personal reflections.



## **Chapter Two: Literature Review**

Chapter two provides a comprehensive review of the literature about how the use of non-erotic touch can be used to demonstrate care toward clients in a therapeutic setting. It begins with an introduction to what types of touch are considered non-erotic and appropriate to use under the right circumstance. Some insight into how difficult defining non-erotic touch can be is addressed. More details about the use of non-erotic touch are explored based on the complex, multifaceted nature of touch, its benefit for clients, and the importance of using touch while still following professional, ethical guidelines. The remainder of the chapter focuses on how the therapeutic relationship, when fully developed, ties everything together and thus authenticates how the use of non-erotic touch demonstrates care. The chapter concludes with how all these elements of touch substantiate that the use of non-erotic touch demonstrates care.

Research has indicated that the use of non-erotic touch to demonstrate care has been a long-standing topic of debate (Kertay & Reviere, 1993). Many therapists have concerns that touch is considered taboo (Bonitz, 2008; Durana, 1998; Geib, 1998; Kertay & Reviere, 1993). However, studies also reveal that although touch is complex and multifaceted, therapists are utilizing touch in the therapeutic setting (Fosshage, 2000; Geib, 1998). The use of touch can be beneficial to many clients in a variety of ways including enhancing communication, as well as reinforcing and reestablishing the mother-infant bond (Toronto, 2001). The benefits of touch can foster the therapeutic relationship between therapist and client, and when choosing to utilize touch within practice, one cannot forget the importance of following ethical guidelines.

## Communication

**Powerful and intimate connection.** “To touch is to cross an intimate barrier carrying many messages communicable in no other way,” Wilson, 1982, p.65.

Touch incorporates a number of facets in terms of communication. Not only is it a nonverbal way to communicate (Aquino & Lee, 2000; Durana, 1998; Halbrook & Duplechin, 1994; Westland, 2011), it is a powerful form of communication (Fosshage, 2000). It provides a deeper connection through the unconscious (Durana, 1998; Toronto, 2001), it expresses feeling beyond what words can convey (Aquino & Lee, 2000; Bonitz, 2008; Durana, 1998), and when verbal communication fails, touch can communicate so much more than words (Bonitz, 2008; Geib, 1998; Kertay & Reviere, 1993; Toronto, 2001).

Communicating with the use of non-erotic touch can be very powerful (Fosshage, 2000). It strengthens support provided to clients (Halbrook & Duplechin, 1994) by supporting verbal communication with a non-verbal means (Bonitz, 2008). According to Westland (2011) its meaning can be multifaceted, facilitating a more open and intimate relationship between client and therapist (Durana, 1998). As Geib (1998) describes, the use of touch provides a deeper therapeutic experience when language is not enough. It provides a more profound, more intense experience for the client yet condensed in contrast to verbal communication. Westland (2011) agrees that through the use of non-erotic touch a deeper intimacy is achieved in comparison to strictly verbal communication. Kertay and Reviere (1993) explain the skin provides a more elaborate form of communication in terms of the developing a sense of self. Durana (1998) and Fosshage (2000) agree that non-erotic touch enhances self-disclosure, which also contributes to a deeper intimacy within the therapeutic setting. In addition, Horton et al.



(1995) believe a deeper intimacy is achieved due to touch contributing to a deeper sense of safety for the client to open up and therefore allow for deeper exploration of feelings.

**Connection.** Non-erotic touch can help to establish an empathetic connection (Fosshage, 2000; Kupfermann & Smaldino, 1987). It can communicate acceptance (Durana, 1998; Fosshage, 2000; Horton et al., 1995; Kertay & Reviere, 1993), and allow trust to develop (Durana, 1998) in ways that non-verbal communication cannot through increasing self-esteem (Geib, 1998) with messages that the therapist is genuine and authentic, and the client is not only worthy of such feelings, but also lovable (Bonitz, 2008). Halbrook and Duplechin (2004) validate this, stating that touch can convey messages of value and worth to the client. Aquino and Lee (2000) go so far as to state that an absence of touch can suggest a lack of worth. Nevertheless, the implication of a client's value and worth can be reassuring, and reduce shame (Durana, 1998). As Geib (1998) describes it, using touch provides a new approach to relating, which can be an effective means to communicate when verbal communication breaks down (Bonitz, 2008). The use of touch complements verbal communication as it reaches a level of understanding beyond what words can convey (Toronto, 2001) which allows one to be fully human.

It is very evident that the use of non-erotic touch provides a means for communicating that is on a different plane in comparison to verbal communication. Not only does it communicate on an unconscious level, it adds a further dimension to facilitate therapist understanding as well as a powerful means to communicate a number of positive values including acceptance, value, and worth in addition to providing the client with a sense of being loveable.

## **Beneficial**

The literature and subsequent research available makes one thing very clear in regards to the use of non-erotic touch in the therapeutic realm, and that is its potential benefits. The use of non-erotic touch as an adjunct to talk therapy can enhance therapeutic outcomes (Durana, 1998; Fosshage, 2000; Halbrook & Duplechin, 1994; Holub & Lee, 1990; Kertay & Reviere, 1993; Kupfermann & Smaldino, 1987; Wilson, 1982), provide a corrective, even educative role (Durana, 1998; Fosshage, 2000; Geib, 1998; Kertay & Reviere, 1993; Kupfermann & Smaldino, 1987; Toronto, 2001), as well as allow for healing (Bonitz, 2008; Durana, 1998; Kupfermann & Smaldino, 1987).

**Enhancing therapeutic outcomes.** The use of non-erotic touch can enhance therapeutic outcomes in a number of ways. Fosshage (2000) explored how touch can help a client tolerate pain, which in turn aids in facilitating treatment. It allows the client to reach out when in pain rather than withdraw (Geib, 1998). It allows the client to not only face their pain, but also to tolerate the pain enough to be able to work through his or her issues more quickly and on a more profound level. It can contribute to patient growth and thus improve treatment outcomes (Kupfermann & Smaldino, 1987). Aquino and Lee (2000) researched how the use of non-erotic touch in children provided therapeutic benefits as well as helping to relieve distress, which thus contributed to positive changes in behaviour. Halbrook and Duplechin (1994) found similar results. With the use of touch, there was a direct relationship to the increase in self-disclosure from clients, which resulted in the clients relating more information to their therapist (Bonitz, 2008), subsequently outcomes of therapy are improved. Clients report that significant therapeutic gains were achieved because the therapist used touch in session



(Aquino & Lee, 2000; Duran, 1998; Kupfermann & Smaldino, 1987; Wilson, 1982).

Through the use of touch, an increase in the level of trust in the therapist, as well as improved quality of the therapist – client bond resulted in a more enriched therapeutic relationship. Clients who experience touch engage in deeper self-exploration and evaluated their experiences more positively (Durana, 1998; Holub & Lee, 1990). Touch enhanced self-disclosure, which provided a sense of reassurance in the client, and perceptions of therapist competence and trustworthiness were enhanced (Kertay & Reviere, 1993). Toronto (2001) found in her own practice that touch could move treatment along by breaking through standstills, allowing clients to endure intense distress that often accompanied the understanding of early revelations. Touch may alleviate shame as well as help the client tolerate pain enough to face and work through issues more quickly, or on a deeper level (Horton et al., 1995). During periods of severe distress, such as when a client is facing grief and trauma, as well as for general emotional support, reassurance and caring, non-erotic touch is recommended. It can also form the basis for a continuation of analytic work to occur when talking alone does not produce the sought after effect, acting as though it dissolves the client's resistance. It decreases shame that interferes with working through a client's concerns on a more insightful level, by providing encouragement and acknowledgement by enhancing feelings of worthiness (Durana, 1998). Similarly, Kertay and Reviere (1993) found that touch was beneficial for highlighting verbal statements, engaging a client's attentiveness, and contributing to blocked clients being rejuvenated. Fosshage (2000) discovers that not only does the use of non-erotic touch enhance therapeutic outcomes, it is also necessary for physiological systems to remain healthy. He found that the use of touch could stimulate the brain to

produce endorphins that lower heart rate as well as blood pressure. As well, the use of non-erotic touch can be used in a crisis situation to effectively control the symptoms of anxiety and communicate support (Kertay & Reviere, 1993). In general, the inclination for therapists to use touch can lead to beneficial outcomes at best, yet at worst it does not appear to cause harm to the client when used appropriately (Kertay & Reviere, 1993).

**Corrective and educative benefit.** The use of non-erotic touch to demonstrate care can have a corrective, educational role within the therapeutic realm. Aquino and Lee (2000) believe the idea that touch can be reparative is a very powerful tenet. They believe that it may correct deficits in parental experiences allowing children to be taught beneficial forms of touch, encourage appropriate expression of emotions, and become educated on healthy child-adult boundaries. Geib (1998) concurs that with the use of touch, clients learn that physical contact does not equate to sexuality, allowing clients to learn about healthy emotional and physical relationships with others. Touch within therapy can provide a safe, nurturing, corrective emotional experience that enhances self-exploration as well as emotional expression (Durana, 1998). Touch, including hugging and holding, has been helpful as part of repairing early damage in the client's experience (Kertay & Reviere, 1993). One cannot fail to acknowledge that the touch itself is in some circumstances the restorative stratagem (Toronto, 2001).

**Healing.** Touch has been associated with healing across many cultures (Aquino & Lee, 2000). Not only has it had a significant role in healing practices, it is prevalent in religious observances as well (Bonitz, 2008). Durana (1998) also writes about the use of touch being prevalent in many forms of healing dating back thousands of years including healing for psychotherapeutic reasons. Kupfermann and Smaldino (1987) write about the



strong maturational effect of touch when used for personality growth rather than pleasure value, allowing for developmental gains. The use of touch provides the client with an awareness of his or her body or a development of his or her body focus (Durana, 1998). From a physiological perspective, touch can communicate a sense of support thus lowering blood pressure and heart rate during times of duress (Fossage, 2000).

### **Primitive**

Touch can also be considered a primitive need that starts in one's infancy in terms of normal development and the formation of appropriate attachments. Touch is also an imperative element of a healthy mother-child bond, and can be symbolic of mothering. Finally, caring touch provides individuals with a sense of well being and nurturance.

**Nurturing touch.** The impact of touch on one's development dates back several decades according to Kupfermann and Smaldino (1987) when Harlow (1957, 1958) studied rhesus monkeys and discovered physical contact between infants and their mothers is crucial for the healthy development of infants. Harlow's studies reiterate that touch is one of the most important senses. Nurturing touch not only plays an intricate role in healthy human development, it is essential to the healthy development of a child (Aquino & Lee, 2000; Westland, 2011). Encouraging physical contact is important for the development and maintenance of physiological and psychological regulation and the type of physical contact pivotally affects behavioural development.

Studies of mammal, primate and human behaviours clearly demonstrate that touch is a basic behavioural need, and when the need for nurturing touch remains unfulfilled, abnormal behaviour will result (Fosshage, 2000). Bonitz (2008) states that touch deprivation in infancy has been linked not only to an infants failure to thrive but also to

aggressive behaviour in adults. Durana (1998) agrees in his research that touch is one of the most important senses; it is critical to human development. The measure of one's development can be evaluated through the ability of the individual to enjoy giving and receiving physical nurturing, thus reinforcing the importance of touch in interpersonal relationships during infancy as well as later in life.

Later research suggests that not only is nurturing touch critical to an infant's healthy development; a lack of healthy touch may be responsible for an infant's failure to thrive (Holub & Lee, 1990). Touch is more highly developed at birth than the other senses; therefore, it is the sense that human infants most depend upon for comfort and love. It is through the sense of touch that the skin communicates much of the incoming messages that are responsible for the accumulation of understanding oneself (Kertay & Reviere, 1993). Toronto (2001) reiterates in her research the significance of a mother's loving, soothing touch and how it naturally heightened and enriched an infant's development.

**Attachment and healthy relationships.** Both Durana (1998) and Fosshage (2000) reference Bowlby's work on attachment, which explains the necessity of touch for a baby, and the fundamental need for tactile stimulation for healthy relationships. In terms of bonding with others, infants who are stroked at the earliest stages of postnatal life do much better physically, emotionally, and interpersonally in comparison to those who do not get this type of touch experience. Touch as the earliest form of interaction in an infant's life impacts infant development of attachment patterns in terms of parental bonding and the world as a whole (Bonitz, 2008; Kertay and Reviere, 1992). In terms of therapy, a client deprived of touch during development would experience significant delays or the inability to bond appropriate with others (Holbrook & Duplechin, 1994);



therefore, for a client who does not have developed attachment patterns or a secure base from which he or she could explore the world, physical touch can be a powerful means of facilitating development to allow him or her to attain healthy attachments (Bonitz, 2008).

There is no doubt that the mother's and father's physical touch, perhaps in the form of holding and cuddling, of their child is not only vitally important for survival, it also creates a sense of intimacy, love, safety, and well-being (Fosshage, 2000). In fact, Durana (1998) references Harlow's study of infant monkeys that given a choice between a wire mother monkey with food, and a wire mother monkey covered in terry cloth, the infant monkey would cuddle the terry cloth mother leaving only to feed from the mother with the food; the conclusion is that the intimacy of physical contact was more important than feeding. As Toronto (2001) explains, there is a stage of one's development wherein physical contact is crucial, a connection to the one who is providing life-sustaining touch. The significance of this for the therapeutic relationship is fundamental. Utilizing touch within the therapeutic realm has a number of important functions according to Mintz as referenced by Bonitz (2008), Durana (1998) and Kupfermann and Smaldino (1987). These functions support the ability for touch to express acceptance and worthiness when a client is overcome with feelings of unworthiness, supplying figurative nurturing when the client is not able to communicate verbally and helping a client establish a connection with his or her external existence when overwhelmed by anxiety.

**Nurturance.** Toronto (2001) further explores the importance of the mother-child bond and the importance of recreating it in the therapeutic setting. Toronto asserts that it is this type of bond that allows a client to have the kind of profound change or growth he or she is seeking and finally allows him or her to develop fully, thus allowing a client to

continue on to live a full life. It is through physical contact, and the communication this touch provides that reinforces the necessity of physical touch similar to the touch experienced between mother and infant. Very early mother-child interactions look specifically at the role of attachment and nurturance and empathy within the context of that attachment, both in the early history of a client and within the framework of the therapeutic relationship. Within the context of an individual's need for nurturance and support, touch can be viewed as both vital and non-erotic (Geib, 1998).

### **Explicit and Mutual**

Before utilizing non-erotic touch, it is essential and ethical for the therapist to openly discuss the use of touch to ensure it is based on both the client and counsellor level of comfort, there is clear awareness of whose needs are being met, and that boundaries are clear, mutually agreed upon and developed out of awareness and openness.

**Discussing touch.** It is agreed among many researchers that the use of touch needs to be discussed with clients prior to the initial touching (Durana, 1998; Geib, 1998; Horton et al, 1995; Kertay & Reviere, 1993; Westland, 2011). It is not enough to just talk about touch, but the counsellor must be clear from the beginning of the therapeutic contract about why touch is or isn't being included in treatment (Westland, 2011), the boundaries of the therapeutic relationship (Kertay & Reviere, 1993), and to clearly communicate that the client has the right to control the occurrence of touch (Geib, 1998). Together the counsellor's and the client's personal style, preferences, and expectations of therapy must be negotiated particularly surrounding the use of touch, and must be agreed upon as part of informed consent (Horton et al, 1995). It is crucial that there also be an exploration of possible sexual feeling that may be aroused (Geib, 1998; Kertay & Reviere, 1993). It is



the therapist's responsibility to initiate the discussion surrounding the use of touch, particularly in terms of the ongoing relationship (Westland, 2011).

**Meaning of touch.** Toronto (2001) states in every instance touch is used whether it be a handshake, a pat on the shoulder, or a quick hug, the meanings must be explored to avoid any embellishment as to their meaning. Without asking a client about the significance he or she takes from physical contact, the counsellor can only speculate its importance. Kertay and Reviere (1993) add to this, not only should every occurrence of touch be processed, it is appropriate to ask the client for permission or state the intention to touch before doing so. Bonitz (2008) confirms the importance of asking the client for permission before utilizing touch within the therapeutic setting. Durana (1998) is in agreement that obtaining permission is compulsory prior to any physical contact.

Discussion should not be confined to a single exploration of the issue, but should be ongoing particularly when either the client or the therapist changes his or her behaviour; whether this means more, less, or a different kind of touch (Geib, 1998). Clients need help recognizing the need for touch, its origin, and the resistances surrounding it. Communication and questioning between counsellor and client are vital in assessing a client's responses to touch (Durana, 1998). Aquino and Lee (2000) argue that part of the initial informed consent between counsellor and client must explain the framework for the use of touch, and clarify clinical justification for the technique. Both parties must mutually agree upon it.

Westland (2011) argues that social forms of touching such as handshakes and hugs prior to and at the end of sessions are to be avoided. It is more suitable in the actual session where they can be discussed. Toronto (2001) discusses a client for whom the

physical touch along with verbal processing of the touch resulted in her being able to achieve long-term change.

If the touch has already taken place, the exploration of the impulse, the feelings provoked by the touch itself and the client's ideas about how the counsellor will feel have to be taken into deliberation, talked about in relation to other feelings, memories, fantasies and events in the client's life. They have to be assessed (Toronto, 2001). Results support findings that client's positive feedback of touch in session is directly correlated to its congruence, client control, and the client's ability to speak openly with the counsellor (Horton et al, 1995).

Geib (1998) discusses the results when clients are touched in session and the counsellor does not check in to assess the meaning of the touch for them. For these clients, limits of the therapeutic relationship were never reviewed, the clients did not have a chance to explore their own feelings, and they were left feeling unsafe. These clients felt angry because they did not feel comfortable bringing up negative or ambivalent feelings. They were also angry because the therapist did not ask what the touch meant to them; it was not mutually agreed upon.

**Client's need and comfort level.** It is important that touch is neither unwarranted nor unjust, but an authentic reaction to the client's explicit or unmistakable need for physical contact (Horton et al, 1995). However, Holub and Lee (1990) reference Mintz who suggests that any client who asserts himself or herself enough to ask for physical contact is probably strong enough to have his or her needs met in relationships outside of therapy. A client's needs and well being, however, are of utmost importance, as is the meaning of touch itself for each individual client (Kupfermann & Smaldino, 1987). Geib (1998)



mentions four factors within practice that seem to affect the outcome of physical contact substantially. The therapist must provide an environment where the client feels he or she is in control, rather than the therapist. The counsellor must be clearly responding to the client's needs rather than the needs of the therapist. It is encouraged that the analyst openly discusses the therapeutic relationship in terms of boundaries and limits of the relationship rather than avoid the topic. Lastly, the therapist is to ensure that the physical and emotional intimacy within the therapeutic relationship progress at the same pace rather than being oblivious to this issue of timing. The importance of these four practices is evident; Aquino and Lee (2000), and Bonitz (2008) both reference Geib. The use of touch must be comfortable and be suitable in relation to the counsellor's own concerns around touching and being touched (Kertay & Reviere, 1993). Westland (2011) takes this a step further in stating that both the client and the counsellor, in the moment, and with one another should be comfortable with touch. It is not enough to be comfortable with touch in general. Each client must be considered individually and each moment considered separately. Open communication and questioning are fundamental in evaluating client responses to touch. Clients need help to recognize the need for touch, its origin, and the resistances surrounding it (Durana, 1992). However, Holub and Lee (1990) argue that in order to bring about understanding and change, the client's need for affection and physical contact should be assessed in therapy and not placated by the therapist. The decision must be mutual, at each moment and in each instance.

If a therapist has a strong need for standardization of his or her treatment approach, the idea of physical contact may be inconceivable, inducing fears in the therapist. Should these fears be communicated to the patient, the collapse of treatment would follow

(Kupfermann & Smaldino, 1987). Therefore, therapists who are uncomfortable with the use of touch must be very clear with clients his or her reasons for not utilizing touch in the therapeutic realm, whether it be personal preference and/or theoretical stance in order that the client is not shamed by his or her need for physical reassurance or comforting (Horton et al, 1995). Such an intimate interaction cannot be inauthentic or involuntary and ultimately it is the counsellor's honesty about his or her limitations as well as his or her strengths that help a client accept his or her own truths as well (Kupfermann & Smaldino, 1987).

**Communicating boundaries.** There is well-defined reasoning that therapists must remain clear about what he or she is doing and clear in communicating limits and boundaries surrounding the use of touch in therapy (Geib, 1998). Our increasing awareness of sexual abuse in the therapeutic setting serves an incredibly important purpose. It heightens our awareness of the suffering that any boundary violation, specifically a sexual one, causes clients. It is equally important to be aware of any erotic transference or countertransference (Bonitz, 2008).

Prior to the use of physical contact within the therapeutic setting, it is crucial that the therapist know the client well enough to be able to understand his or her readiness for touch, have a clear understanding of how to touch, know when touch is appropriate, and recognize whether the client is even ready for touch (Durana, 1998). The therapist must also be aware of how physical contact is being interpreted by the client. It is the responsibility of the therapist to have a comprehensive understanding of how the client is likely to respond to touch based on his or her prior experience, expectations, and perceived intent (Durana, 1998).



Holub and Lee (1990) also state that the decision to use touch must include substantial consideration over the appropriateness, opinions, intentions and understandings of the touch. Kertay and Reviere (1993) add that asking permission to use touch and explaining its intent serve to keep the use of touch on a conscious level in the therapeutic moment. Of equal importance is the decision to discontinue the use of touch. As with the termination of any technique within the therapeutic setting, the decision to end its use must also be made mutually (Toronto, 2001).

Geib (1998) clarifies that the limits and boundaries of the touching experience, as well as its possible sexual aspects must be explored with the client in the therapeutic setting. Boundary teachings as well as an awareness of the therapist's own boundaries are crucial. It is important to teach clients clear boundaries with regard to touch and it is necessary to honestly educate clients about motives for the use of counsellor touch and or lack of touch in different situations. It is important to establish that helping professionals are acting with beneficence rather than to fulfill their own needs. They are paid professionals and, therefore, it is improbable they will be a part of a client's life forever (Aquino & Lee, 2000). Therapeutic touch brings about change when used for progress and when used within appropriate boundaries of the therapeutic relationship that is, based on the needs of the client, congruent with therapeutic progress, and in fitting circumstances (Durana, 1998). Kertay and Reviere (1993) further caution that sexual arousal on the part of either the therapist or client should be used as a boundary marker, and touch that leads to sexual arousal must be discontinued and processed explicitly.

Horton et al (1995) add that wise clinical judgment on the part of the therapist, vigilant monitoring and above all, genuineness and honesty between therapy partners

must remain paramount. Kertay and Reviere (1993) explore this further when referencing Mintz. The counsellor should never use touch when it is not genuine as doing so may duplicate previous trauma and invalidate a client's perception of what is real. They continue citing Older, stating that when a counsellor does not want to utilize touch it is best to avoid doing so as disingenuous touch leads to maleficence. Of equal importance is the avoidance of touch when the client does not want to be touched, when the counsellor believes touch is detrimental, and particularly when the counsellor is aware of manipulating the client.

### **Self-Aware**

The use of physical touch within the therapeutic setting is challenging to any counsellor's professional identity and theoretical training (Kupfermann & Smaldino, 1987). A practitioner who engages in the use of non-erotic touch is ethically obligated to practice continual self-awareness, paying close attention to his or her comfort levels, his or her needs, the meaning of the touch and any associated feelings the touch generates. Touch is multifaceted; self-knowledge, clinical sensitivity, and the therapist's ability to navigate these components with his or her client are mandatory to ensure any physical contact is suitable and constructive for the client (Durana, 1998).

**Motivation for the use of non-erotic touch.** Gerstein (2004) asks some important questions in terms of non-erotic touch. While she asks these questions in terms of a hug, these questions could be asked about any form of physical contact. "Who initiated the hug? Why did you agree to hug this person? What was your understanding of the hug? What was the patient's understanding of the hug? And, last, but not least, how did the hug further the relationship between you and this person" (p.365)?



It is fundamental for a client's well being that counsellors are aware of their own attitudes and issues surrounding the use of touch (Bonitz, 2008; Durana, 1998; Kertay & Reviere, 1993). The need for the therapist to be clear regarding the motivation for the use of touch is also vital, as ultimately, it is the therapist who is responsible for his or her reaction to touch, as well as the reaction of the client (Durana, 1998; Kertay & Reviere, 1993). Counsellors must also be acutely aware of any differences in terms of client gender. Some types of touch are an opening to sexual intimacy and an indicator to cease the use of touch. Having experienced touch in his or her own therapy, the therapist's sensitivity to the use of touch is enhanced, thus building awareness of gender and power issues that may or may not develop (Durana, 1998).

In order that one may remain authentic with clients and within the therapeutic setting, counsellors must be cognizant of his or her comfort level regarding the use of touch. Countertransference regarding a client's request for touch such as a hand shake, hand holding, or a hug can be enlightening not only about the client and what is occurring within the therapeutic relationship, it can be informative about the therapist as well (Fosshage, 2000). Fosshage (2000) talks of his own experiences of comfort with touch when he places a hand on a client's shoulder at the end of a session; as well, he addresses that some clients are never touched until the end of treatment and then with a handshake. It is not enough to be aware that one is uncomfortable with touch within the curative realm, one must communicate one's comfort level regarding the use of touch with his or her clients as well to eliminate transference of negative feelings or interpretations such as shame that could lead to the collapse of treatment (Horton et al, 1995; Kupfermann & Smaldino, 1987).

**Awareness of whose need is being met.** Clients may be more likely to negatively evaluate touch when they believe the use of touch meets the needs of the therapist, yet when the client perceives the same use of touch as meeting his or her needs the touch is evaluated as neutral or positive, therefore a counsellor must be aware that using touch is neither unwarranted nor manipulative, but a genuine response to the client's need for touch (Horton et al, 1995). Geib (1998) cautions that a counsellor must always separate his or her needs from the needs of the client. When contemplating the use of physical contact having one's needs well defined is even more fundamental due to the highly emotional meaning associated with touch. Fosshage (2000) concurs with this finding on a research and clinical basis that, as with any form of treatment, touch must be utilized based on the client's need, and in sync with the intimacy of the therapeutic relationship. He further states that within his own experiences he often senses individual differences between clients and can anticipate when touch supports the needs of the client. Holbrook and Duplechin (1994) cite Gazda when cautioning therapists to be aware of his or her motives when utilizing touch with clients and ask oneself whom is the touch for? It is vital to be clear whether touch is for the benefit of the client, the therapist or whomever is observing. Durana (1998) is in agreement that the use of touch must be for the benefit of the client, not the counsellor and therefore the counsellor must be very aware of his or her needs in order to have them met elsewhere. Holub and Lee (1990) reference Bacorn and Dixon who suggest it is both the counsellor's anxiety that is reduced through the use of touch as well as the client's anxiety over adverse emotions or experiences with touch that may result in disregarding the significant of who's need is being met. When a counsellor is more acutely aware of his or her needs, as well as the needs of the client, in



addition to his or her preference, and the client preference for touch, the likelihood that counselling will be terminated or hindered due to poor pairing of therapist and client is reduced (Horton et al, 1995).

**Meaning of touch.** Touch can have very different meaning within the dyad depending on who initiates it. A variety of ages and the difference of gender can also affect its meaning (Fosshage, 2000). It is the responsibility of the counsellor to be aware of the level of significance for each individual client, as the therapeutic process will be at different stages with each client. Having awareness about the meaning of touch expands the counsellor's understanding of his or her clients as distinct individuals (Kupfermann & Smaldino, 1987). Awareness of the meaning of touch for each client ensures the client does not perceive touch as a boundary violation, most acutely a sexual one, causing great distress for a client (Geib, 1998). Geib's research helped to clarify the meaning of touch for clients. Being the recipient of touch created feelings of being loveable and worthwhile; however, this awareness also created reluctance for clients to bring up any adverse feelings or trepidations that may risk no longer experiencing the positive feelings. A client who perceived touch as being utilized for the need of the therapist, also perceived the therapist as needy and vulnerable and therefore, in need of protection against a client's negative feelings. In turn it created feelings of anger, which then gave rise to guilt, making it challenging to express these feelings. In this scenario, the treatment emulated the dynamics from the family of origin rather than help the client come to a resolution about them. For the clinician, being aware of the meaning of touch gives rise to understand that even something as innocuous as a handshake has meaning

for the client, and influences the therapeutic process (Kertay & Reviere, 1993; Toronto, 2001).

Holbrook and Duplechin (1994) recommend each therapist be conscientiously aware of one's interventions, watching for reactions and associations from the client. In order to examine his or her use of touch and to understand its inferences, utilizing team counselling, clinical supervision and consultation is key (Aquino & Lee, 2000). There is certainly a delicate balance between theoretical rationale and openness of the therapist on a personal level regarding the use of touch. One must be able to critically analyze whether his or her decision be adaptable within the limitations of his or her therapeutic orientation facilitated consideration of whether touch was in fact beneficial for the client (Kupfermann & Smaldino, 1987).

Bonitz (2008) recommends there be a clear rationale for choosing to utilize non-erotic touch based on a therapist's awareness of his or her needs, theoretical orientation, his or her own experience with touch in therapy, as well as training on the use of touch with supervisor support. The significance of therapist skill, congruence, understanding of the client's needs, and the therapist's motivation to use touch are also stressed (Aquino & Lee, 2000; Durana, 1998; Holub & Lee, 1990; Horton et al, 1995). The use of non-erotic touch within the therapeutic realm is one that needs to be addressed in training programs, clinical supervision, ethics courses, continuing education programs, and in-service training (Holub & Lee, 1990). Holub and Lee cite Vasquez's recommendations regarding the consequence of sexual contact with clients within ethics training, including self-awareness and knowledge.



## Relationship

When studying the use of touch and examining the many facets involved such as communication, client benefit, the primitive beginnings of touch, as well as ethics to consider such as being explicit, having mutual agreement, and self awareness, it is the therapeutic relationship that is the common element among them. The relationship is the main influence when considering whether to engage in physical contact or not (Westland, 2011). Many aspects within the therapeutic relationship are fundamental and must be taken into consideration; client need, therapist knowledge, boundaries, the power of the relationship, facilitating the growth of the relationship and the quality of the relationship will be reflected upon.

**Client focus.** According to Geib (1998), clients who experience touch as positive and healing believed they were in control of both the kind and duration of physical contact. Clients who felt the touch was problematic believed they had much say in terms of the physical contact or were even consulted about their feelings. Touch must be utilized only based on the client's agreement of physical contact in order to help him or her meet his or her needs. It should never be obligatory (Geib, 1998).

Aquino and Lee (2000) stress that those who use touch in the therapeutic realm accentuate the importance of therapist skill, consider the client's needs before one's own, and have an awareness of one's motivations. Touch is to be utilized after a thorough assessment of the client's needs and response to touch (Geib, 1998). Engaging in such discussion along with the therapist's carefully considered methodology to the use of touch provides some assurances for both the therapist and the client. At the very least, touch can be a benefit of regular interaction within the therapeutic relationship and at

best a means of significant therapeutic importance for the client (Kertay & Reviere, 1993).

Durana (1998) argues that it is the therapist who must be accountable for knowing the client well enough to determine his or her readiness for physical contact. Kupfermann and Smaldino (1987) state that physical touch is another avenue that allows clients to communicate to therapists what they need to obtain their therapeutic goals. There are clients for whom physical contact is a fundamental component of the therapeutic relationship (Westland, 2011). The therapeutic relationship must be well developed in order that the counsellor knows the client intimately enough to understand his or her readiness for touch, have an understanding of how to utilize touch for the client's needs, know when touch is suitable, and recognize if the client would benefit from touch. It is not sufficient for the therapist to have intimate knowledge of his or her client; the therapist must also address ethical implications within the context of the therapeutic relationship (Durana, 1998).

**Boundaries.** Discussion between therapist and client is essential regarding boundaries within the therapeutic relationship. They must be made explicit, and the limits of the relationship must also be identified. It is also strongly recommended that there be an exploration of the possible sexual feelings that could be aroused (Geib, 1998). When boundaries are not made explicit with the client within the context of the therapeutic relationship, boundaries remain blurred and ambiguous (Aquino & Lee, 2000). The general agreement within the literature is that touch should never be utilized within counselling until the therapeutic relationship is well established and boundaries are unmistakably clear (Kertay & Reviere, 1993). As the number of clients who come to



realize they are survivors of sexual abuse increases, it mandates particularly strict compliance to boundaries, both physical and emotional. These are some of the clients who solicit and even plea that a holding situation is made tangible. They wish for normative physical contact in order to ease their pain. Under this circumstance boundaries must be crystal clear within the context of a well-developed therapeutic relationship (Geib, 1998). When the therapist is able to demonstrate genuine regard and honour the boundaries of the relationship, the client openly articulates his or her worries and fears. The dyad of therapist and client are in relationship with one another and therefore a safe environment is formed (Westland, 2011).

**Power of relationship.** It is no wonder that touch is a difficult topic to explore with a client given the intricacies and influence of the therapeutic relationship. Traditionally, touch has been prohibited to ensure that boundaries remain clear. Avoiding touch altogether eliminates some of the worry of sexual abuse and boundary violations occurring between client and counsellor (Geib, 1998). The power differential between client and counsellor is not to be taken lightly, particularly when physical contact is used within the therapeutic setting. It is the obligation of the therapist to uphold strictest of ethical considerations. When assessing power disparity within the relationship, one must also be cognizant of cultural and socialized differences between client and therapist (Holub & Lee, 1990). It is also arguable that a strict avoidance of physical touch without exception could mimic the physical rejection of the client experienced in childhood. This rejection could reinforce the denial of the physical element of being human that is particularly typical of the obsessional and schizoid personalities in our culture and could increase the likelihood that clients might depersonalize the therapeutic relationship to protect against

experiencing feeling, thus no longer practicing with beneficence (Kupfermann & Smaldino, 1987).

**Quality of the therapeutic relationship.** Therapeutic touch can be a catalyst to change when it is used to benefit the growth of the client. It must be used based on the therapist's thorough assessment of the client's needs, at the right time, and in the proper situation (Durana, 1998). Good timing is fundamental. Touch should not be expressed as a need or request of the therapist, and clinicians must be familiar with the intimacy of the relationship as the client experiences it (Geib, 1998). Intimacy within the relationship must be such that the use of touch becomes a natural choice to enhance client well being (Holbrook & Duplechin, 1994). In order to facilitate growth of the therapeutic relationship, touch must be a genuine tactic to enable client growth within the confines of the relationship (Geib, 1998; Kertay & Reviere, 1993). Geib (1998) argues against the decision to utilize touch as a theoretical stance, stating it needs to come from a place of genuine regard from the therapist. Geib (1998) quotes Michael Balint, "In contrast to 'insight' which is the result of a correct interpretation, the creation of a proper relationship results in a 'feeling': while 'insight' correlates with seeing, 'feeling' correlates with touching"(p. 113).

Open communication, intimacy, and strong alliance are a few of the factors that influence the quality of the therapeutic relationship. The use of touch is fundamental within the context of relationship, and without it the relationship is not whole (Westland, 2011). Touch can be considered a powerful instrument, which emphasizes a more open and intimate relationship between client and therapist by augmenting the therapeutic



partnership as it facilitates a deeper level of trust, which in turn strengthens the connection between clinician and client (Durana, 1998).

Many researchers argue that touch must be congruent to the level of intimacy within the therapeutic relationship; that is the physical intimacy between counsellor and client must match or be congruent to the emotional intimacy (Aquino & Lee, 2000; Bonitz, 2008; Durana, 1998; Fosshage, 2000; Geib, 1998; Horton et al, 1995; Kertay & Reviere, 1993). Therefore, the counsellor must be certain that the level of physical intimacy not exceed the development of the emotional intimacy (Kertay & Reviere, 1993), thus the touch is more likely to be evaluated by the client as facilitative for change (Durana, 1998; Horton et al, 1995).

When the therapist provides a setting in which the client feels in control, therapeutic outcomes are positively affected. Of equal importance to therapeutic outcomes is the message from the therapist that techniques involving physical contact are utilized based solely on the client's needs; which must be openly discussed rather than avoiding the topic (Geib, 1998). Holbrook and Duplechin (1994) agree on the importance of positively influencing therapeutic results by creating a level of intimacy that is comfortable for the client, which communicates positive feelings. The importance of the quality of the therapeutic relationship is highlighted.

The research suggests that the use of non-erotic touch within the therapeutic setting can significantly improve therapeutic outcomes for many clients. Touch has long been associated with healing in many cultures. The use of touch provides an alternative, yet powerful form of communication between therapist and client when verbal communication is inadequate. Not only does the use of touch communicate acceptance

of the client from the therapist, it allows the client to more effectively relate with his or her therapist. Through the use of touch an empathic connection is formed, understanding is facilitated thus allowing for communication on a deeper level thus also strengthening intimacy between the counselling dyad.

Using physical contact can be of great benefit to many clients. As mentioned the use of non-erotic touch can increase positive therapeutic outcomes through a number of avenues including creating a sense of reassurance toward the client, increasing client self-disclosure, and increasing the trust within the counselling dyad. Using touch can be reparative for clients. Touch is a powerful technique such as when a gentle touch on the shoulder or knee, for example, can assist a client experiencing great emotional pain. Self-acceptance is also achievable through the use of touch for many clients as it not only creates trust within the therapeutic realm, it can create a sense of trust within oneself, and repair one's sense of self by increasing self worth and one's sense of power.

Some researchers go so far as to state that not engaging in touch with clients is more damaging as it reinforces a client's sense of rejection and neglect (Aquino & Lee, 2000; Durana, 1998; McNeil-Haber, 2004; Phelan, 2009). The lack of touch can be as communicative in negative neglectful ways as the use of touch is communicative in positive nurturing ways.

There is a primitive component to touch that brings one back to the mothering nature of touch. The use of non-erotic touch facilitates the ability to form normal, caring attachments with others, mimicking the sense of love and safety one feels from such nurturing touch. Touch is vital for normal physiological and emotional development.



There is an ethical component to the use of non-erotic touch that cannot be ignored. It is not enough to simply choose to use touch with a client. The therapist must be explicit with every client and with every incidence of touch as to his or her motivations for touch. In so doing, the therapist must be hyper aware of whose needs are being met with the use of touch, and the client's comfort level to be the recipient of touch. In other words, there must be mutually agreed upon terms for the use of touch. Boundaries must be clearly defined for therapeutic dyad, developed out of awareness and openness. For the touch to be of benefit to a client, it must come from a place of genuine care for one's client.

Lastly, it is the therapeutic relationship that binds all these factors together. When the relationship between client and counsellor has been established in a caring environment, with explicit, mutually agreed upon boundaries, and expectations based on the needs of the client, care is demonstrated. Open communication, intimacy within the relationship and a strong alliance are all factors that influence the quality of the therapeutic relationship. It is as though all the factors discussed regarding the use of touch are the ingredients to a favourite recipe, and the relationship is the oven that cooks the ingredients, giving you the final product. Just like any recipe, you can adjust the quantity of the ingredients to suit your tastes; nevertheless, in the end they are simply a bunch of ingredients mixed together until they have been in the oven to cook. One can similarly adjust the factors needed to demonstrate care through the use of touch, but only with a well-established relationship, can care be demonstrated and therapeutic outcomes achieved.

## Chapter Three: Methodology

### Qualitative Introduction

Qualitative methods of research look beyond numbers and address the story or phenomena behind the numbers (Mayan, 2009), thus producing a different level of knowledge than quantitative methods can provide (Morrow, 2005). While quantitative methods certainly have their place, they do not acknowledge or examine in detail contextual descriptions of lived experiences of research participants. Qualitative research or qualitative inquiry is interested in the description or story of each research participant to greater understand the unique lived experience of each participant (Mayan, 2009). What we know as humans is a direct result from subjective encounters or situations (Caelli, Ray, & Mill, 2003), and touch is a direct encounter; therefore, a qualitative methodology approach to research on touch is necessitated.

### Specific Qualitative Methodology

Phenomenological research according to van Manen (1997) is the study of phenomena. It is the study of lived human experience, also referred to as lifeworld. One's lifeworld constitutes four fundamental structures or themes: lived space, lived body, lived time, and lived human relation. Through the study of experiences or the existentials of one's lifeworld, interpretations are made to gain meaning about what it is to be human. This meaning is deciphered based on past-lived experiences and the meaning associated with those experiences. Thus it is how such phenomena being studied is then written to reveal it that will lead to consciousness. It is through language, the writing and re-writing that understanding is conveyed (Lavery, 2003). It is because of this consciousness or awareness of phenomena that true meaning of what the experience is like or the nature of



lifeworld can be understood. This framework of hermeneutic phenomenology allows for what Gadamer (as cited in Lavery, 2003) calls having a horizon, which provides the researcher, and those who will read this research, the ability to interpret through their own lived experience beyond what is immediately evident and create or make possible new understandings, or see new horizons.

This study is not focused on whether the phenomenon of touch is widespread, how often it occurs, or its relation to other behaviours. Hermeneutic phenomenology is concerned with what the experience of the phenomenon is. Phenomenology is a human science, studying phenomena or the meaning of the lived human world (van Manen, 1997); therefore, an interpretive hermeneutic phenomenology framework is warranted to gain a deeper, richer understanding of the experience of touch to demonstrate care with youth. My goal was to gain insight into the use of non-erotic touch in practice and contributing guiding factors surrounding the decision to use touch or not. By interpreting experiences of touch and studying what it means to demonstrate care through the use of non-erotic touch, the essence of these experiences provide understanding to their significance. Hermeneutics is an interpretive process, (van Manen, 1997); therefore, the qualitative methodology for this research is also of an interpretive nature.

Van Manen (1997) outlines six research activities used within the hermeneutic phenomenology framework. While these activities are listed, they are not sequential activities or steps to the research process. These activities may be worked on at the same time or concurrently. The phenomenology researcher examines the nature of the lived experience, meaning that the researcher has a phenomenon in mind, and practices thoughtfulness of this phenomenon to make sense of what aspect of human experience

that exists. Hermeneutic phenomenology has the potential to expose one interpretation of a human experience. Another researcher may also reveal yet another elucidation of the same phenomenon, which could complement the initial interpretation or even provide another more in-depth understanding. Throughout the study, the researcher investigates the experience as it is lived, meaning the original experience is investigated. It is through looking at the world with a new awareness or a re-awakening that true understanding of what the phenomenon is like or that the essence of the phenomenon is identified. Lived experience is then reflected on through essential themes. By researching the lived experience, and reflectively developing a new horizon, that which was difficult to understand is made clearer. What is tantamount to the nature of lived experience can be asked while considering time, space, things, the body and others. Through language and the writing of language, the thoughtfulness of a phenomenon is brought to illumination. It is through the writing and re-writing of the shared experiences that give voice to the phenomenon and allows the sharing of this experience with others. Another activity that keeps the researcher focused on the study is maintaining a strong and oriented relation with the topic or question being asked. As van Manen (1997) describes, phenomenological research can be demanding of the researcher and therefore it is imperative not to be side tracked or tempted to veer off course with assumptions and judgments. It is vital that there be a strong commitment to the research question. Finally, there is balancing the research context by considering the parts and the whole. The researcher must consider how each part contributes to the whole and then how the parts and the whole contribute to answering the question. While van Manen outlines these activities they are not set out to follow without prior examination or preparation, these



activities certainly help to guide the researcher through the methodological maze of phenomenology. Van Manen (1997) suggests that researcher qualities such as “interpretive sensitivity, inventive thoughtfulness, scholarly tact, and writing talent” (p.34) also play a crucial role.

## **Research Procedures**

**Recruitment of participants.** Participants were recruited for this study using purposeful criterion sampling to ensure that participants had experience with the phenomena of using non-erotic touch to demonstrate caring with youth. Community and school counsellors, and Child and Youth Mental Health clinicians from a small community on Vancouver Island in British Columbia who were adults and who had worked with youth for at least one year were asked to participate in this study. I recruited nine participants.

**Consent.** Formal information letters were written to counsellors and clinicians employed by community agencies, the school board, and Child and Youth Mental Health, inviting them to participate in this study. These letters outlined the nature of the study, and addressed confidentiality and anonymity. Benefits and risks of participating in this study were also summarized. I sent out seventeen invitations and received nine positive responses to participate. I was encouraged when I received eight positive responses to participate within the first week of sending out the invitations. One participant was unclear that the invitation I sent was to participate in my research. I clarified that it was an invitation to be a participant in my thesis research and to be interviewed by me. The ninth participant agreed to be interviewed after further explanation.

When I met with each participant I enquired if they read the complete invitation (Appendix A) and queried if there were any questions. All nine participants replied that the invitation was read, and they had no further questions. I reiterated that I would be the only person listening to the audiotape of the interview and addressed anonymity and confidentiality as outlined in the invitation (see Appendix A). Each participant read and checked off the appropriate response to the questions on the consent form and signed it before commencing the interview (see Appendix B). I prepared cards with names written on them that I obtained from the Internet by googling popular names of the 1950s. Each participant picked a card from an envelope to provide them with a pseudonym. Each participant was provided with a list of resources should any of them experience any emotional or psychological distress following the interview (see Appendix C). Seven participants either refused the list of resources or looked it over and returned it to me. Two participants kept the list to refer to for professional reasons.

**Interviewing.** The first phenomenological interview with each participant took place in a location suitable for the interview process and was convenient for the interviewee. All nine participants were people with whom I have a developed relationship in which there is an element of personal sharing and approachability as suggested by van Manen (2014). I interviewed each participant rather than request a written account of personal experiences because writing can be a reflective exercise, which could compromise the sharing of lived experiences. The interviews were face-to-face, and open-ended lasting approximately one hour. To keep the interview focused on the immediate lived experience (van Manen, 1997) each interview was guided by my primary research question: what are your experiences of using non-erotic touch to demonstrate care in



professional helping practice with youth? A secondary question guided the interview: what factors influence your decision to engage in non-erotic touch or not? When the conversation became more generalized and moved from lived experience I asked, "Can you give me an example?" During each interview it was important for me to keep my main research question at the forefront of my mind so that I could be fully present and hear each participants' story in order to extract rich detail of every participant's experiences by asking open-ended questions to explicate participants' experiences. Each interview was audio taped and transcribed verbatim by me. Interviewing colleagues and people with whom I have a developed relationship was exciting yet also anxiety provoking. I was nervous about asking the right questions to gain enough details for my analysis yet I was excited to hear other people's experiences. After the first couple of interviews I became more excited as I could already hear emerging themes between interviews. I was excited to complete the remainder of my interviews to see if the same themes would become immediately evident while hearing subsequent experiences. Immediately following each interview I wrote in a reflexive journal to document my own opinions, beliefs, and values in reaction to my observations of each participant's interview.

### **Ethical Concerns**

**Confidentiality.** Participants in this research were required to sign an informed consent form outlining the risks and benefits of participating in this project. Because the topic is of a sensitive nature, the limits of confidentiality were outlined and emphasized. I will uphold these limits of confidentiality should a participant's employer learn of his or her participation and request access to my data. Participants had the option to remove

themselves at any time from the research study without explanation, and without penalty. Their data would have been removed from the study. I conducted in-depth face-to-face interviews with each participant, and as the researcher, I transcribed each interview myself as well as conducted the analysis for these interviews to maintain confidentiality. I will also assure confidentiality by keeping all information for two years after publication under lock and key in my office. Participants signed a release form granting me permission to use the data they are about to provide me with for any future use such as research, publication, and presentation.

Before the first interview commenced, participants were briefed about the research process, the rationale for the study, how the interview they were about to participate in helped contribute to what I accomplished through this research, and they were given the opportunity to ask questions and have them answered to their satisfaction, as well as voice any concerns regarding the research process.

To protect the anonymity of the participants pseudonyms were used. The use of extensive direct quotes can reveal the identity of participants, and therefore were only used with participant approval. Any electronic data is password protected, and identifying information is stored separately from tapes, and transcripts are locked in a filing cabinet in my office.

### **Data Analysis**

After the completion of each individual interview, I wrote in my reflexive journal to observe my own opinions, beliefs and values. I listened to the audiotape within 24 hours of each interview while I was still familiar with how the interview occurred. I re-read my reflexive journal and made any additions after I revisited the interview. I then began



the process of transcribing the audiotape. The first time I heard each audiotape I felt more like a true observer of the participant's experience rather than a participant in eliciting experiences and personal stories. As I listened to the interview it was easier to gain a sense of familiarity with what was being shared. After the first two or three interviews it was clear that some similarities were emerging, which then became themes as the similarities became continuously more consistent amongst participants. I began to hear answers to my question, what are the experiences of demonstrating care to youth through the use of non-erotic touch? Hearing the audiotapes was the beginning of my thematic analysis, considering each interview as a whole and asking myself how does each interview as a whole address the main significance of the research?

The second time I listened to the audiotapes was when I began to transcribe each interview. Once the transcription was completed, a phenomenological analysis similar to that as described in van Manen (1997) where significant statements from the transcripts, which answered, "What seems particularly essential or revealing about the phenomenon or experience being described?" (van Manen, p. 93) were highlighted.

The significant statements were analyzed for emerging themes that spoke to the experiences of using non-erotic touch to demonstrate caring with youth. When themes emerged, they were checked for accuracy by questioning if the experience or the phenomenon would lose its meaning or remain the same should a theme be removed. These themes then were written into thematic statements and eventually into paragraphs describing the experience of each participant. Some quotes were used as a means of borrowing participants' experiences and their reflections of these experiences.

Lastly I analyzed each sentence individually to also ask if and how it reveals each participant's experience in relation to the phenomenon of using non-erotic touch to demonstrate care. A more detailed approach to analysis allows for elucidation of a more in-depth meaning of the phenomenon to emerge (van Manen, 2014). Again, any particularly revealing quotes were used as archetypal accounts of the phenomenon as the participant experienced it. Through the process of writing and re-writing, the true essence of their experiences came to light, providing a rich description allowing the reader to truly understand what it is to experience using non-erotic touch to demonstrate care (Cresswell, 2007).

The lived experiences of the nine participants were reflected upon using van Manen's lifeworld existentials of lived space, lived body, lived time and lived other. It is through these existentials that the reader discovers what makes the phenomenon what it is and the true experience is revealed (van Manen, 1997, 2014). Each existential was studied and explored through the lens of the participants' experiences. These existentials were guides for consideration through the hermeneutic analysis of each transcription. For each existential I queried how does lived space, lived body, lived time and lived other relate to the true experience of the phenomenon of using non-erotic touch? Van Manen (2014) describes each existential and provides questions I used to help guide this reflection.

### **Evaluative Criteria**

According to Yardley (2000), qualitative methodologies are unique in determining evaluative criteria, as qualitative research must be open to a wide variety of approaches to fulfill criteria requirements for validity. For this study, van Manen's (1997)



methodological conditions were used to ensure my research findings were valid. The textural conditions needed to be oriented, strong, rich and deep.

**Oriented.** Van Manen (1997) states that to be oriented as a researcher means not separating theory from life and being oriented to the world in an informative manner. When a researcher is oriented to a phenomenon there is an interest in the lived experience as well as a commitment to stay authentic to the nature of the experience. As the researcher I also orient myself to the lifeworld as that of the counsellor. Being fully dynamic to the experience of touch as it is lived is profoundly interesting for me as the researcher and I identify the use of touch as a true phenomenon, one that humans live through. Hermeneutic phenomenology is the study of human phenomenon utilizing both descriptive and interpretive methods. The analysis of the research includes a depiction of the participants' experiences through thematic analysis. Interpretation of the meaning of the phenomenon through examination of the existential themes is used as a guide for reflection revealing the true lifeworld of the experience of the phenomenon. Through the process of analysis and continually asking myself while reading and re-reading transcripts, what is essential to the experience of utilizing touch to demonstrate care, I remained oriented to the phenomenon, which in turn allowed me put into words what the experience is like. It is the act of touch and the intention of the touch that makes this phenomenon a human experience.

**Strong.** To gain clarity in knowing the experience of using non-erotic touch to demonstrate care, the use of emphasis on producing informative understandings, elucidations, and interpretations, strengthens this resource in the very practice of this research. Through the use of isolating thematic statements, clarity is achieved thus

producing strong orientations to the lifeworld of the participants (van Manen, 1997). The use of participant direct quotes provides the reader with strong and formidable understanding of participant experiences, capturing the phenomenological meaning of using non-erotic touch to demonstrate care. Direct quotes are utilized through the thematic analysis as well as when reflecting on the existential themes, giving clear and powerful meaning of the true lifeworld of the participants. Maintaining a reflexive journal throughout the research process kept me strong in my orientation to the phenomenon by allowing me to reflect on which parts of the interviews I was analyzing were answering the research question while at the same time reflecting on any personal biases or prejudices. My journal was also instrumental in keeping me focused by providing me an avenue to track my musings that kept me from becoming sidetracked in my writing. Staying true to the experience of using touch to demonstrate care also allowed me to stay strong in my orientation to the research question.

**Rich.** A rich and thick narrative is solid when researching a phenomenon through the interpretation of lived experience. The truth of one's story retrieves what is unique, precise and distinctive in a way that only a participant's story can be (van Manen, 1997). It is through the gathering of participants' stories and experiences that the data retrieved is rich. The use of participant direct quotes further supports the richness of individual experiences.

**Deep.** Depth is what gives meaning to the phenomenon being studied. Van Manen (1997) quotes Merleau-Ponty, "Depth is the means the things have to remain distinct, to remain things, while not being what I look at at present" (p. 152). When descriptions are rich, and explore the meaning beyond what is immediately evident, then a dimension of



depth is gained (van Manen, 1997). Thus through the use of interviews and secondary interviews to clarify meaning, depth is attained and a richer experience is revealed.

### **Evaluation of the Study**

To ensure the themes and descriptions of lived experiences were reflective and accurate for each participant's experience, I emailed each participant an individual summary and the final composite (Figure 1). I communicated with five participants face to face to discuss their thoughts and agreement with my analysis. Communicating with participants was an opportunity for me to also clarify some questions I had and provide richer detail in my analysis. I also asked for permission to use direct quotes. Of the five participants I met face to face two requested some edits to their quotes where repeated words were removed. Three participants confirmed via email that they were in agreement with my analysis, two however were unhappy with how their quotes read. Of these two participants, one participant asked me to change some wording to provide a better flow to her words and another participant rewrote her quotes to better reflect her true experiences. One participant was unable to meet face to face so we reviewed my analysis and her quotes together via Skype. This participant was in agreement with my analysis and asked for some quotes to be edited to read more smoothly. None of the participants requested a copy of their transcript. Overall the feedback I received was that my analysis was a good reflection of the participants' experiences.

I maintained a reflexive journal throughout the research process to monitor my own assumptions, frustrations, challenges, and thoughts and feelings about how the research was unfolding. I also tracked my biases about any of the participants or interviews.

While analyzing the transcripts I used my journal to document personal thoughts about

what I was reading, to manage my own personal biases and prejudices, as well as to document my own musings on the emerging themes in order that my analysis would stay true to the experiences of the participants. My journal was extremely valuable when recalling my thought process after listening to audiotapes and after transcribing. During the write up of my analysis I referred to my journal as a document of my experience of clearly determining the themes and the overall essence of the participants' experiences.

Throughout the interview process I maintained my self-awareness and was cognizant of factors such as influencing participant descriptions, accurate transcribing of interviews, drawing my own conclusions rather than those of someone else, and maintaining transparency throughout the analysis phase (Creswell, 2007).

### **Summary**

An interpretive hermeneutic phenomenological approach has been outlined as it was used to present the lived experience of those in the helping professions in order to understand the true essence of using non-erotic touch to demonstrate care with youth. The details of how this research has been conducted have been outlined. Ethical concerns have been identified including confidentiality of participants' information and vulnerable populations. Through analysis of verbatim transcripts, a composite description detailing how the essence of research participants' experiences has been revealed.

The following chapter outlines the research findings revealing the themes of communication, relationship and decision-making factors and overall essence of the participants' experiences as awareness while using touch to demonstrate care.



## Chapter Four: Research Findings

Based on the interviews with the nine participants of this study, a clear understanding of the experience of using non-erotic touch to demonstrate care with youth became obvious through the categories of communication, relationship, and factors influencing decision making and consequently enlightening the essence of this experience as awareness. This chapter will address self-awareness. To elucidate the experiences of using non-erotic touch to demonstrate care, textural and structural narratives, anecdotes or portions of conversation are used. The quotes from interviews are italicized to clearly indicate the lived experiences of participants as opposed to my own. The participants were given pseudonyms: Anne, Cynthia, Pamela, Susan, Deborah, Mary, Carol, Michael and Betty to protect their identities. All nine participants live in small communities thus any identifying quotes or information has not been provided. Also, due to the sensitive topic of this thesis, it is important to protect the identity of the counsellors, which in turn also protects the identity of their clients.

Through the process of writing and rewriting my findings, it became increasingly clear the themes of communication, relationship and decision-making factors were shared among the nine participants. However, awareness was revealed to be the overarching essence of the experience, and also the most difficult to articulate. It supports all the themes and categories, yet cannot stand in isolation. Not one category exists in isolation without addressing the importance of awareness and its influence when using non-erotic touch with youth. When I first started analyzing my findings, I kept thinking about awareness as the top part of an umbrella or the canopy overarching the other themes, as though it encompassed them. Upon further evaluation of the themes, I

came to realize that I had my umbrella labeled upside down. Awareness is the shaft of the umbrella, supporting the canopy of communication, relationship and decision making factors. The care demonstrated through the use of touch is in the handle, quite literally where it is in our hands. The shaft of the umbrella, awareness, is vital to the umbrella maintaining its shape, effectiveness, and all over ability to function or operate in any meaningful way.





Figure 1. The Umbrella. Much like an umbrella, the essence of awareness supports the over arching themes of communication, relationship and decision making factors. The handle, care, is in the hands of the one utilizing non-erotic touch to demonstrate care.

Without awareness one cannot effectively communicate, develop meaningful therapeutic relationships or reflect on the factors influencing the decision to use touch or not. In stormy times, the canopy cannot be supported without the shaft and handle to keep the umbrella steady. Equally important, a shaft without the canopy is just a shaft. It too will not be effective during a rainstorm. It is clear the components of the canopy: communication, therapeutic relationship and factors influencing the use of touch cannot exist or operate effectively separate from the shaft, awareness. Awareness was touched upon in all nine interviews; however, what one needs to be aware of differed amongst participants in terms of what one needs to be aware of and to what extent. Awareness not only encompasses or influences the other categories, it has many interconnected facets that must be considered, or that become apparent throughout the interviews. One cannot consider any of the other categories without addressing the importance of awareness. There is some overlap as many categories have overlapping themes. It is impossible to write about them as distinct entities unto their own, as these themes are intimately intertwined.

### **Self-Awareness**

When choosing to utilize non-erotic touch while counselling, all participants deemed awareness important, if not vital. Betty identified, "*self-awareness is really important . . . very important*". The level of self-awareness differed however as many had not overtly thought about their use of touch until I asked them to describe their experiences. "*I've never really thought about that*" (Pamela); while Betty admitted during the interview "*It did get my thoughts provoked on what I do and don't do*", and both Anne and Cynthia spoke of it as more of an intuition or a natural gesture than awareness. Self-awareness



clearly encompassed one's physical body as well as the sensation of feeling. Carol explained, "*You have to consider your motivation . . . how it feels for yourself, so it does definitely feel okay, feels appropriate*". Mary and Betty spoke to their feeling connected with clients and a shared knowledge of what was important to the individual or the family with whom they were working. Betty addressed the importance of being in touch with her own feelings to gauge them in order to remain subjective in a caring and supportive way to her clients. Mary also spoke to her physical body reaction of sitting up straighter, lowering her shoulders which she associates with feeling more relaxed and less intense as though she is opening up. Michael shared this body awareness when discussing reciprocating client touch, "*I'd be really careful of that, how I respond*".

I found it interesting that two of the nine participants had recently completed their master's degrees within the last couple of years. They both made mention that their awareness regarding touch changed within the time it took them to complete their degrees. They commented that they are more reflective in their own practice, more aware of boundaries and aware of acceptable practice. Observations of self open up questions for further investigation regarding possible relationship between self-awareness and level of education. One could query whether education in master's level counselling programs involving numerous reflection exercises prompts one to be more self-aware or just to speak to it. Are those participants without master's degrees any less self-aware, or perhaps less likely to address it overtly?

### **Client Focused Awareness**

More prominent than self-awareness was the significance of being aware of the client and distinguishing between the needs of the client versus the needs of the participant. It

was clear awareness is an area that one must be mindful of. When discussing how one feels when providing a caring touch, Cynthia was clear in distinguishing between her own feelings of satisfaction with her work and meeting her needs, *"I obviously get satisfaction in the job I [sic] do. That is very different than getting a need met"*. Clearly being aware of meeting clients where they are in terms of their comfort level, and being aware when to use touch are important factors for awareness as well. Anne echoed the importance of awareness when talking about meeting the needs of her clients through the use of touch when she said, *"their need more than my need because I don't have a need to touch because I can do it in other ways"*; she can meet her need for human connection through other means. Pamela reiterated the importance of being aware of client need when she said she would not ask a client if they need a hug as that is something she would not do, *"that would be about me wanting to do something, it's about what they need so I am really aware of what it is that is going on for them"*, commenting on the importance of being present and in tune with what a client needs. Betty reinforces the importance of being clear about whose need is being met, *"I work hard at doing that because I think to me that's what makes a good counsellor is really being in tune with what's going on for your client and what they need"*.

## **Communication**

Mehrabian and Ferris (as cited in Lapakko, 1997) came up with the oft recited communication formula: seven percent of what we communicate is done verbally, 38% is vocal and 55% is facial, implying that 93% of communication is non-verbal. Analysis of data reveals many participants rely heavily on non-verbal communication when working with clients far more than verbal communication when it comes to the



topic of touch. However, there are two distinct components to communicating, what is being communicated about touch, and what is being communicated through touch.

After much deliberation, as quoted from my reflexive journal,

*touch is a means of communicating that is non-verbal. Yet, I cannot ignore that there is an important component about communicating regarding touch that involves what is communicated about the touch. It is not enough to label the actual action of touch as communicating or the discussion about touch as simply communicating. There is communication through touch as simply communicating. There is communication through touch and in the moment what does that touch mean? This is where communicating about the touch is important to explore the message touch conveys to ensure intent is not misconstrued and to avoid miscommunication.*

It became clearer to me that there was more than separations of verbal and non-verbal communicating as some participants were relying on non-verbal cues when clients communicated about touch. However, communication about touch was more prevalently a verbal message and communication through touch was more typically a non-verbal means of interacting.

**Communication about touch.** Communication about touch can be separated into two discriminately unique categories: communicating to others about touch as well as connecting with clients through the use of touch. Categorizing communication about touch as being verbal and categorizing interacting with touch as being non-verbal, the

research confirms that non-verbal communication is more frequent than verbal communication.

Few participants spoke about talking to clients about the use of touch in counselling and linked talking about touch as an important factor when deciding to use touch, which will be further addressed later in this chapter when addressing the decision making factors participants consider when using touch. According to Pamela, Cynthia, Deborah, Carol and Michael, talking about touch with clients contributes to the transparency of the therapeutic process and can be argued as a sign of respect to one's clients. It also takes the guessing out of whether the use of touch will be received as it is intended.

Participants spoke to the importance of being mindful of a client's past history and being aware that touch could be a trigger for some. Seeking permission or addressing the use of touch keeps it explicit and removes the taboo of its use when clearly speaking about its use and the purpose of the touch. It eliminates the need to back track and apologize when touch is received in a manner that was not intended.

Participants relayed far more information about the intention of their use of touch. The intention being to enforce what has been verbally communicated to further elucidate one's caring or to make the message more believable.

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel" (Angelou, 2014, p.1), and this quote rings true for participants as well who use touch to augment their message of care for a client. Cynthia calls it, "*A gesture of caring*" when words alone are not enough to assure a youth he or she is cared about, or when the message being relayed verbally is not being received as intended or believed. Touch is used to further intensify the message of



*"I'm here. I hear you. I'm with you,"* thus reinforcing a counsellor's presence with a client. The intensity of this message is magnified when accompanied by a gentle touch such as on the knee or shoulders *"I'll, you know, rest my hand on their shoulder or something just to convey I'm here and how are you (Susan)"?*

The simple gesture of touch can trigger a client to move out of a highly emotive state (Carol & Betty). In both Carol and Betty's experience the use of touch can cause the client to move from this highly emotive state of crying to one of being more calm, and not crying. The use of non-verbal communication leads the counsellor to form their own interpretations of the client behaviour of stopping their crying. Carol interprets this behaviour as the client feeling better because he or she is no longer crying or as visibly upset; whereas Betty interprets this touch as causing the client to move out that emotion or shutting him or her down when perhaps it is better for him or her to stay with the emotion and work through it. Betty will utilize non-erotic touch with an emotive client when he or she moves beyond his or her strong emotions on his or her own as a gesture of understanding how difficult it may have been for the client to be vulnerable.

*I was leaning forward and she had been crying, but she had stopped so that's when I felt I could touch her, that connection and understanding, I wouldn't have done it while she was crying because experience has taught me that when you do that they quit crying right away and move out of their emotion (Betty).*

The use of different types of touch communicates different messages. Being aware of what one intends to communicate to another is imperative. For example, in one role of

her job, Mary uses a high five to solidify a crisis intervention plan with a client; whereas with a long term client,

*I've thought about it more, especially given the high fives. I do that in different situations as far as the celebration part of it. I thought about it more on my end with clients and use it less just because I'm thinking that the person might interpret it as I'm making her happy. Maybe they're pleasing me somehow when they do something like they've done their homework say or they've done something and I'm like hey, great work, high five, they might think that's a . . . yah, that they're interpreting it as or they might only think that I'm okay with it when I do the high five, so their expectations around those high fives might be a little bit or their interpretations of those high five and I'll like, if it was my client or a longer term relationship might be based on well, she didn't give me a high five today, I didn't do as good today as last time. I don't use it in a long based relationship (Mary).*

Many participants addressed the meaning behind different types of touch. Something as a high five or fist pound can signal celebration, belonging, acceptance, acknowledgement, or recognizing an accomplishment. For example a high five can signify a celebration whereas a fist pound can imply acceptance, belonging, *"I've had kids show me different hand shakes and when you're able to replicate and do that, it's a form of understanding . . . to me that's still rapport building (Michael)"*. A hug too can have a different meaning, depending on the situation. At the end of treatment it can signal



gratitude, provide a message that therapy was useful (Anne) or it can be a gesture of acknowledging a tough session (Betty).

Non-erotic touch can be implemented in a multitude of ways. With each form of touch one must be careful to ensure that the intention of each touch is understood. For example a touch on the shoulder in the classroom can give a student the message that the participant sees the student struggling, or can imply the participant is there to help, as Susan points out,

*with young kids you would kneel down beside them, putting your hand on their back to comfort them, you know, to support them to just tell them that you're there if they're having difficulties.*

Mary uses a foot tap during sessions with youth and their parents to acknowledge she sees them having a tough time as a way to acknowledge their struggle. According to Pamela the use of touch is another medium through which she expresses empathy to clients, while Deborah uses touch with youth to encompass a cultural value and meaning while providing a way of settling for the youth she works with. Susan's use of touch is a way for her to check in with her clients, as way to assure they are in a stable frame of mind to leave her office. It is also a technique she uses to bring clients back to the present after an emotional session, providing a settling or grounding, not leaving her clients open and vulnerable. She uses this touch as a way to communicate with her clients confirming they will be safe. Michael is aware of how clients respond to a male counsellor in terms of touch where touch is more like a fist pump initiated by clients as a sign of communicating clients' acceptance of him as well as their trust in him. Anne spoke about the use of touch for safety purposes particularly for the very young. While

this study is focusing on youth, it is worth mentioning that touch can be used in this capacity. For example when working with young children and they run into a parking lot, the use of touch through hand holding can be effective for keeping them safe.

## Relationship

All nine participants spoke about the importance of the therapeutic relationship. According to participants the use of touch can play a variety of roles in terms of the therapeutic relationship. For some, having an established relationship with a client is necessary before using touch, while for others touch contributes to establishing this relationship. Participants spoke about how touch can foster trust and connection with clients while also a vehicle for setting boundaries within relationship. Others spoke directly to how touch within relationship illustrates the humanity of counselling and is a direct display of care.

**Contributing to relationship building.** The majority of participants spoke about how the use of touch helps solidify or enhances the therapeutic relationship, *"I think at times it possible enhances it. It helps build the relationship"* (Betty). Michael agrees that some forms of touch such as hand shakes contribute to the establishment of the therapeutic relationship, *"I think rapport building again, um connection . . . I've had kids show me different hand shakes and when you're able to replicate, and that um, I didn't mention that earlier for sure, can um, it's a form of understanding."* For Pamela it's about building and strengthening the relationship, *"It does help solidify the therapeutic relationship. If they feel comfortable enough that they trust me, it will just be an honest hug without any strings attached."* When questioned about her experience and what it's like for her, Anne shared her experience,



*it's great, you know so um, I'm sort of experiencing their excitement too so we're both you know, like recognizing um, I think it feels good for them, it feels good to me that we're recognizing an accomplishment or something they've done well. It contributes to that relationship.*

Deborah's approach is *"to start gently and build that relationship . . . build that trust . . . when they are silent you know, just being able to connect that way and again it started with touch of the hand on the shoulder, the hand on the arm."* For Pamela it's talking about one's experiences with touch,

*when you start to get to know people, in a therapeutic relationship, you can begin to ask questions such as 'when you were growing up in your family, did people hug or touch much?' and 'what was that like for you?'*

Pamela admits to not initiating touch for most of her clients; however, she is cognizant of the importance of touch in her client's lives and addresses their need for this human contact and appropriate venues where touch is part of the service such as massages and other esthetic services. Mary's use of touch to contribute to relationship building is somewhat different. When working with suicidal youth in particular, she recalled,

*we'll go through all the safety plan, so the next time, so can I, can I how do I put this now, cause I notice I kind of use the same wording every time, and maybe it's just kind of the, in this situation, but it's something like so um, 'I won't be talking to you until Tuesday' say, I don't know, um, 'can I be sure that you're going to be safe, that you can keep yourself safe then?' and this is after all we've gone through, all the safety plan. If they say, 'yes' and*

*I'm sure I can see in their face they, if they willingly cooperated and were engaged in that process, I'll give them a high five at that point.*

Mary continued to acknowledge this interaction is the “*start of that relationship and that connection . . . going forward.*”

**Connection.** Five participants consider touch to be a means of connecting with clients in terms of communicating the importance of relationship and what it means to be in relationship, as well as an indication of a alliance with clients. Some participants spoke of this connection with clients in terms of themselves and their personal investment in the relationship.

*I'm used to giving and sometimes they give it back you know, their energy too of um, especially when it's been a hard topic an they've really, sometimes appreciate that touch because a lot of people are afraid to touch kids today and when we have that connection it's just being able to say their touch is like thanks for being here or whatever it is. I get that energy back so it doesn't just go one way. And yah, and sometimes I find that using words is not enough (Deborah).*

Deborah commented on the reciprocity of touch with youth in terms of her connecting with youth. For her it communicates,

*I think that the biggest thing is that I'm here. I'm with you. I'm not judging you. I understand what you're going through or you know, I just wanted to connect with you. I think each situation is different, um cause I know for a person that's you know, really going through some hard stuff sometimes that touch is that little bit of reality that I'm here and I'm okay and for*



*other people I found that sometimes when I use it, it's just sharing that energy of uh, letting them know that you know, theirs may be depleted by what they're going through but here I am and I'll share some of mine with you as we're here working together. Connecting in a non-verbal kind of way.*

Deborah continued to explain, *"it's just a teaching that I grew up with. It's foreign to me not to touch to have that connection."* Mary also mentioned a personal investment explaining it's *"giving a little bit more of my personal self in the hug."* Susan expressed her own feelings as well, *"I just feel connected and then I feel like I'm at least, on that level, we're connecting and then the dialogue can flow from there."* Susan continued to talk about connecting in relationship, *"you made one connection at one level with, with whoever it is that you're, you know, dealing with."* Betty interprets this connection similarly to what Deborah articulated regarding effectiveness in building a partnership with her clients when she uses touch in session,

*I think they get a stronger connection they um, they feel like you're really invested in them as a person and what they're saying. I think that can increase um, I think it's mainly about the connection and that um, maybe a sense that I appreciate what they're going through and we're working together.*

The majority of participants mentioned timing within the relationship. Carol talked about the appropriateness of touch during the first session when emotions are strong and raw for the client and the use of touch to initiate the counsellor client bond.

*It's probably not huge when you have a person coming in the first time and maybe they're dealing with some severe problem at that time and maybe they're dealing with some severe problem at that moment. Regardless of not having any relationship with them in that moment, if they're needing just, it seems like they're needing a quick touch or a quick reassurance at that moment when they're crying excessively or anything like that I consider it appropriate.*

Betty's experience with using touch to establish connection is somewhat different. She has discovered from her years of practice waiting until strong emotions subside before offering a touch is more effective.

*What I've learned is if someone is expressing a lot of emotion and they're crying, in touching it distracts them somehow and maybe it does make them feel better and they feel connected but they disconnect to their strong emotion.*

Despite not using touch when a client is showing strong emotion, Betty has used touch after a first session to establish that connection in being able to acknowledge relationship happens all the time, right from the first session. She recapitulates,

*Especially early on in the relationship, um, I mean cause the rapport hasn't been built the same and the connection isn't the same there, but you know I also have at the end of a session and it might be my very first session with someone who has laid out a lot of information and it's been a difficult session, even though they don't really know me overly well, or me them, although I've just heard their whole story, um, I would probably say to*



*them um, 'I like to give hugs' and if they would like one I'd be more than happy to. If they don't I'd be just as happy about that as well, and some of them who it's been their first session go, 'oh, thank you' and then we give a brief hug. It's like validating that you're, it's okay you did all that talking and sharing. I'm connecting with you.*

Deborah also addressed touch being a way to form this connection through relationship in a non-verbal manner, *"they're not responding to your words and sometimes you just, you need to have that touch on their, on their body, their shoulder, or their arm, or you know, their back, just to have that connection."* Deborah speaks specifically about youth who are distressed due to a discord with their culture, *"so many of our youth feel disconnected to their culture and to their families and I think I try to help them develop some connection to one part of it at least so that they can feel connected somewhere."*

While the use of touch facilitates connection within relationship for most participants, for Susan it is important to have connection prior to utilizing touch,

*he/she is with me, okay, we're there, we're on this level and then if that wasn't achieved during a session, if I sort of felt like we haven't connected I would say probably I would not engage in any kind of physical touch with that person.*

**Boundaries.** Throughout the interviews the topic of boundaries surfaced for over half of those interviewed. When the topic of boundaries was clearly a theme while analyzing significant statements, I was conflicted how to categorize it as noted in my reflexive journal,

*I'm wondering why I've categorized boundaries under relationship when it's something each practitioner must be very aware of. However, one must be aware of boundaries within the context of the therapeutic relationship. Without relationship I question if a boundary exists or needs to exist? Does one think of boundaries outside of relationship? In this context I question how to define boundary. I believe boundaries can be defined as the limits we set in relationships. I am reminded of the words of Robert Frost, 'Good fences make good neighbors'. This reinforces my belief that boundaries exist within the limits of relationship and therefore, my decision to categorize boundaries with the theme of relationship is supported.*

How participants addressed boundaries is varied yet they too declared their importance in reference to relationship with clients. For Anne and Mary boundaries also meant touch was not misinterpreted. Anne said,

*Just boundaries um, just you know being aware professionally, um and um would it be as accepted as much? I don't know so again reading those cues and relationship, the male and also my boundary as well, probably my boundary quite a bit in professionalism and also not wanting um anything to be misinterpreted.*

Mary spoke about how her use of touch maintained a boundary resulting in beneficence for her client, "I felt comfortable in knowing I wasn't crossing any kind of boundary or um, or that the touch that they received couldn't be interpreted in any kind of way that um, impaired the relationship." Pamela spoke to boundaries in terms of transference,



*the sort of transference where he is seeing you as his personal partner rather than a therapeutic partner in a therapeutic relationship.... you have to put up clear boundaries.*

For Pamela, boundaries help define the relationship with her clients. Betty also commented when she spoke about respecting boundaries with clients in relationship, *"all the qualities you want to have all your clients come to know or come to think about when they think about the relationship with you . . . mm hmm and so in some ways I'm modeling that."*

**Trust.** Through talk about trust the true depth of the importance of relationship reveals itself, not just in terms of using touch but also in the counselling field. Most participants voiced the importance of establishing and having trust in the therapeutic relationship. For some, touch fosters this sense of trust and strengthens the relationship,

*I think it is part of the process. In the therapeutic process your relationship is everything and if a hug is going to strengthen it then it will help build that trust. I've never had someone ask for a hug and then never come back*  
(Pamela).

Cynthia is in agreement that touch and relationship have a strong connection and play a significant role in terms of trust within relationship,

*how does the therapeutic relationship or how is it affected by the use of touch? I think it certainly can solidify it in . . . because it's . . . there has to be that trust there and for a client to know that, they're in a vulnerable situation right, of releasing tears . . . that can be a scary thing in front of someone you don't know very well, to know that the world is not falling*

*apart because they're in tears or that it's okay and it can be a moment that can be softened so I think it can build trust and connection in the therapeutic relationship . . . because they would know if they were to release their emotions in that way that it's safe to do that. It builds a sense of safety as well as that, trust in the relationship, trusting that it's safe, it's okay, it's safe to do that in this office.*

When working with clients who self-harm, Pamela sees the client accepting her touch on their arm as, *"Trust, like a gift. It is part of the process. It's part of the real trust bond in a healthy relationship between the counsellor and the client."* Should she be given a signal touch is not okay,

*then I know that they are not there yet and I'll help them move toward it. I continue to work on building that trusting relationship and let them know that I'd like for them to be comfortable enough to be able to show me what is happening. If I ever push it, it is a gentle kind of thing.*

She further explains, in regard to trust within the therapeutic relationship, *"it's all about trust. If you don't have trust then counselling is not as effective."* Susan's experience is similar in terms of interpreting trust within relationship as being an element important for clients.

*I see it's more about struggles. Somebody who's, who has a lot on their plate, who has a lot that they're struggling with um, sometimes they need, they need to have a sense um, having somebody around who they can go to, that they can trust, that they can have a hug from once in a while. (Susan)*



Deborah also speaks to trust being present in relationships with the youth she works with, stating,

*it's getting right into their stories and there's that trust there, there's that you know, of that connection and I, some of them are in trouble with the law but I'm finding that they trust that you know, what they say is, I hear them and I totally respect their silences. I don't try and make them talk. I don't try to make them talk when they are silent, you know, just being able to connect that way and again it started with touch of the hand on the shoulder, the hand on the arm. So many of our youth are so not given that respect I think of being able to realize that it's okay . . . knowing that level of trust and where the relationship is at.*

**Caring in relationship.** Four of the participants touched on the topic of care.

Cynthia talks about touch as being a support to reinforce her verbal message of caring to her clients.

*It's a behaviour that matches the word, I care about you, the stress that you're going through and just regarding that therapeutic relationship, that it just brings some, I don't know if I'm using the right words but there's that connection.*

It is through her caring for her clients and demonstrating this care not only through verbal communication but also nonverbally on the same plane that relationship can be established and continue to develop. It is Betty's experience that touch can also demonstrate care, *"I'm going to say I'm probably thinking about connecting with the other person showing them the support, I think it's a different way of showing support,*

*touch is, ah, and concern and caring,*" again it is through this gesture of caring that provides what Betty calls, *"that instant connection"* and facilitates relationship within the therapeutic realm. Betty argues, *"I think it's one of the most important things between counsellor and client is the relationship, and the respect of who each other is,"* respect being an supplementary element of caring. In Pamela's experience her use of touch validates her care,

*With kids that have been cutting, I often ask them if I can see what they've done and if I can touch it. It is like someone cares about them ... they can start to recognize that someone can care about their healing process and so they can start to care about their own healing process.*

In this example Pamela also uses a gentle touch to model care to youth. Cynthia discusses briefly that as a therapist there is that element of humanity, *"caring is okay. We can be non-judging but you know as therapists we're not unfeeling."* Michael agrees that through touch within the relationship, care is demonstrated. For him, his experience is in responding to touch when initiated by the client, and his or her subsequent interpretation of his response, *"I think there's that communication in that understanding and ah care, . . . it's relationship, it's um, it's human, and there and I think to be um, not showing any form of reciprocation um, could be cold and um, and not caring."*

### **Decision Making Factors**

Factors that influence the participants' decision to utilize touch are important to everyone interviewed. It is complex and multi-faceted, revealing many categories. These categories, just like the main themes, help to make up the canopy of the umbrella. I am writing about them as distinct factors; however, they do not exist in isolation.



According to the nine participants interviewed, there are many factors that guide one's decision to utilize touch and rarely if ever is there merely one factor that is the sole basis for that decision. As the participants discussed, the decision to use touch is contingent on the situation; meaning in the moment with each client, from moment to moment, as well as the environment. Each client is different as is each session with each client. The space in which you meet is also a factor as almost half of the participants revealed where they work and their work environment is also a factor. Having a therapeutic relationship is influential on the decision making process for some counsellors interviewed as well. Body cues are imperative to all participants in a variety of different ways. The majority of participants spoke about the influence of their past experience and education as being influential on their decision to use touch or not. Lastly ethics including ethical guidelines and boundaries played a role for several participants.

**Situational.** Almost half of the participants agree that each session with a client is unique as are the responses participants elicit from each client. Betty points out that her decision to use touch is dependent on each situation, *"It's not something I do with every client every time."* Cynthia addresses this situation,

*when I do use it, I'm not thinking here's my treatment plan and I should insert a hug at point A, B, and C. I don't do that. I think it's more of a response based on what I'm seeing, so the person's shaking and they're in tears. I'll bring the Kleenex box over to them, maybe gently rest my hand on their hand, offer them a tissue. I don't think about it before hand that I should rest my hand gently on their wrist for five seconds, I don't. This is more of a natural response to the given situation.*

Susan discussed a similar experience,

*depending on the situation, depending on what was happening in the conversation and where somebody was at, I would sometimes ask the question on whether or not they needed a hug and then I would give one if it was (sic) desired.*

For Susan, it was important to also be certain the client wanted to be touched, or hugged as in her example. Deborah concurs, affirming, *"I think each situation is different."* Mary spoke about how her use of touch changed when she changed where she was working. The environments of the two work places in comparison are very different. She explained the change, *"in this environment anyways, it's just not something, I guess again from observation or modeling, that I see too often. I take a lot of that into consideration, depending on the environment I'm in."*

Because she has observed a difference in work setting, she adapted her use of touch to mirror that of her co-workers, and the level of acceptance for the use of touch within that venue. *"I don't get to know these people very well at this point, so I'm not going to go around hugging them"* (Mary). She continues to explain that she will engage a client in something like a high five instead, reflecting *"It's just from my observation and the environment I'm in. I think I want to stay just a little bit farther back from that."*

**Relationship.** Mary's experience also speaks to the importance of relationship in the therapeutic realm, something other participants also revealed. Anne mentions that as her relationship develops, *"I can then give them a touch or a pat on the back because the relationship's been developed."* Pamela's practice is that within the therapeutic



relationship she comes to understand her clients and, “*you start to ask questions such as ‘when you were growing up...?’ or ‘in your family, how does this work?’ and ‘what is that like?’*” Susan’s use of touch is dependent on relationship,

*if I feel like we haven’t connected I would say probably I would not engage in any kind of physical touch with that person . . . because we’re not there we haven’t made that agreement yet and it’s okay but somebody who I have felt that connection, or established that connection, I would at least go to that level. I mean it may not happen, it doesn’t happen every session, but if there’s somebody who is in a place where it may come up that I would normally just say, ‘do you need a hug?’ . . . there would have to be some sort of a relationship before I would choose to use touch.*

Betty’s decision to use touch also relies on her relationship with clients,

*typically the relationship has been built somewhat, it’s not something I do on a first session . . . but after rapport has been built and trust has been built then, and it might not be that they’re not tearful or upset, but they’re talking about something that’s maybe meaningful to them.*

However, as mentioned earlier, touch is multi-faceted in one’s approach to using it and the situation plays perhaps an even more important role in Betty’s decision to use it as demonstrated by her experience,

*early in the relationship because the rapport hasn’t been built the same and the connection isn’t the same there, but I also have at the end of a session, and it might be my very first session with someone who has laid out a lot of information and it’s been a difficult session, even though they don’t know me*

*overly well, or me them, although I've just hear their whole story. I would probably say to them, 'I like to give hugs, and if they would like one I'd be more than happy to. If they don't I'd be just as happy about that as well,' and some of them who it's been their first session go, 'Oh, thank you,' and then we give a brief hug. It's like validating that it's okay, you did all that talking and sharing. I'm connecting with you.*

For Carol, relationship is not as important when deciding to use touch, suggesting the client's need for touch is more apt to influence her decision,

*it's probably not huge when you have a person coming in the first time and maybe they're dealing with some severe problem at that moment.*

*Regardless of not having any relationship with them in that moment, if they're needing just, it seems like they're needing a quick touch or a quick reassurance at that moment when they're crying or excessively or anything like that, I consider it appropriate.*

**Client need.** However, knowing when a client needs touch is not always clear for Carol who questions, "*How do we know someone needs it, that's my biggest dilemma, right?*" Cynthia also considers the client need for touch when choosing to use touch or not, respecting a client's individual needs.

*. . . mirroring where they're at is something that I do, I think, so if they're comfortable and it is sort of a need for them, I will respond accordingly and sort of match where they're at if someone is more conscious about their bubble or space. I sort of match or respect that (Cynthia).*



For Michael his decision to engage a youth with the use of touch hinges on whether the youth initiates the touch, *"if the youth initiates the high five or gives a hug . . . then I'll do that then."* Pamela also responds to touch when initiated by the client, *" . . . people will say, 'Can I have a hug?' and I'll say, 'Of course you can,' and I will."* For Pamela, even when the therapeutic relationship is well established, *" . . . I still don't impose myself on her but it's always something that she requires or request,"* she will engage in touch only with client permission or upon their request.

**Ethical considerations.** Several participants rely on ethical guidelines and boundaries to determine when touch would be warranted; particular concern is ensuring the counsellors are practicing beneficence and nonmaleficence in their choices. Susan explains,

*somebody who's really distraught, I wouldn't automatically use touch because I wouldn't know what the cause of the distress was. I would tend to then step back from the situation rather than going in to it until I know. I think it's the whole issue of safety. Is it safe for the client to go there? And if I don't know where they're at, I wouldn't go in to the situation assuming that touch is the answer. I'd have to know, I'd like to know that it would be received in the right way by the individual.*

Carol mentions how strict the ethical guidelines are for her professional association declaring, *"that is the big one that obviously as a (counsellor) I have to abide."* In addition Carol addresses the ethics that guide her practice and the importance of practicing with beneficence and nonmaleficence when she talks about the *"intention to make it feel all better. I think it's coming from the most ethical part of our job which is*

*to help clients, right? So, it's coming from the decision making around using what we have, any tools, any skills, any interventions to help them out."* Michael also is concerned with intent and wanting to *"be clear what the intent is,"* for fear of *"don't want it to be misconstrued or misjudged."* From an ethical standpoint Michael's concern regarding his clients and choosing to use touch revolves around being transparent around the decision making process to engage in touch. If it's unsafe for either him or his client, *"it's not worth taking the risk, safety to me is really important and if there's any indicator that it's going to be misunderstood or create issues, then I think not to do it,"* thus echoing Susan's concerns for the safety of the client. Carol further explains how professional ethics factor into her thinking when deciding to use touch, *"They're pretty broad. They leave us a lot of room for thinking or deciding but, I think they're helpful in general. It is good to have some ideas around how far we can or should or shouldn't go. It's a reminder that touch can be helpful but also very harmful."*

**Body cues.** One thing most participants agreed on is the importance of being in tune with the non-verbal body cues of the client while in session to determine whether they would choose to use touch with that client, in that moment. The counsellors interviewed interpreted their own ability to decipher a client's need for touch was influential on their decision to utilize touch or to withdraw their touch. Interpreting the cue that touch would be warranted is secondary to being aware of one's body cues and thus being able to decipher their meaning in the moment, *"If I don't intuitively feel it would be okay then it would have to come from the client,"* Susan says. She's aware if her own interpretation of her own body cues is not sending her a signal that touch would be appropriate she would not engage in touch unless the client specifically asked her to. Anne also spoke to



the intuitiveness of interpreting her client's body cues when engaging in the decision making process stating, *"it's so natural that my thoughts are automatic . . . there's no real decision that you're making, it's just a natural occurrence for me."* Yet she states, *"I'm aware of their body cues if someone goes rigid I am aware that that's not what they need at that time."* Pamela is also aware when body language suggests touch would not be welcome, *"If they show any kind of sign of not wanting that to happen then I don't do it . . . any body language and kind of aversion, eye aversion or any kind of signal that I get that's not comfortable for them then I wouldn't do it."* When speaking about body cues she observes, Susan reflects,

*those details I'm not even sure because a lot of that happens so quickly. So that you pay attention to those nuances, I would say for me it's probably in the, and I'll go back to what I said before, it's probably in the energy, you feel the muscles tensing, you feel the whole person tensing, yah.*

Yet for Deborah, she talks of,

*the subtle clues of the body, body language speaks so loudly if you're in tune . . . I think a lot more with the silences of being present with the youth and reading their silences, reading their body and putting it all together.*

When getting the message to back off Susan spoke about the fear or anger she sees on the client's face in the form of *"a furrowing of the eyebrows, and squinting eyes"* telling her touch is not what the client wants in that moment. Deborah describes her experience as,

*when I work with kids, I find out what kind of touch comforts them and usually stay with that. It's again, like I say, watching their response, sometimes when it's a little too much you know enough and when to pull*

*back and the tensing I find it's the body tensing, maybe a little bit of the jerk pull away, subtle pulling away especially if you're touching close on something you realize there hasn't been touch but you see their body pulling away from you or during the discussion and you then, that's not the best time to have that physical connection with them.*

These experiences speaks to not only the importance of being observant of client body language and being able to accurately interpret it when first choosing to use touch but remaining cognizant of body language throughout the touch should a client be uncomfortable or choose to no longer want that type of contact. *"Obviously if they back off that's a clue,"* (Cynthia).

Pamela spoke about her experience with clients who ask for touch such as a hug at the end of a session outlining how she knows her clients want this interaction, *"they'll give me a clue, a verbal clue or they'll open their arms, so a body language clue that that's what they want."* Susan's experience is similar to Pamela's stating she would *"probably look for some sort of instigation on the part of the client."* Mary describes it as, *"I think they're kind of sitting in a place where they're not all kind of curled up in their chair, they're kind of open,"* when she knows a client is more apt to respond to a high five. *"If they say yes and I'm sure I can see it in their face, if they willingly cooperated and were engaged in that process, I'll give them a high five at that point."* Deborah agrees that body language and interpreting body cues play a vital role in her decision to utilize touch with youth, *"It's important to watch subtle body language, read cues, start where the client is comfortable."* Betty also takes her cues to use touch based on *"their comfort, the way they express themselves, how they're looking at you, or not looking at you."*



**Gender.** As the interviews progressed, I noted in my reflexive journal, “one interesting note is gender, touch is being used far less with male clients than female clients. Gender difference is not something that came out of the articles I’ve read.” Some participants noticed upon reflection of their use of touch that they use touch more with female clients than male clients (Anne, Pamela, Betty). When comparing her use of touch with youth children and youth, Anne stated, *“I use it more with females than males . . . I don’t know if I touch as much with the older males, . . . I might not use touch as much with the older males,”* explaining the difference with male youth in terms of *“boundaries, just being aware professionally. Would it be accepted as much? I don’t know, so again reading those cues.”* Anne goes on to talk about the importance of being aware of a client’s body cues when choosing to use touch; however, she also notes with male youth she is acutely aware of the need to maintain boundaries for fear of being misinterpreted. These components play a role in her decision making process. Pamela does not ever hug boys, reading the body cues from male youth, *“I don’t get that vibe that they want to be hugged.”* While Betty hugs male clients less than female clients, she states, *“it did get my thoughts provoked on what I do and don’t do, and then that’s when I realized I don’t do it with males very often because it’s just a different societal thing I believe.”* She continues to talk about her experience of wanting to hug male clients under similar circumstances she would hug a female client, yet she would not do so. She questions the fairness of seeing a female client with whom she feels touch is important and she does use touch, then seeing a male client who may need the same kind of caring touch and not provide it. For Mary and Carol, gender did not have any influence on their decision to use touch whereas Susan, Deborah and Cynthia did not comment on gender

differences. Michael didn't comment about using touch more with one gender or another; however, the boundaries Anne spoke of and the fear of misinterpretation Pamela spoke of influence Michael's decision to engage in touch with female clients. He says, *"I feel more confident in reading the situation as a male with a female initiating touch that's for sure. In the beginning I was maybe a bit anxious . . . now I'm better at being able to manage it better."* He shares a story of a female client initiating a hug and he was hesitant to reciprocate out of respect for the client. He was hesitant because of the fear of misjudgment of his intention, the stigma not to have contact and concern the client may not return. For some participants gender clearly influences the decision making process and the boundaries, societal values and perceived intent that accompanies it.

**Past experience and education.** Participants pinpoint the value of past experience and education and the role it plays regarding his or her decision making process. For participants, past experience appertains to decision making just not in the realm of counselling and counselling experiences but also his or her past experiences when growing up. Anne talks about,

*growing up experiences, touch has been a helpful thing with something that's been more natural in my life so for me it's a natural type of thing in life, in general probably from when I was small and past training, a combination of all those things.*

For Anne, the use of touch in her practice is something that comes to her naturally, not just from her growing up experiences but also from her training in a previous helping profession. Deborah also revealed her experiences growing up and that what she was



taught through regarding her family values play a role in her decision to use touch in her practice with youth,

*that was ingrained in me, so it is natural for me to be that way with my children, with children I come into contact with, and with the youth I work with . . . it's just a teaching I grew up with . . . it's foreign to me to not touch, to have that connection.*

Susan agrees, she has “grown up understanding the connection between the mind and body” and because of this she is more observant of where her clients carry their pain.

Betty declares she is “a touchy person” and accredits her use of touch in her practice to how she was raised. For her it “is who I am . . . the bottom line is it lets me be me.”

While Betty talks about her use of touch as being a part of what makes her who she is, it is clear that not only her experiences growing up but also her years of experience as a counsellor have also helped to shape her practice.

*If I think back, this, I mean I've been doing this a lot of years, I think in the early on years I wouldn't have touched. I was younger, now I'm an (X) year old woman who maybe has a bit of a different kind of liberty or different kind of um, I mean as a young woman, it might have been seen or felt different . . . now most of my clients are younger . . . if I had touched I would have felt more, as a younger woman, that could have felt like a come on or, it's different now that I'm older I think . . . I um, in my belief that a mother who is responding with concern and care um, and I was raised with touch so I guess in my experience uh, motherly means those things, attentive, um responsive, in that manner, caring, nurturing. A shift came*

*about as my confidence grew as a counsellor um, and my assessments of clients. I maybe began to trust more just through experience. I don't remember when it shifted . . . and the experience of knowing what it's like in sessions and what people are like. That's something that you develop and it develops over time and I mean I'm not always bang on, you know, I mean I make mistakes, but I think it's because I've done this for so long now that maybe I'm trusting myself more.*

Susan shared an experience when touch was not well received by the client. She speaks about this experience in relation to her own experience. She describes what this experience was like for her, and continues to explain how this experience changed how she manages her use of touch with colleagues as well as how this experience has increased her awareness of her touch behaviour with clients.

*I felt really, really bad because it was my fault. I had not um, I had not respected her boundaries and I should have um, and in terms of yah, so I guess that's the best I can say, you know, I apologized to her right away and um, it just yah, it felt I felt pretty stupid, ah, I should have known better, but I grew up in a you know, sort of in a time when we didn't have as much, like I said before, I haven't had enough experience with um, with abuse prior to this so, I had a little bit of a fortunate um upbringing I guess right, so little bit sheltered, so it was a bit of an eye opener for me. With my colleagues, I've actually said to all of them, 'I touch. If you're good with it, let me know,' because I will say you know, 'how are you doing?' and I will put my hand on an arm and I'll put an arm on the shoulder and um, I don't*



*pick off lint anymore unless I ask permission to. I've learned that. Because I used to sort of wipe a shoulder or something but now I'll say, 'Are you okay with me,' you know, 'just wiping the fluff off your back?' But I do announce it with the people I work with. I, so I say, 'I am a toucher so if you're not good with that let me know.' I wouldn't have a need to say that with a client because I'm in a different setting so I'm much more conscious of my own behaviour so I don't do it with them as such.*

For Anne, when she changed careers from another helping profession to her role as a counsellor, she noticed a shift, *"I think touch was very natural in that part of my career . . . touch changed a little bit when I went more into a counselling role . . . it's more emotional touch."*

Whereas for both Susan and Mary, they became more aware of their use of touch and the impact it has on others as they received more training and education. Susan spoke about how her awareness changed form when she was working with small children to her recent practicum experience,

*putting your hand on their back to comfort them, to support them, to just tell them that you're there if they're having difficulties. That was something that I didn't even question doing at the time. To my most recent experience, which was in my practicum where you know I was working with teenagers where actually I, having done the training in the last few years, was a lot more aware of what I should and should not do, that touch was instigated by the students themselves, it was requested by them . . . that was part of my learning experience as well so I put the following year, I*

*spent a lot more time being aware of and getting to know a little bit more background history and also being very, a lot more careful about how, how I was approaching the individuals in the classroom . . . I'm so much more aware of the potential consequences.*

Mary recounted her experience of how more education influenced her decision making process as well as her awareness as,

*Just from what I've again watched in and observed and seen modeled, touch was definitely not something that was looked um, that was used or appropriate, and as I went through more schooling um, I could understand how touch could be interpreted in different ways um, for the client. So, now I kind of just use it a little bit more um, well, I'm pretty self-reflective when I use it . . . I think with just more education too . . . my bachelor's degree . . . it wasn't a whole lot psychology, and it wasn't counselling so with more education I think I started to understand and I think it was about, I forgot who's my, who started talking to me, I started to gain more awareness about how that impacts the other person.*

This chapter explored participants' experiences regarding the phenomena of using non-erotic touch to demonstrate care. Participants described how the major themes of communication, relationship and decision making factors influence their use of non-erotic touch in their practice. The following chapter examines the existential themes in relation to the participants' experience of using non-erotic, lived relation, lived body, lived space and lived time.



## Chapter Five: Lived Existentials of Lived Experience

There are four existential themes that exist or are evident in human phenomena regardless of history, culture or socioeconomic status, which provide meaning to the way a person experiences and understands his or her lifeworld as being real. Lived relation (relationality), lived body (corporeality), lived space (spatiality), and lived time (temporality), are universal lifeworld themes through which everyone has lived experiences (van Manen, 2014). The existential themes are addressed individually; however, they do not exist in isolation to one another. It is the sum of the four existential themes that creates the lived world or whole of one's experience. The separated aspects of each existential will be studied while at the same time realizing one existential calls out facets of the others. The way in which each individual experiences and thus creates meaning in terms of these lived existentials creates immense diversity and multifariousness through interpretation of the lifeworld. Each experience can be interpreted through the existentials and each experience creates such unique meaning and variety not just between each individual, also between each individual's experiences. It is through the interpretation of each of the individual existentials that the true essence of one's experience is revealed. We can ask of one's experience the fundamental questions that correspond to the lifeworld existentials (van Manen, 2011). Hermeneutic phenomenological research is exploring the complexity of the human lifeworld and examining the themes or the structure of meaning of lived experience (van Manen, 2007). The lived existentials that are examined in this chapter are not to be confused with the themes of the phenomena of non-erotic touch used to demonstrate care.

## Lived Self-Other (Relationality)

Relationality or lived self-other relation is “the lived relation we maintain with others in the interpersonal space that we share with them” (van Manen, 2007, p. 104). We approach other people in a bodily way such as when we greet one another with a handshake or through the impressions we form based on how he or she is physically present. Regardless of how we first become aware of another person, whether it be through direct or indirect contact we have created an idea of what he or she will look like; his or her physical appearance, his or her physical being that when we do meet him or her, he or she may or may not be what was envisioned. Once we meet directly we experience an existing connection through conversation, which allows us to surpass our selves. In terms of existence human kind has searched in this experience of the other, the common experience shared by all, connected by a sense of purpose in life, meaningfulness, a foundation or rationale for living (van Manen, 2007, 2011).

Van Manen (2014) explains the theme of Relationality as a guide to observing how phenomena are studied between self and other, querying how people or things are in associated with one another. How are we experienced in relation to others?

When examining the use of non-erotic touch, relationality emerged as a major theme. Without relationality, the phenomenon of using non-erotic touch to demonstrate care would not exist. For Pamela, “*in the therapeutic process, your relationship is everything*”, Betty agrees, “*one of the most important things between the counsellor and client is the relationship.*” The very act of two people connecting through touch is corporeal, being present with one another in the moment. Once the counsellor and client meet, the relationship begins to develop beyond the image or imaginings that were



formed prior to first face-to-face contact. A conversational relationship is formed where communication may be talking about the use of touch or communication may be through the act of touch within the therapeutic realm. The use of touch can allow triumph over restrictive aspects of spoken language in order to communicate understanding and develop intimacy within the therapeutic relationship on a different plain than what can be established with words alone. The deeper relationality can create a shift in thinking that a client needs to restrict emotions in order to be comfortable and safe while expressing his or her feelings.

It is through the relationship, fostered through the use of touch that the counsellor assists the client to realize or become aware of his or her purpose in life or awareness of the meaningfulness of life. Through touch the message is "I care", meaning you are worthy, you matter to me, you are important, you are somebody special, you count. The message, "*I'm here, I hear you, you're not alone* (Susan)" is portrayed. One could question through lived self-other (relation) is it possible that through the use of touch both the client and the counsellor are searching for a sense of purpose, or meaningfulness of the experience? While the counsellor may not need the touch, van Manen's relationality might question does it enforce this message all the same?

How is self and other experienced with regards to the use of non-erotic touch? The touch experienced is the phenomenon and would not exist without relationality between self and other. People are literally connected during touch regardless of type or length of the touch. Ethics plays a paramount role within the lived relation as it provides containment in terms of the therapeutic relationship and the boundaries of this relationship. It is through touch people are connected.

How the self is experienced in this relation was not wholly elucidated through my research. It is one component of the phenomenon that many participants were unable to be explicit about. When Anne was asked about her own feelings and how she experiences the touch, she replied, *"I don't know actually, it's just a natural, a natural instinct, it's a natural comfort, feeling that's what they need, I guess."* Pamela also expressed, *"I've never really thought about that."* Cynthia's experiences are more in line with Anne that she doesn't think about touch *"actually not at all, more of that intuition."* Susan additionally reiterated, *"I do it so instinctively."* Somewhat incongruous to these experiences Betty acknowledges her instinctual sensation, *"it just feels right . . . it feels good but I don't know, I don't know how to describe that,"* yet cannot fully illuminate how she experiences her self fully. Carol acknowledges the self in a more intellectual sense, *"it feels all right, it's just like, I'd say, like most other interventions whether it's touch or verbal or anything else, just feels very rewarding because you helped someone."* Carol and Betty acknowledge the thought of touch being right without acknowledging their meaning of the touch.

Without the therapeutic relationship between counsellor and client, caring through touch could not exist in the true physical sense of two objects resting against one another or in contact with one another. The demonstration of caring is perceived through the tactile sense. Many phenomenological researchers regard the relationship as the primary theme of their understanding of human phenomena (van Manen, 2014). Through analysis of interviews with participants it was revealed that relation stands out as being pivotal in regards to the phenomenon of touch. Touch is used because there is an established relationship, *"I wouldn't arbitrarily go out and use touch without having*



*some sort of relationship (Susan).*” Touch is also used to foster trust within the relationship,

*it's a difference, it's a sensation, so there's the different sense and a use of sense with somebody so I think it changes the relationship, but I think it's subtle. It's trusting . . . it creates trust . . . body communication, body language but there's that contact, that communication, trust through touch (Michael).*

Pamela uses touch as an aid in developing the therapeutic relationship, *“it does kind of solidify the therapeutic relationship a bit. I think if they feel comfortable enough that they can trust this will just be an honest hug without strings attached . . . it's all about trust, right?”*, it is in the presence of the other, the client, that the experience of touch, the phenomenon with lived relation can be studied. It provides that deeper connection between self and other.

How is the relation between self and other experienced in counselling through other's stories? Participants spoke about acknowledging the power differential and the importance of being aware of this imbalance,

*I'm hoping that it kind of evens the playing or has them feeling that it evens the playing ground . . . it's just a sign of respect . . . kind of evening out maybe um, leveling the playground, like you know what I mean so it's um, like the power differential (Mary).*

Participants spoke about their own feelings of satisfaction and what is expressed as feeling good due to a sense of helping clients and making a difference for them.

*I think they get a stronger connection. They feel like you're really invested in them as a person and what they're saying. I think that can increase, I think it's mainly about the connection and that um, maybe a sense that I appreciate what they're going through and we're working together (Betty).*

Anne also said,

*it's great. I'm sort of experiencing their excitement too so we're both recognizing . . . I think it feels good for them, it feels good for me that we are recognizing an accomplishment or something they've done well – contributes to that relationship.*

Touch is fundamentally a relational experience, whether it is examined between counsellor and client or not,

*When you start to get to know people, in a therapeutic relationship, you can begin to ask questions such as 'when you were growing up in your family, did people hug or touch much?' and 'what was that like for you?'*

(Pamela).

When asked about any discussion between client and herself regarding touch, Anne responded, *"rarely, it's non verbal body cues,"* whereas Betty is forthwith in her discussion with clients, *"I like to give hugs, and if they would like one I'd be more than happy to. If they don't I'd be just as happy about that as well."*

However, it is worthwhile to question when the use of touch is not discussed verbally does it become secret-like? Without confirmation from the client, the counsellor truly does not know the client's understanding and perhaps the client does not understand himself or herself while the intention is not shared. The experience is shared but the



interpretation will undoubtedly vary. There is a sense of shared intimacy between counsellor and client when touch is utilized; discussion or confirmation about the touch, the intention for touching, and the perceived meaning can break tension within the intimacy. The balance of intimacy is already one sided as the counsellor comes to know intimate thoughts and feelings of the client, and touch can either break or place a certain tension in the lived relation. Clearly the phenomenon of using touch would not exist without lived self-other. It is through this relationality the phenomenon exists to study and question the connection, the self in lived relation to the other.

### **Lived Body (Corporeality)**

As one human meets another human, it is through the body that one comes into the presence of another. It is through the physical self something is revealed to another yet also preventing full disclosure of self at the same time, neither knowingly nor intentionally. When one's body becomes something another human begins to study or observe, it may no longer move in its natural, intrinsic manner. The movements and the state of being is now heightened and movements lose their natural way. The body loses the intrinsic movements as the body becomes aware of each movement; it may appear or become more foreign, uneasy, or less graceful (van Manen, 2007; 2011).

The participants spoke about the clients' physical body, in particular bodily cues and the interpretation of body cues "*. . . I'm sure I can see in their face like if they willingly cooperated and were engaged in that process I'll give them a high five at that point (Mary).*" Deborah also watches body cues, "*. . . important to watch subtle body language, read cues, start where the client is comfortable . . .*". Anne is also in tune to her clients' physical body, "*I'm just aware of their body cues . . . any body language*

*and kind of aversion, eye aversion or any kind of signal that I get, that's not comfortable for them then I wouldn't do it."* The client thus revealed something about himself or herself through his or her bodily presence; therefore, it is this bodily presence that allows the phenomenon of caring through touch to be experienced for the subject and the object. When one becomes acutely aware of one's body and no longer moves without the unconscious, in the moment awareness and thought beyond what is intrinsic cause one to be in tune to the polarity of reactions to touch.

*Some people will want a touch. They want a hug but they are really super rigid and other people will just melt right into you . . . if you're open, if your awareness is open you can pick up little signals from people that they are missing that somehow. Their bodies give you so many signals about what's going on, what's not going on (Pamela)".*

Anne relates the dissimilarity to relationship *"some people may have been rigid or have they, as they get to know you it might be there I can then give them a touch or a pat on the back because the relationship's developed."* Counsellors and clients have different opinions about the use of touch as well. Some clients relax, become more at ease, have a softening, and lean into the one providing the touch. Others become tense, rigid, have a bold glare and furrowed eyebrows.

*I think it's usually, it's received positively simply because of the energy that sort of comes back to you. In a hug it's a question of whether or not they actually, they lean in to you as well. Do they reciprocate if it's a touch on the shoulder or something. Do they look at you and receive the message, as it's intended? I would always look for that if I sort of, and I think these are*



*some of the messages that are sort of hard to put into words because you put your hand on somebody's shoulder and you feel the back tense, or you feel you, they give a look to say what are you doing woman, um yah you would pull right off, right? So, you listen to that, you have to listen to that energy you have to always be aware it is being received in the way that you want it to be received (Susan).*

There were polarities amongst participants as well, for example one uses touch openly; whereas, another uses touch very little or not at all. Carol states,

*. . . used mainly when the clients are in severe distress when you really, really feel they need that reassurance or to get calm for the moment, calmed down from what they are experiencing emotionally so that will be a really, really gentle touch on the hand or a shoulder . . .*

For Betty, her experience is somewhat different,

*what I've learned is if someone is experiencing a lot of emotion and they're crying, in touching them it distracts them somehow and maybe it does make them feel better and they feel connected but they disconnect to their strong emotion.*

For participants the awareness of having the body observed, of knowing someone is watching was manifested during interviews for this study in the awkwardness I observed in them when I asked about their experiences,

*I'm very intrigued by my observations of many of the participants. When asking them about their own experiences of using touch they pause and appear to be thinking about incidents when they have used touch. I sense*

*an unease or awkwardness almost, as though I am revealing a part of them that is not talked about, or exposing them somehow. I can't help but wonder if this relates to the literature about counsellors not talking about their use of touch for fear of being scrutinized.*

In fact, Susan came to an awareness of herself upon reflection, “*Until I started talking now I didn't realize how much I do use that (touch)*”.

What then is the corporeal experience in regards to the phenomenon of touch? Van Manen (2014) questions whether the body is paid attention to. How and when is the awareness of the body realized? During my interviews, the participants were unable to answer enquiries about their own body responses to touch. Many answered as Pamela did, “*I've never really thought about that,*” or like Anne who started to think about it after receiving her invitation to participate in this study, “*. . . when I was asked to be part of this study I started thinking about it and thinking about how I use touch with clients.*” Yet the body is central to the phenomenon of touch because touch itself is two bodies or parts of bodies in direct contact with each other.

*If someone is tensed, or their emotions surface I see a softening, so if they're holding themselves tense and they're tearful and the touch is used when it's a hand on the shoulder or if they've had a particularly hard session . . . I see a sort of a softening, a physical softening, sort of a release where they're not holding their body so tense. It reaffirms that sometimes they need something more than words and that simple gesture can be helpful in relieving the stress (Cynthia).*

Deborah has similar experiences with observing client body cues,



*I see a relaxing of the body, when some do respond to the gentle touch and you just sort of see their bodies relax and if they're holding themselves tight that's when . . . you can just feel their body relax and their breathing change, of them actually responding to you in that manner . . . you just see the relaxing on their faces and mostly the breathing, that kind of more relaxed posture.*

Interestingly participants were far more mindful about the client's body in the ability to see, read and interpret body cues as mentioned than with their own corporeal responses, reactions, or experiences. The body of self and the body of other are perceived very differently, one with complete awareness, the other virtually unaware and appearing without thought. When Anne was asked about her own corporeal experience after some reflection she responded, *"I don't know actually, it's just a natural instinct, it's a natural comfort,"* and Deborah concurred, *"It's always hard to describe."*

Many participants were unaware of their physical or corporeal responses to touch and therefore, unable to speak to how they experience being touched. Those who commented on it had something to say very similar to Mary,

*I think I feel less tense . . . I notice I do sit up a little bit more straight, my shoulders go down a little bit more, I'm a little bit more relaxed. I'm not intense, or intent on kind of what, what was going on. So, I kind of open up again.*

The phenomenon of touch would not exist without lived body which is of interest when participants admit to not paying attention to their own body cues; however, once it is brought to the forefront of their awareness it elucidates the experience, brings attention to

the participants' individual experiences much like van Manen's (2014) explanation of lived body and how the instinctual movements one makes are executed without thought until it is brought to the forefront of one's consciousness. "*. . . until I started talking now, I didn't realize how much I do use that . . . (Susan)*". As referenced in van Manen (2014), Sartir notes, "the body tends to be experienced as passed over in silence (*passé sous silence*)" (p. 304), and this is true for many of the participants.

### **Lived Space (Spatiality)**

Lived space is "felt space" (van Manen, 2007, p. 102). One may think of space as a distance to be travelled or something to be measured such as dimensions of where one lives such as an apartment or house. Lived space however is not as definitive as a number or measurement. As with lived body, the experience of lived space is not generally reflected upon; however, the space humans occupy, as in a counsellor's office, can affect feeling and emotion. Lived space experiences are influenced by the space a body occupies, such as a large multi-story foyer can create feelings of being small, whereas sailing on the open ocean may induce a sense of vulnerability or insecurity or even wonderment and awe. Human experiences are shaped dependent on the space in which the phenomenon occurs (van Manen, 2007; 2011). To understand the different experiences, questions about space are asked, questions about home, school, work and extra curricular activities. Spatiality defines experiences about phenomenon and the quality of meaning of the experience as it helps to differentiate the individual. The absence of these spaces thus provides a deeper richer meaning as being more than a loss of space but the absence of a sense of belonging, safety, or even a sense of being. The



existential theme of lived space also addresses the concept of home or being at home (van Manen, 2007, 2011).

In this study, several of the participants compared different jobs and work spaces which influenced their experience of demonstrating care through the use of touch. In some instances the different work environment influenced not only the type of touch used but also whether touch was used or not. The spatiality influences the comfort level when choosing to use touch. The lived space, occupied by other professionals and philosophies, can influence how trust is created with clients and the role touch plays in fostering that trust. The other factor participants spoke to in relation to the theme of lived space is the space or physical proximity between participant and client and naturally when touch is utilized the lived space between two people is reduced to nothing where the touch occurs.

*I don't think it's like (snaps fingers) instant like I could sort of see them, that they're distressed and that I need to intervene. I'm responding to them. I'm not just going to sit here cold and just politely wait until they're calmed down so I might move my chair closer to them. I'll often do this (wheels chair closer) you know wheel my chair over, and then I'll lean in (Cynthia).*

Van Manen (2007) speculates children may experience space differently than adults due to an adult's advanced understanding of social character and social and cultural norms associated with space that gives space a qualitative dimension. Van Manen proposes the space needed to feel comfortable or intimate as an example, which gives rise to an added dimension of touch in its use for teaching or demonstrating the societal or cultural norm to youth. For some participants the space needed to feel comfortable

revolved around space such as boundaries “. . . *just boundaries, just being aware professionally . . . and also my boundary as well (Anne)*” and physical proximity as mentioned by Cynthia above. Clearly the participants’ comfort with space was evident depending on the type of touch utilized. A full body hug is an intimate gesture where the space or distance between two people is literally non-existent. When the lived space is between counsellor and client within the confines of an intimate therapeutic relation one could intimate they are close on an emotional level, which is a more abstract measure of space

*. . . if I’m reciprocating a hug I’d be really careful of that, how I respond, I would one arm and keeping my body more open, it’s a one foot back, not both feet forward, it’s a one shoulder back so there’s an open stance . . . where it seems appropriate or initiated by the youth especially that’s where I feel more comfortable. I’m pretty conservative with touch . . . but if the youth initiates the high five . . . to give a hug or a youth does that, and it’s just like a good-bye um, arm, um then I’ll do that. I would just do one arm to meet it or match it, just by contact . . . it’s a sensation so there’s the different sense and . . . so I think it changes the relationship, but I think it’s trusting. (Michael).*

Alternately a touch such as a high five requires close proximity and a sense of comfort, yet possibly not as intimate or as close a relationship as two people hugging. For many of the participants comfort within the relationship is connected to gender “. . . *and I don’t often hug boys. I never actually hug boys. And they don’t, and I don’t get that vibe that*



*they want to be hugged . . . (Pamela) ”. Anne also recognizes that gender plays a role for her comfort level,*

*I use it more with females than males . . . I don't know if I touch as much with older males, probably not so probably would be more giving a Kleenex or um, just eye contact, things like that I might not use touch as much with the older males.*

Betty too noted her comfort changed with a male client, “. . . very rarely do I, have I touched like on the knee or something a male client but it's rare.” It was not only the female participants who noted their comfort with the opposite gender, the same was true for the male participant when working with a female client “*I feel more confident in reading the situation as a male with a female initiating touch that's for sure, beginning of being very, maybe a bit anxious or worried.*”

Van Manen (2014) speaks about space interiorities and exteriorities. The phenomenon of physical proximity or touch between two people is experienced as exteriority whereas a feeling of closeness is experienced as interiority. Participants' experiences of space as interiority and exteriority are varied. As revealed by participants when experiencing the phenomenon of demonstrating care through the use of touch, communication is a major theme. Communication through the act of touch, sending a message of you're safe, I'm here, I care, is an interiority. Whereas alternately when a counsellor communicates or talks about touch with a client this is experienced as an exteriority.

Closeness is a feeling and therefore shapes people, yet the space between two people may also be shaped by intimacy, relationship and fostering an understanding or demonstrating care

*I would say care, but it's a gesture of caring so I think it sort of brings life to the words . . . it's the behaviour that matches the word. I care about you, I care about the stress that you're going through and just regarding that therapeutic relationship that . . . yah, that it just rings some . . . I don't know if I'm using the right words, but there's that connection . . . I think it certainly can solidify it because it's there, has to be that trust there and for a client to know they're in a vulnerable situation right, of releasing tears that can be a scary thing in front of someone you don't know very well. To know that the world is not falling apart because they're in tears or that it's okay and it can be a moment that can be softened in that moment so I think it can build trust and connection in the therapeutic relationship (Cynthia).*

For Susan,

*I could not imagine doing that work without having the ability to have some type of physical contact. There is so much unspoken that happens in the touch that I don't think I could convey with language . . . the healing power of touch is, I mean it's huge . . . if you translate into the power of a hand on a shoulder on an emotional level if you translate that, it's enormous. I mean I have full belief the power of the positive power of touch to heal spiritually, physically, emotionally.*

Pamela's experience is very similar,



*I want them to know that healing is healthy, that emotional pain is really hard for them to cope with but, this is something, this is kind of the flip side of it and I want them to know that someone can care about their body and maybe they can start to care a little bit too . . . it's just part of the process, in the therapeutic process your relationship is everything and if that's going to strengthen it that that's going to build that trust. I've never had somebody ask for a hug and then never come back.*

For Deborah it's about "connecting in a non verbal way, to have that connection because we find a lot of them get so lost in the words and it shuts them down sometimes", thus allowing the relationship to develop that closeness.

*I find you have to be able to read the kids . . . they're not responding to your words and sometimes you just, you need to have that touch on their body, their shoulder or their arm or their back just to have that connection . . . I think the biggest thing is that I'm here, I'm with you, I'm not judging you. I'm understanding what you're going through or I just wanted to connect with you . . . sometimes that touch is that little bit of reality that I'm here and I'm okay and for other people I found that sometimes when I use it it's just sharing that energy of letting them know that theirs may be depleted by what they're going through but here I am and I'll share some of mine with you as we're here working together.*

Mary speaks to lived space within the context of her experience not just as a feeling of closeness within the relationship but also in more abstract terms to also include space as a break, or a pause,

*I think I do that (use touch) at least on my part I do that to further connect with that person or show them that there is some kind of connection there . . . I notice their body a little bit more or they'll shift in their seats differently where, yah, they'll shift in their seats or there's kind of a shift in the room, it's kind of like an intermission . . . everybody's so intense and then it comes to a commercial and everybody's like kind of 'oh, it's an intermission' . . . so people kind of shift, get a drink, like have a drink, or Kleenex or whatever they need to do and then get back to it, so it's kind of get back to the work, so for me, it's kind of like an intermission.*

Michael and Betty are in agreement that touch facilitates that sense of closeness “*I think there's that connection in that understanding and care . . . I think rapport building again, connection, team building (Michael)*”, and

*I guess I'm feeling like they need more support than just the nod or the eyes, they eye contact . . . I think they get a stronger connection they feel like you're really invested in them as a persona and what they're saying . . . I think that's mainly about the connection and that maybe a sense that I appreciate what they're going through and we're working together (Betty).*

Carol speaks to the feeling within the space the counsellor and client are sharing, “*that quick touch can be just a reassurance in bringing them back to where they need to be in a more calm space*”.

The therapeutic realm is different depending on the space being utilized. Factors such as mood or accepted practice within the building and between co-workers clearly influences the experience of the phenomenon of touch; for example, those with previous



work experience change their practice of touch depending on where they are practicing, “touch changed a little bit when I went more into a counselling role, it’s more emotional touch (Anne)”. Mary’s observations of the change in the space within which she works is thus,

*I’ve worked . . . where touch is more often used and accepted and almost expected . . . if it was shown or kind of modeled to me then I would follow that suit for that person each person was different and unique obviously. I spend a lot of time just kind of watching and those kind of environments touch was definitely not something that was looked that was used or appropriate.*

Talking about care experienced through touch, the sharing of the experience between counsellor and client is an attempt to bring the interiority to an exteriority. The existential theme of space or spatiality is not as simple as it may sound. There is the physical space between counsellor and client, the actual space of the office, the building in which the office is situated which would include the waiting area and where the client is greeted, and lastly the relational space, the feeling of closeness and intimacy between two people. The feeling of being connected, an interiority as well as the act of being connected, an exteriority both speak to how space shapes an experience thus playing a significant role in the phenomenon.

### **Lived Time (Temporality)**

Van Manen (2007) states, “lived time (temporality) is subjective time as opposed to clock time or objective time” (p. 104). Subjective time can be explained similarly to our perception of time or how time is perceived. For example, the experience of time may be

that it passes faster when doing something pleasant or when busy or occupied with an event, in contrast to time slowing down or passing slower when doing something dreaded or while very bored. Lived time is the temporal way the world is experienced whether as a young person looking forward to what the future has in store or a person at the end of life reflecting on past experiences. When a young person graduates from high school, for example, one may query his or her life plans; what is the plan for the remainder of the young person's life? The dimensions of past, present, and future constitute the horizons of a person's lifeworld. Past experiences exist in our memories that influence the present, manifesting as things such as attitude, outlook, mannerisms and even words used in language. The past is not static, however it is subject to the impact of the present day situations and its influences. People re-evaluate past experiences and how these experiences have helped mold present perceptions. This re-evaluation can therefore also affect perceptions of what the future may bring (van Manen 2007; 2011).

Within the counselling realm, the confines of the counsellor's office, how does touch influence temporality? It can reduce tension or change how emotive a client is

*used mainly when the clients are in severe distress when you really, really feel they need that reassurance or to get calm for the moment, calmed down from what they are experiencing emotionally so that will be a really, really gentle touch on the hand or a shoulder unless they're really the ones needing and insisting a hug and coming close to you right in the severe distress, we wouldn't, I wouldn't refuse that (Carol).*

Betty also has experiences where touch influences temporality, while touch is used with the same result; the intention is somewhat different,



*I have found though is during a session I'm very careful if someone is showing a lot of emotion and they're tearful and crying I have learned through my practice that if you touch them or hand them Kleenex that can stop them from following through and keeping on releasing their emotion. So, I'm, I caution myself with that. But at times it feels right to express that caring to them . . . so that's when I felt I could touch her to give her that connection and understanding. I wouldn't have done it while she was crying because experience has taught me that when you do that they quit crying right away, and move out of their emotion.*

When asking people about life history touch clearly plays a role in establishing the therapeutic relationship, *"It helps build the relationship (Betty)"*, and trust within that relationship. The relationship is solidified because the counsellor is demonstrating an interest, a caring toward the client,

*they can start to recognize that someone can care about, about their healing process, and so then they can start to care about their own healing process . . . it's like they trust me, like it's . . . a gift, it's part of the process, it's part of the real trust bond in the healthy relationship between the counsellor and the person who is being helped (Pamela).*

Past experience of both the counsellor and client influence the decision to utilize touch. According to Anne, Pamela, Cynthia, Susan and Betty these "temporal dimensions of past" (van Manen, 2011) must be considered by the counsellor as part of getting to know the client's personal life history prior to considering the present

*because if they've experienced some kind of trauma that could really make them go over the top . . . you just don't know, you don't know everything that's going on with that person . . . in terms of touch if they've had an experience where they've had a sexual assault from someone I would be even more conscious regarding that (Pamela).*

For Betty and Susan, their own realizations and awareness over time has changed or been impacted when a previous negative reaction to touch has dictated their approach to touch in their present practice.

*I do have to know my audience. I do have to know whom I am talking to. I can't assume that everybody interprets what I'm doing in the same way and that was when I was working with a group of . . . special ed. students and it was probably, it was just another case of sort of being, somebody looked a little off and I went to see how she was doing and I put my hand on her shoulder and she basically whipped around and said, 'don't touch me!' (Susan)''.*

What may also be true is the influence of present experiences, greater awareness, and ongoing education and how these may have changed or influenced their perceptions or how they view the past *"touch was definitely not something that was looked, that was used or appropriate (in that setting) and as I went through more schooling, I could understand how touch could be interpreted in different ways for the client (Mary)''.*

Lived time allows for greater development of the therapeutic relationship

*at the beginning of the relationship, because the rapport hasn't been built the same and the connection isn't the same there, but I also have at the end*



*of a session, and it might be my very first session with someone who has laid out a lot of information and it's been a difficult session, even though they don't really know me overly well, or me them, although I've just heard their whole story, I would probably say to them, I like to give hugs and if they would like one I'd be more than happy to. If they don't I'd be just as happy about that as well, and some of them who it's been their first session so oh thank you and then we give a brief hug. It's like validating that you're okay, it's okay, you did all that talking and sharing. I'm connecting with you (Betty).*

How one's practice evolves is also temporal. Changes in attitude, awareness and boundaries occur over time as a counsellor's experiences influence his or her practice.

Lived time is exhibited in the distinctiveness of each therapeutic relationship and each session is unique regardless of the number of sessions each participant has had with each client,

*I'm going to say I'm probably thinking about connecting with the other person, showing them the support. I think it's a different way of showing support, touch is, and concern and caring. I mean I think you do that in a lot of ways, nonverbally, by my position in my chair and what I'm doing and my eye contact, my expression on my face, and touch is just another one, and it's not used all the time. It's not something that I do with every client, every time. I think about one of my last sessions it was a very brief touch on the knee and I think I did it once (Betty).*

Van Manen (2014) uses an example of keeping a secret. Through keeping a secret people learn to negotiate in their interactions with others what secrets to share, what not to share and for what purpose. How would lived time relate to the counselling realm of “keeping secrets” (p. 303) or more relevantly, maintaining confidentiality? From the literature it was clear that some counsellors admitted to using touch in their practice while others would not. In my reflective journal I noted,

*It is interesting to note that this participant spoke about not using touch prior to accepting the invitation to participate in this study. Yet in the interview she talks about her use of touch and how she came to the realization that because of the invitation she started to think about her use of touch, which brought her thoughts to a more conscious level. Her awareness was heightened to something she had in fact engaged in previously but on a more instinctual, perhaps unconscious level.*

In this chapter, van Manen’s (1997, 2014) lifeworld existential themes of lived relation, lived body, lived space and lived time were explored, which illustrated the participants’ experiences of using non-erotic touch. Through the interpretation of each of the existential themes the true essence of experience has been elucidated. Chapter six re-examines the literature in relation to my research findings, discusses limitations of this study, and examines implications for further practice as well as for service provider organizations. The following chapter will also discuss considerations and recommendations for counsellor education and further research. Finally, chapter six will end with my personal reflections.



## Chapter Six: Discussion and Conclusion

The purpose of this study was to explore the experiences of counsellors who use non-erotic touch to demonstrate care to youth. During this study, communication about touch and through touch, establishing and enhancing relationships, and factors influencing decision making were revealed as essential features, with awareness of self, the client, and the process being the overarching essence of this experience. This chapter will review how these findings compare to the literature and discussion will follow about the limitations of the study, implications for further practice and service provider organizations, considerations and recommendations for counsellor education, and future research. Lastly, personal reflections will be shared.

### Re-examination of the Literature

This discussion will re-examine the literature reviewed in chapter two considering the experiences of the participants' use of non-erotic touch to demonstrate touch with youth. As a result of the research the themes of communication, relationship and decision-making were revealed with awareness as the overall essence of their experience.

**Communication** is one theme that the research echoed similarly to the literature review. Many of the participants reiterated that touch is a form of communication (Aquino & Lee, 2000; Durana, 1998; Halbrook & Duplechin, 1994; Westland, 2011). Cynthia described touch as a "gesture of caring" which she articulated is how she shows clients her care similarly to Bonitz (2008) who concluded the use of touch supports verbal communication with a non-verbal means. This use of touch is also what Geib (1998) describes as a deeper therapeutic experience when language is not enough; it is a new approach to relating, which can be an effective means to communicate. Toronto

(2001) also acknowledges how touch complements verbal communication as it reaches a level of understanding beyond what words can convey. While there is agreement that touch is a form of communicating on a different plane with one's clients, Horton et al. (1995) believe a deeper intimacy is achieved from using touch thus contributing to a greater sense of safety. When clients feel safe they tend to open up more and therefore, allow for deep exploration of feelings. The literature explores this communication further to include how touch can help establish an empathetic connection. From the research, many participants spoke of how a connection can happen from the first meeting with clients, not just through their spoken words but also through body language such as leaning forward with an open body posture, or through physical proximity rather than through the use of touch.

**Beneficial** use of touch is explored as an adjunct to talk therapy to enhance therapeutic outcomes (Durana, 1998; Fosshage, 2000; Halbrook & Duplechin, 1994; Holub & Lee, 1990; Kertay & Reviere, 1993; Kupfermann & Smaldino, 1987; Wilson, 1982). Throughout the literature review elements such as the enhancement of therapeutic outcomes, touch having a corrective and educative benefit, and the ability for touch to heal are highlighted. While the participants of my research did not explicitly talk about the use of touch being of benefit for clients, two spoke to the effect of touch with clients who show strong emotions. Carol and Betty cited their observations of their use of touch with clients who are distressed and crying, which causes them to stop crying. Carol shared her experience of using touch with clients who are highly distressed and unable to engage verbally. In these instances the use of touch in the moment engages the client to provide immediate reassurance and allow him or her to return to the present to be in a



more calm space. In Carol's experience the client seems to relax his or her whole body thus attributing the touch as helpful to allow the client to shift beyond the distress in that moment. In this instance the intent of using touch is to allow some relief for the client to feel better. Betty's reflections of her experience is similar to Carol's in that the use of touch with someone showing a lot of emotion caused the crying to stop, distracting him or her somehow. Betty continues to explain her experiences under this particular circumstance not only stops the crying, it also causes a disconnect to the client's strong emotion thus stopping him or her from following through and continuing to release the emotion. Similarly both Carol and Betty agree that the client in that instance must be assessed; however, Carol assesses whether to use touch as one of the possible interventions to help a client shift from feeling distress, and Betty assesses whether it is better to use touch and have the client come back to the issue behind the distressing emotions or refrain from touch and allow the client to express emotions in the moment. In both these circumstances, as Toronto (2001) points out, one cannot fail to acknowledge that the touch itself is in some circumstances the restorative stratagem; however, the awareness around the effect or intent for that touch is varied.

**Primitive.** As a result of the literature review three categories were elucidated around touch being primitive. These categories were nurturing touch, attachment, and healthy relationships and nurturance. Harlow's (1957, 1958) studies with rhesus monkeys, and (as cited by Kupferman & Smaldino, 1987), discovered physical contact between infants and their mothers is crucial for the healthy development of infants. Fosshage (2000) determined touch is a basic behavioural need and when the requirement for nurturing touch remains unfulfilled, abnormal behaviour will result. Both Bonitz (2008) and

Durana (1998) speak to the importance of touch for human development not just in infancy but also as adults to enjoy giving and receiving physical nurturing in interpersonal relationships. Holub and Lee (1990) recognize the absence of touch and its link to infants who fail to thrive. It is through the sense of touch that skin communicates much of the incoming messages that are responsible for the accruals of understanding about oneself (Kertay & Reviere, 1993). It was Cynthia who brought up the question while being interviewed, "How damaging is it when a client needs that physical touch and they are being rejected? What message does that give?" It is this line of questioning within the interview that prompted some thought about touch having a nurturing effect, as well as a developmental necessity for youth.

In terms of touch being nurturing, from a parenting perspective Fosshage (2000) believes parent touch of a child goes beyond merely thriving; it also creates a sense of intimacy, love, safety, and well-being. Betty spoke about her touch being a "motherly gesture." She stated, "in my belief a mother responds with concern and care . . . so in my experience motherly means those things, attentive, responsive, in that manner, caring, nurturing." For Betty, nurturing touch is motherly from a caring perspective rather than an overt understanding of its affects on development.

**Explicit and mutual.** It is agreed among many researchers that the use of touch needs to be discussed with clients prior to the initial touching (Durana, 1998; Geib, 1998; Horton et al., 1995; Kertay & Reviere, 1993; Westland, 2011). It is not enough to merely talk about touch, the counsellor must be clear from the beginning of the therapeutic contract about why touch is or is not being included in treatment (Westland, 2011), the boundaries of the therapeutic relationship (Kertay & Reviere, 1993), and to clearly



communicate that the client has the right to control the occurrence of touch (Geib, 1998). Together the counsellor's and the client's personal style, preferences, and expectations of therapy must be negotiated particularly surrounding the use of touch, and must be agreed upon as part of informed consent (Horton et al., 1995). Many of the participants in my research spoke about non-verbal body cues being one of, if not the main component, in determining whether to use non-erotic touch with a client. Participants were clear that in most instances, touch was not thought about or talked about prior to the use of touch for the first time. They could not be explicit about touch to clients when their level of awareness of touch was more of an intuition than mindfulness. Many addressed a process based on non-verbal body cues and intuition to determine if touch would be utilized. However, a couple of participants acknowledged post-touch that the client did not welcome the touch.

One can question if the discrepancy between the literature and my research is an area where awareness of self and the client, as well as awareness of ethics and transparency within the counselling realm come into play. This incongruity speaks to the need for a variety of elements to come to light including being fully cognizant of the benefit of touch to the client as well as the intent to use touch for the client to feel understood, accepted and cared for versus the need of the counsellor to make a client feel better, stop crying or believe the counsellor is making a difference. For many of the participants, the client's needs or comfort level was determined through counsellor interpretation of client body cues, which did backfire for at least two participants in at least one incident each.

In talking about touch with clients not only is the use of touch discussed together; counsellor and client can explore the meaning of the touch as well as both counsellor and

client comfort level regarding the use of touch. Through these types of conversations the significance of touch is explored (Toronto, 2001). To avoid negative responses to touch or misinterpreting body cues Horton et al. (1995) state touch must be an authentic reaction to the client's explicit or unmistakable need for physical contact. Transparency about the use of touch in session would ensure this is the case thus providing an environment where the client feels he or she is in control and the counsellor is responding based on the needs of the client.

Some participants noted it is equally important for counsellors who are uncomfortable with the use of touch to be transparent with clients in order to eliminate any speculation from the client as to why touch may be withheld, preventing the client from being shamed by his or her need for physical reassurance or comfort (Horton et al., 1995).

Pamela stated she is aware of any kind of transference or feelings of a client starting to be attracted to her. Under such conditions she would not use touch because she "can tell" in the way a client looks at her that there is transference. When this is happening within the therapeutic realm Pamela stated she puts up very clear boundaries with the client. She clarified she would talk with the client about appropriate boundaries in such an instance.

Bonitz' (2008) work echoes that it is fundamental for counsellors to be aware of any erotic transference or countertransference. Kertay and Reviere (1993) add that asking permission to use touch and explaining its intent serves to keep the use of touch on a conscious level in the therapeutic moment, and of equal importance is the decision to discontinue the use of touch. Geib (1998) clarifies that the limits and boundaries of the touching experience, as well as its possible sexual aspects must be explored with the



client in the therapeutic setting. Boundary teachings as well as an awareness of the counsellor's own boundaries are crucial. It is important to teach clients clear boundaries with regard to touch and it is necessary to honestly educate clients about motives for the use of counsellor touch and or lack of touch in different situations. There were a few participants who spoke about maintaining their own boundaries when choosing not to use touch, particularly with male clients.

Kertay and Reviere (1993) reference Mintz who believes counsellors should never use touch with a client when it is not genuine as doing so may duplicate previous trauma and invalidate a client's perception of what is real. Pamela will not use touch with a client when she does not have explicit permission because she does not fully know a client's past trauma. Cynthia and Deborah will choose to avoid touch as well if the client has a history of trauma to avoid re-traumatization of the client; however, they will not necessarily talk about this with the client nor enquire about his or her understanding around why touch is not being utilized or his or her need for touch.

**Self-aware.** While awareness was the overarching theme or essence of my research, I am not certain how self-aware participants are in regards to motivation to use touch or what drives the intuition most participants cited as to how they knew to use touch with clients in session. Participants do not discuss the meaning of touch with any clients. Fosshage (2000) however, points out touch can have very different meaning within the dyad depending on who initiates it. A client's age and gender can also affect the meaning of the touch. It is the responsibility of the counsellor to be aware of the level of significance for each individual client, as the therapeutic process will be at different stages with each client (Kupfermann & Smaldino, 1987). Awareness of the meaning of

touch for each client ensures the client does not perceive touch as a boundary violation, most acutely a sexual one, causing great distress for a client (Geib, 1998). Being aware of the meaning of touch gives rise to understanding that even something as innocuous as a handshake has meaning for the client, and influences the therapeutic process (Kertay & Reviere, 1993; Toronto, 2001).

Gerstein (2004) asks some important questions that relate to a counsellor's use of non-erotic touch with a client. "Who initiated the hug? Why did you agree to hug this person? What was your understanding of the hug? What was the client's understanding of the hug? How did the hug further the relationship between you and this person?" These questions could be asked about any form of physical contact and would serve to heighten a counsellor's awareness about his or her motivation for using touch in session.

The majority of participants spoke about their awareness of whose needs are being met when utilizing touch, reinforcing that a counsellor must be aware that using touch is neither unwarranted nor manipulative. It must be a genuine response to the client's need for touch (Horton et al., 1995). Fosshage (2000) concurs touch must be utilized based on the client's need and in sync with the intimacy of the therapeutic relationship. It is vital for the counsellor to be clear touch is for the benefit of the client not the counsellor. As Anne stated and Durana (1998) also mentions, a counsellor must be very aware of his or her needs in order to have them met elsewhere.

**Relationship.** According to Westland (2011), relationship is the main influence when considering whether to engage in physical contact or not. Those participants who spoke to the decision to use non-erotic touch with a client also acknowledged the importance of relationship in correlation with the ability to assess body cues. The more intimate or



developed the therapeutic relationship, the more likely a counsellor would know to use touch or not with each individual client. Many participants spoke to how the use of touch played a role in establishing and strengthening the therapeutic relationship as well. Durana (1998) argues that it is the counsellor who must be accountable for knowing the client well enough to determine his or her readiness for physical contact. A counsellor relies on relationship to know a client well enough to assess his or her readiness for physical contact. As Susan and Betty point out, the therapeutic relationship is being built from the very first session and there are clients for whom physical contact is a fundamental component of the therapeutic relationship (Westland, 2011). Durana (1998) cautions that it is not sufficient for the counsellors to have intimate knowledge of their clients, counsellors must also address ethical implications within the context of the therapeutic relationship.

Many aspects within the therapeutic relationship are fundamental and must be taken into consideration, such as the power of the relationship. One participant articulated her awareness of this dynamic and expressed how this influences her decision to touch a client or not. When assessing power disparity within the relationship, one must be cognizant of cultural and socialized differences between client and therapist (Holub & Lee, 1990).

Touch can be considered a powerful instrument, which emphasizes a more open and intimate relationship between client and counsellor by augmenting the therapeutic partnership as it facilitates a deeper level of trust, which in turn strengthens the connection between counsellor and client (Durana, 1998). Many participants' experiences echo establishing trust within the therapeutic relationship with clients and

strengthening connection happens as a result of using touch with clients. Through the use of touch an empathic connection is formed, and understanding is facilitated thus allowing for this communication on a deeper level. For example, Cynthia experienced her touch as a gesture of caring or an extension of her words. The client feels her care through her touch; the touch is congruent with her verbal expression of care.

### **Limitations of the Study**

This study, like many before, has limitations, which I will acknowledge. Firstly, being a qualitative researcher, I as a human being am the greatest limitation. Because of this humanistic aspect, I had to be aware of my own personal biases and idiosyncrasies to be able to conduct and analyze the participants' interviews to truly elicit their experiences and answer my research question. Ultimately the interviews and participants' responses are only as rich as my ability to stimulate participant conversation and prompt the sharing of their experiences. Part of this limitation is also being cognizant of my presence while interviewing participants to gather data and to reflect how being present could affect participant responses. While I have my own interest and experiences regarding the experience of using non-erotic touch to demonstrate care as well as established knowledge from doing a lengthy literature review, I had to remain open to hearing about new experiences regarding this phenomenon to extend my curiosity beyond my own biases, idiosyncrasies and knowledge.

Secondly, I invited the participants of this study to share their experiences, sending them personal invitations. Knowing the participants as colleagues creates a dual role as colleague and researcher. This tension may have been evident by the frequent use of the



phrase “you know” by many participants, thus blurring the boundaries between fellow counsellor and researcher.

Thirdly, the results of this study are based on the interpretations of the experiences each participant chose to share. Therefore, what participants shared because the topic is sensitive limit the study. There are some factors that may have hindered sharing. The use of non-erotic touch is not overtly accepted in practice and may even be thought of as taboo in some counselling environments or professions. When there is the perception or belief that non-erotic touch to demonstrate care is inappropriate or unethical, sharing one’s experiences of using touch may be too risky, one may fear being judged. Some participants commented that they had not thought about their experiences of using touch until I asked them to tell me about them. The lack of self-awareness limited what could be shared. It is important to note many of the participants were unable to describe their thoughts and feelings beyond a sense of intuition.

Fourthly, there was no cultural saturation and therefore no culturally specific observations were made despite there being cultural diversity amongst participants. While the participants’ past experiences influence their current experiences, the majority expressed that their experiences with clients were more dependent on the client as an individual rather than on any overt cultural norms. Similarly eight of the nine participants were female. One lone male voice is insufficient to make specific gender observations or comparisons.

Lastly there was a heavy reliance on van Manen’s texts (1997, 2014) to fully comprehend hermeneutic phenomenology. Studying other frameworks from hermeneutic phenomenologists such as Heidegger and Merleau-Ponty would have further

enhanced the understanding of this methodology and perhaps influenced the outcome or further supported the outcome. Similarly, not using multimodal methods of data collection for analysis limited how participants shared their experiences, thus the data was not multimodal.

### **Implications for Further Practice**

Phenomenological research does not have as its primary focus the direct application of results into practice; however, it is worthwhile to explore implications for further practice, as the resulting descriptive material may be relevant to many professionals and paraprofessionals.

Counsellors themselves can learn from this study the importance of awareness in using non-erotic touch with youth, including awareness of their own bodily responses to touch, what the touch is communicating, how they communicate with clients about touch, how developed the therapeutic relationship is, as well as the numerous factors that are involved in the decision to utilize touch. As the research suggests, it is equally important for counsellors to be cognizant of whose needs are being met through touch.

Of equal importance for counsellors is to be aware of one's own responses, reactions and expectations for caring about clients. Being cognizant of one's own history of touch within relationships is crucial in order to address touch within the therapeutic relationship with clients. These discussions would also include the impact of the desire to express care or share caring feelings within the therapeutic relationship and to be aware of not only the intent but also whose needs are being met.

In terms of decision making, many participants spoke about being in tune with clients' body language, yet they could not describe what these body cues look like beyond a



couple of specific examples when touch was not welcome, which emphasizes the importance of awareness and explicitly stating the factors influencing one's decision. These participants spoke about decision making being in the moment or being something that is felt by the participants and done intuitively, yet it eluded description. Being explicit about participants were observing in their clients is something participants shared they had not thought of before being interviewed and which was hard to describe.

Developing personal comfort in talking about touch within the counselling realm with clients is as equally important as talking about various other aspects of the process of counselling. Discussions would be particularly important for counsellors who already utilize touch to allow for more transparency within the therapeutic relationship in order to eliminate any chance of misinterpretation. Through conversation with clients, the taboo of touch can be eliminated by educating clients on healthy non-sexualized touch and the importance of this type of human-to-human connection. Educating clients speaks to skill development and being able to safely navigate conversations about topics that may or may not be comfortable. A thorough understanding of the ethics of touch is of utmost importance to ensure counsellor actions beneficence and non-maleficence.

There are many cultural implications for practice surrounding the importance of being culturally competent and aware. Each individual within a culture or who identifies with a culture is unique and therefore has his or her own sense of identity with culture. Cultural awareness highlights the importance of being open and transparent with clients by asking them how they navigate touch in their own culture, family of origin, and to enquire about their views on touch and ask about their personal comfort level. Taking direction from the client is vital. It is likewise just as important to discuss a lack of touch

with clients. For counsellors who are not comfortable with touch themselves, there is a need to be clear with clients that not touching them is the typical practice so clients are not left wondering if they are the only ones not receiving touch. It would be prudent to also address under what conditions or what circumstances one may use touch and enquire about the client's comfort level.

### **Implications for Service Provider Organizations**

As an organization it would be valuable to explore amongst employees individual practices in relation to the use of non-erotic touch. These conversations will also be imperative to have during supervision, which highlights the importance of having a supervisor who is very aware of touch and the implications for its use as well as the effects of not utilizing touch. A skilled supervisor will also be aware of employee comfort levels in order to match counsellors and clients; the intent is to foster healthy therapeutic relationships and have a good fit for both client and counsellor.

Within a service organization all employees would benefit from in-service training to address issues such as boundaries, personal awareness, and how to manage requests from clients for touch amongst other topics. As a result, organizations can then consider agency policy to address the use of touch with consistency and a thorough understanding of touch, how to integrate it into practice should one choose to touch or not, and how to address the counsellor's personal comfort level about touch with clients. It is also imperative that the environment be one where self-care and open communication are promoted. It would be beneficial for all levels of staff to receive training, such as, professionals, support staff, and paraprofessional staff.



### **Considerations and Recommendations for Counsellor Education**

This research may have implications and factors to consider for counsellor education. Primarily, talking about the topic of touch beyond the taboo of unethical sexualized touch removes the stigma and taboo about non-erotic touch and the benefits it may have within one's scope of practice. It is through conversations with professors and fellow students that awareness of self will be clarified regarding one's personal style. Through this awareness of self one can come to understand his or her own comforts regarding touch and come to understand the benefit to clients of non-erotic touch when used to demonstrate care. Equally important is discussing the cautions surrounding the use of non-erotic touch and the ethical considerations when deciding to utilize touch or not. Counselling is a caring profession and while it is important to review what caring looks like, it is equally necessary to address the harmful aspects of using touch. Beneficence and nonmaleficence must be at the forefront of one's decision to utilize touch while also considering fidelity and autonomy by staying in tune with the needs of individual clients.

Of consideration regarding the use of non-erotic touch is education around how to touch within the safe confines of the therapeutic relationship, which would include knowing its importance, limitations, and benefits beyond what one feels intuitively. Educating clients about the use of safe touch would include comprehending when not to touch as well as practice in addressing the decision to utilize touch or not with clients.

### **Considerations and Recommendations for Future Research**

Looking beyond what the research has suggested, it would be advantageous to research and learn how to utilize touch in a corrective manner in order to teach clients for

whom safe non-sexualized touch is problematic that touch does not mean love nor is it a precursor for sexual relationships. It could be worthwhile to examine the use of non-erotic touch as a method within the safe confines of a therapeutic relationship to teach a client for whom touch has only been sexualized about the social mores of non-sexualized touch. One would need to fully explore how using touch for teaching purposes would happen while keeping the client and others who are in contact with the client safe. Touch provides a connection beyond what can be portrayed through words. Touch is about feeling not just the sensation of feeling the touch of two people coming together, but it is also about feeling emotions such as care, belonging, safety and security. How does the use of touch impact attachment, healthy relationships and healing?

Secondly, future research might examine more in depth the experiences of male counsellors. There are some societal views and assumptions about males using touch with female clients as well as with boys. It would be advantageous to explore the beliefs of male counsellors further to more fully understand how gender impacts the decision to utilize non-erotic touch or not. Of equal interest would be to further explore the experiences of female counsellors and any hesitancy to use non-erotic touch with male clients. Many of the participants reported not using touch with male clients yet none of the research I read indicated that males did not benefit from non-erotic touch. Betty pondered why she would choose to touch a female client when a male client may receive equal benefit from similar types of non-erotic touch. Continuing with the theme of gender differences and similarities, it would be advantageous to question whether touch affects males and females differently and is there a need to question the difference of



gender needs within the counselling realm as well as comfort and desire for non-erotic touch.

Thirdly, following this study I am curious about the experiences of demonstrating care as a comparison between children, youth and adults. Much of the research I read was adult based, only briefly discussing the use of touch with children or youth, which also suggests the need for more youth based research on the topic of non-erotic touch. As a result of my research, a couple of participants spoke about the use of touch with children being more directed towards keeping them safe or comforted versus a caring type of touch they would use with youth. In explaining the difference the participants described the decision based on the developmental level of the child or youth. I am curious to know more about the differences based on age of the client as well as the power differential within the relationship between client and counsellor. I wonder if the relationship with an adult versus the relationship with a child or youth has a different level of power from the counsellor's perspective. It would be interesting to compare how the age of the client influences a counsellor's experience.

Some participants spoke to the environment in which they worked and how work place influenced their decision to use non-erotic touch as well as their own personal comfort. It would be interesting to understand how the environment influences the use of touch and how it affects the services that clients receive. Pursuing this research from the clients' perspective would be noteworthy.

Many participants admitted to not overly talking about or thinking about their use of touch until they received an invitation to participate in this study. Once engaged in the interview process, there were components to the use of non-erotic touch that had not

been explored or thought about until they engaged in conversation regarding their experiences. Considering the variety of educational backgrounds, forces me to pause and question if this has an influence on the self-reflection component of practice. Participants who completed masters degrees admit to being more self-aware and self-reflective because of their educational experiences whereas others reported the use of touch simply being intuition or intuitive without the reflection of self. I did not read any research on the impact of the level of counsellor education on the importance of self-reflection, self-awareness or fully understanding one's motivations to use non-erotic touch in practice or an awareness of transparency in the counselling process surrounding the use of touch in counseling. None of the participants have doctoral degrees yet the majority of the research I read was from the perspective of therapists at the doctoral level. Taking into consideration the awareness of various factors that affect the experiences of using non-erotic touch to demonstrate care, in the future one may wish to pursue the question of how one's level of education influences his or her awareness within the counselling realm particularly when utilizing touch to demonstrate care?

Lastly, a couple of participants spoke about and questioned the effect of not providing touch to a client who may need it. What would be the effect of not providing touch to a client who needs it and what is the level of detriment for withholding touch? Also, what is the effect of providing non-genuine touch on both client and counsellor? Future research might examine this from the perspective of both counsellors and clients.

### **Personal Reflections**

Throughout the process of conceptualizing this thesis research, developing the proposal, executing the research and now writing my findings, I have much to reflect on.



I liken this process to that of caring for a bonsai tree, a slow, patient process of cutting and whittling the plant to the shape I envision. The process was at times daunting as I waited for the tree to show signs of growth yet also anxiety provoking as a myriad of thoughts and unanswered questions presented themselves to me about how this tiny plant would grow to what I wanted it to look like when the pruning was complete. I found that the more attention I paid to it the easier it was to monitor the growth, although there were days when staring at it was futile. The days of procrastination and avoiding caring for the plant took on a life of its own and I had to revisit and reimagine what I thought it should look like once my attention returned to the plant. I had to ask myself innumerable times, is this what I really want to be doing? What am I doing this for? I had made a commitment to myself, one that was far more involving than I knew, to keep this plant alive and to nurture it the best I could with the tools I have. At times I had to reign in my hopes as well as my dreams because I had trouble struggling with wanting it to be perfect. Despite wanting it to look perfect, it wasn't going to get that way without taking a step back to make observations about the overall shape it was taking on, being careful to see all parts of the plant, to elicit input from others about the directions they saw it growing in, and knowing when to risk snipping off whole branches to get the desired outcome and avoid the effects of overgrowth. As various stages of the tree grew and were shaped to form my ideal, I noticed reluctance within myself to finish with that portion. I associate it to cutting off a large portion of growth knowing it will enhance the overall shape and health of the tree I'm envisioning, yet hesitating to do so for fear others may judge me for the shape it is taking on, that somehow it might be wrong or others may not share in my vision or understand what direction I want the tree to grow in. I have painstakingly

learned how to care for this bonsai tree and talked myself into and out of various changes in shape. I have allowed my participants to direct its shape while not giving in to the temptation to pass the tree on to someone else or to compost it. I have an abundance of gratitude for my participants in their willingness to openly share their experiences, resulting in the shape the tree took; without their involvement I would not have a tree to care for.



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## **Appendix A**

### **Experiences of Demonstrating Care to Youth Using Non-Erotic Touch**

**M.Ed. Thesis Research by Nancy Anslow-Tooke  
UNBC Masters of Education – Counselling Specialization Student**

#### **Research Participant Information Letter and Consent Form**

##### **What is the Purpose of the Study?**

The purpose of this study is to understand the lived experience of those working in a helping profession who choose to engage in non-erotic touch as a means to demonstrate care to clients. The decision to utilize this technique to demonstrate care will also be examined.

##### **How Were You Chosen to Participate in this Study?**

As a practitioner working in a helping profession, you are being invited to participate.

##### **What am I Asking You to Do?**

Please read this information letter carefully. If you are willing to share your experiences of demonstrating care through the use of non-erotic touch in an interview, and to have the interview audiotaped, you can contact me, Mrs. Nancy Anslow-Tooke by email at [anslowt@unbc.ca](mailto:anslowt@unbc.ca) or by phone at 250-730-2868 (cell) to let me know that you will be willing to participate. We will arrange a time and place for your interview that is convenient for you. The interview will take approximately one hour. When you are interviewed I will record your story in order for me to transcribe and review it for analysis. After I have reviewed the transcription, and the analysis is complete, I will ask you to review the analysis for accuracy. This will involve a second short interview of approximately thirty minutes. You will be able to add any information and let the researcher know if the analysis is correct.

##### **Who Will Have Access to Your Data?**

No one except me, Nancy Anslow-Tooke, will have access to the information from your interview with your name attached. My university professor, Dr. Linda O'Neill may have access to your anonymous information to help me with my analysis. I will be recording and transcribing your interview myself, and there will be no one else who reads your information.

##### **Participation in this Study is Voluntary**

You may decline my invitation to participate in this research study by simply ignoring this written invitation. If you choose to participate, you may withdraw from the study at



any time. If you withdraw, none of the information that you contributed will be included in the study.

### **Potential Risks and Benefits**

There are potential emotional, social and legal risks involved in participating in this study. It may be uncomfortable for you to talk about your experiences of demonstrating care through the use of non-erotic touch. Should you experience any emotional or psychological distress, I will provide you with a list of community resources, which you can access. Because of the size of the community, it is possible that your employer could become aware of your participation in this study. I will uphold the limits of confidentiality of any personal involvement or information disclosed within the context of the researcher relationship unless you have given consent to disclose your information to your employer. Should you disclose harm to a child, or the intent of anyone to harm a child it is my legal and ethical responsibility to report it. All limitations of confidentiality will be upheld.

My hope is that your participation in this study will benefit us both. You may feel validated in your decision to utilize non-erotic touch in your practice. You may feel satisfied in knowing that you are contributing to a research study. Your participation in this research study will benefit me as a counselling masters student who wants to understand the experience of using non-erotic touch in practice.

### **Anonymity and Confidentiality**

Your anonymity will be protected to the best of my ability, as only I will have access to the information in your interview with your name attached. However, due to the size of the community in which you live, there is a risk that you may be identified and therefore anonymity cannot be guaranteed. You or I will choose a pseudonym to identify you in my thesis – individual names will not be used in any future presentations, reports, or journal articles. Confidentiality is important to me because I will learn the most from your open responses. Because your responses will be kept confidential, they will not pose any risk to your reputation. I recognize that it is difficult to assure anonymity in smaller communities. I will work with you to ensure that no information presented in the final thesis or presentations can be linked to you. My supervisor is an expert in small community research and will provide support in this task.

### **Information Storage**

All information from this research will be stored in a locked filing cabinet at my personal residence and on my password-protected computer. All electronic data will be erased from the hard drive and related paper documents will be shredded two years after publication. The only remaining material after this time will be my completed thesis, presentations and/or papers that relate to the research but do not contain identifying information.

## Questions or Concerns about this Research

If you have questions about this research, please contact me or you may contact my Master's supervisor Dr. Linda O'Neill by email at [loneill@unbc.ca](mailto:loneill@unbc.ca) or by phone at 250-960-6414. If you have concerns or complaints, you are encouraged to contact the UNBC Office of Research by email at [reb@unbc.ca](mailto:reb@unbc.ca) or by phone at 250-960-6735.

## Research Results

Each participant will be given summaries of the thematic analysis at the second interview to check for accuracy. Verbatim transcriptions of the initial interviews will be available to participants upon request.

The completed research will be presented at my thesis defense at UNBC. It is anticipated that the results will be presented at conferences, and published in professional journals or reports. You may obtain a copy of the research results by contacting the researcher, Nancy Anslow-Tooke by email at [anslowt@unbc.ca](mailto:anslowt@unbc.ca) or by phone at 250-730-2868 (cell), or Dr. Linda O'Neill at [loneill@unbc.ca](mailto:loneill@unbc.ca).

## Research Questions

The following questions will guide the research:

- What is the experience of using non-erotic touch to demonstrate care in professional helping practice with youth?
- What factors influence your decision to engage in non-erotic touch or not?



### Appendix B: Research Participant Consent Form

	Yes	No
Do you understand that you have been asked to be in a research study?		
Have you read and received a copy of the participant information letter?		
Do you understand that you are free to refuse to participate or withdraw from the research at any time?		
Do you understand the benefits and risks of participating in this research study?		
Do you understand that the interview will be audio recorded?		
Do you understand that some of the actual words may be published in written form?		
Has the issue of confidentiality been explained to you?		
Do you know what community resources are available for additional support?		
Do you understand who will have access to the information you provide?		
Have you had an opportunity to ask questions about the study?		

This study was explained to me by:

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Printed name of Research Participant:

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I agree to participate in this research study as described in the Information Letter. I am agreeing an audiotaped interview of approximately one hour in length with questions about my experience with using non-erotic touch to demonstrate care with youth.

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Signature of Research Participant

Date

## Appendix C: Community Resources List

### Counselling and Support Services:

Alberni Community and Women's Services Society	250-724-7111
Bev Ross Counselling and Consulting	250-724-2522
Community Counselling and Consulting Services	250-723-9392
Crisis Information Line	800-588-8717
Crisis Line – Emotional Support	250-723-4050
Toll Free	888-494-3888
Crisis Services (KUU-US)	800-588-8717
Crossroads Counselling Group	250-720-0316
Port Alberni Family Guidance Association	250-724-0125
Orca Healing Solutions	778-421-0672
Deborah Weiss	250-731-8144
June Graham	250-723-9777
Dea Parsanishi	250-735-0942