

# Ellen : Therapeutic Touch in Radix

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One of the elements that once distinguished body psychotherapy from a non body approach, was the use of touch. As awareness of abuse, trauma, boundary invasion, poor boundaries and ego development has grown, touch has been an element of body psychotherapy which has been questioned. Some therapists do not use a hands on approach at all; others do with clients who have more rigid structures but not those who are softer. But for a well trained body psychotherapist, touch is a tool that is invaluable for all clients *especially*, those with dissociation, poor boundaries, poor ego development and histories of trauma and abuse.

Touch has never been a question for me since working in my former career as a physiotherapist. In my physiotherapy practise, I was developing infant massage for babies who were reacting to family dynamics and expectations or to neglect, trauma or abuse. I had moved into the realm of working with babies' emotional and psychological states. As I began my body psychotherapy training, I realised that in these babies I massaged, I was in fact looking into the developmental stages of the different body structures we see in body psychotherapy. Through this work with them, I was seeing transformations that sometimes seemed almost miraculous!

Using touch means that the therapist's hands must be somewhere on the client's body. A hand on a shoulder for support and grounding has often been used throughout the history of supportive relationships. I use my hands in countless ways to ground, support, massage, re-distribute energy, influence muscle tone, facilitate self contact, and enhance boundaries. My hands may be on the body or above it in the client's energy field particularly when boundaries have been projected out from the body.

But equally often, it is not as simple as placing hands on or near the client. Touch may mean us sitting feet against feet or back to back. Or the client may be leaning against my chest. They may reach towards me exploring needs for support and if appropriate experiencing this. Alternatively they may be pushing me away from them. The client's hands may be exploring the feel of my hands or even my face. Using touch appropriately may mean encouraging them to touch their own body; for example their hands they have always hated.

Touch may be primary in a session. For someone with chronic fatigue who has given out all their life and taken in little, it may be almost a starting point. At other times where verbal therapy may be the primary modality, physical contact is in fact facilitating the depth and connectedness of the talking.

## First Session with Ellen

To illustrate the use of touch in psychotherapy, consider Ellen, a woman I worked with for five or six years. In many ways Ellen is the sort of client with whom one may think touch could at worst cause harm and at best detract from therapeutic gains. Ellen had suffered physical, sexual and emotional abuse as a child, had extremely poor boundaries, was agoraphobic and continually overwhelmed by fear. She had also experienced a couple of psychotic episodes and was so 'out of her schizoid body that she had difficulty functioning day to day in the world. She had virtually no trust in anyone, least of all herself.

Ellen, a scientist, was in her mid forties when she was referred by a psychiatrist who had been seeing her for about four years. She arrived for the first appointment panic stricken, almost inarticulate, terrified that she would not know the answer to whatever I asked her (as it was with her father) and with no sense at all of her body or her boundaries. She could not look at me and cowered in the corner of the room. She described her rather large body as feeling like the flimsy string on the end of a balloon (her head).

Recognising the delicate situation of involving touch in the first session, but understanding the energetic process that results in these symptoms, I knew that I had to immediately do something that would help her come 'into' her body and not be so overwhelmed.

I asked her permission to hold her head. Although she gave it, I recognised that she was not connected with herself enough to know whether it was okay or not. It was my task to help her find that out. I went ahead very slowly, moving my hands into the energy field of her head, watching her eyes, her breath and her colour as I asked her to tell me her experience as best she could. I was feeling, watching and listening with all my senses to see if she dissociated or became overwhelmed. Changes I observed at this stage were minimal and positive so I gradually placed my hands firmly on her forehead and occiput, still 'listening' with my whole body including my eyes, ears and hands. Gradually Ellen settled. Her rapid shallow breath slowed and deepened; she stopped hyperventilating and was able finally to really see me which allowed her to check me out. Her obsessive 'head fears' subsided as her energy moved down into the rest of her body. She felt empowered with a sense of herself. The positive consequences of the touch were a major factor in her decision to work with me.

From then on most sessions involved touch in some way. Holding her head firmly would often help her move into her body from the destructive and sometimes obsessive thoughts. Some of the early sessions were conducted with us both sitting on the mat, her back against cushions on the wall with our feet touching. I was thus able to give her gentle grounding pressure through her legs to keep her from going into a head terror overwhelm. Often with her permission I would place my hand behind her back to help it to relax into the support. Sometimes I would stroke or massage Ellen's neck which had endured some very traumatic abuse as a child. Initially it would remind her of the abuse, but like the babies I had massaged years before, she gradually replaced this memory with safety and easy pleasure. Or I may have her push against my hands in standing as we worked verbally with boundaries. At other times I would press firmly and slowly down her body with my hands (initially above her body and later on it) to give her a sense of her body boundaries. Ellen learned to do this to herself, creating a sense of personal empowerment and an ability to stay present in fearful situations rather than dissociating.

Often Ellen and I worked verbally on deep and difficult issues while sitting side by side on a mattress leaning against cushions on the wall. I found this to be a non confronting position where Ellen could initiate contact which often developed into her leaning strongly against me taking in my support. Over time I began to hold her. She had never experienced being held without feeling that she was too much or that she should feel guilty. These sessions gave her a new feeling of self worth and safety.

Ellen felt very empowered by being able to control and initiate touch with me. This does not mean that every time she wanted touch it necessarily happened. But she had the power to negotiate it. She had always been 'done to' as a child. She could not stop the abuse of her father. Nor could she get the hugs and cuddles she needed from her mother unless her mother held her tightly to satisfy her own needs. Ellen's sense of her body had literally withered away. As it became safe for her to live in her body, she began to take charge of when she was touched and by whom.

When we met, Ellen had severe pain in much of her body. A function of the pain seemed to be to buffer her from the emotional pain she had repressed. I would very gently work with hands on her back and neck and often the emotional pain that it held would be released with a reduction of the physical pain. Another function of her pain was to let her know that she was in a body. Gradually as we worked together she began to feel pleasure and aliveness in her body which also gave her a sense of her bodily presence. Her energy moved out into the skin and muscles gradually transforming it with colour, strength and aliveness. As this occurred, she developed the desire to exercise and began to walk and swim to enhance her aliveness. Of course as this happened, she started to feel safer in the world. She no longer felt that her body was insubstantial but that it was protection and a container for her emotions. She could feel its large size and in fact without even trying lost some weight, which increased her enjoyment of movement. My guess is that without a

direct body approach involving touch, this depth of connection with her body may never have been achieved.

As we explored touch together, she remembered months of regular physiotherapy treatments she had had with a male therapist. She realised that each time she had seen him, she would 'leave' her body as she stepped out of any clothing she needed to remove for him. So she did not feel his touch. She was always puzzled that she did not remember the treatments, and that her back did not improve. Over time I began putting a hand on her (clothed) back whilst she watched me (and I watched for dissociation). She learned about when she was 'leaving' and needed me to remove my hand. Eventually over some months I was massaging her back helping her deep spinal muscles to relax and giving her a profound sense of well being, relaxation and living in a functional body. At the same time she was learning to stay present so that in the future she could be aware of when she was beginning to be overwhelmed, and to take charge rather than dissociate.

In time, Ellen also began to remember details of her father's abuse. By then she could experience the feelings this elicited without dissociating or at least with an awareness that she was 'going' so that I could help her to stay present. She had also learned that she had a new resource; she could hold on to me as she felt these feelings. I would remind her it is me by saying something like *'feel my Jacqui sized female hairless arm in your hands and know that this is a memory you are having with me; your father is not here'*.

### **Regression and Transference**

The first year I saw her, Ellen was on the edge of being able to cope with life. She would often regress, both in the world and in session. At no time did I see her regression directly related to touch. The most dissociated I saw her was when she arrived and asked me a question about men. She regressed into a catatonic infant state before I could answer. It was not touch that sent her into this, but it was touch which brought her out of it - first by me and then continuing with her partner.

Transference issues loomed large about a year into therapy. Perhaps it would have been later and less intense if she were not touched - I do not know. I do know that we had reached a stage in her work where it was appropriate for her to experience these feelings. Her contact with her body had strengthened and she felt safe and ready to work with her experiences. Touch gave us more tools to facilitate her process as there were options such as physically pushing me away and reaching out to me. To need me and also to assert her boundaries.

Towards the end of her work with me, Ellen was thinner, almost pain free and functioning in the world to the extent that she could work. She commented *"Because no therapist ever touched me before, I never knew what safety felt like in my body. Living with a body memory of this feeling has helped my life become easier, richer and less fearful"*.

### **Concluding Remarks**

Touch is a powerful tool in right hands. Psychotherapists who are not well trained in body psychotherapy should not work with touch or if so very minimally. The power in the touch comes from not just knowing how to touch, but in being able to read the body's response to it. Graduates of a good body psychotherapy training will be able to listen to the client with all senses - sight, hearing, touch and even smell. They will be extremely sensitive to the client's organismic response which guides them how, when, where and if to touch. Good personal work in body psychotherapy gives these therapists a strong sense of their own process and of the boundaries of both the clients and themselves. Having experienced hands on work will enable them to touch with confidence, sensitivity and curiosity. These body psychotherapists find that the wise and skilful use of therapeutic touch becomes a safe and invaluable resource with virtually all clients.

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