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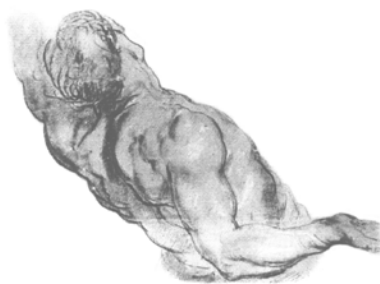


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USABP Mission Statement

The USABP believes that integration of the body and the mind is essential to effective psychotherapy, and to that end its mission is to develop and advance the art, science, and practice of body psychotherapy in a professional, ethical, and caring manner in order to promote the health and welfare of humanity.

The Somatics of Touch

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Abstract

In this paper we will discuss the scientific knowledge and hypotheses on the physiology of the body-mind effect of touch. Touch has a physiological base that influences psychological processes. We present an example of the benefit of touch in working with a client in a therapy session which is then followed by a short description of a pilot project on the effect of a specific way of touching on students in several training situations. The physiology of different ways of touching is reviewed and cutting edge research regarding body-mind unifying theory is mentioned.

Keywords

Touch – Research – Psycho-neuro-endocrinology

Example 1: A client in a psychotherapy session.

A 47 year old female client talked about difficulties in her marriage in the course of her third session. In the ensuing dialogue the therapist expanded on one of the issues. Suddenly the client had difficulty expressing herself verbally, she shivered, her eyes/pupils dilated, the dialogue nearly stopped - the client withdrew from the contact and was much less present. No change could take place unless the contact was re-established. The job of the therapist then is to decide on an appropriate action as contact was necessary for any change to take place.

The therapist chose to ask the client to stand on her feet. Then the therapist put one hand on her back giving her a reassuring calming supportive touch. The effect on the client was a normalization of her breathing, her shivering decreased, eye contact was re-established and it became possible to have a dialogue about what happened. In this case touch was used consciously to bring about a situation where both teaching and therapy could take place.

Example 2: Obtained from groups in an educational setting

In a pilot study that is still running we have 437 subjects so far participating in educational groups during the last 4 years. Among these subjects we observed the effects of a simple touch exercise.

Working together in pairs we have A placing one hand on the back of B, B specifying exactly where and how they want this hand placed on their back. After 1-2 minutes B is asked to state how he/she feels inside.

After completing the exercise the participants are presented with a list of statements about the effect. They are then asked to choose one statement from this list, or if they do not find a statement that fits the effect this exercise has on them they can add their own statement below the list.

The top 5 of the most frequently chosen answers are:

- Feeling more calm and at ease
- Feeling more present and alive
- Feeling more centered
- Feeling stronger with higher self esteem
- Feeling more in touch with ones emotions.

In both the therapeutic and educational examples we found a measurable psychological effect caused by a bodily intervention.

THE PSYCHO-NEURO-ENDOCRINOLOGY OF TOUCH.

What is happening at the biological level when we touch?

An abundance of psycho-neuro-endocrine research has emerged in recent years, most of which is experimental and carried out in animals, generally with rodents (Pert 1985, Pauk 1986, Uvnäs Moberg 2000, Vázquez 1998). In humans the majority of studies concern massage, acupressure, biofeedback and other methods of the growing field of energy medicine

(Leivadi 1999, Oschman 2000, Ironson 1996). We are not aware of any studies on specific neuro-endocrine effects of different types of touch.

The following section therefore focuses on the general biological effects of gentle (non-invasive) touch.

From the skin to the brain

Sensory afferent nerves bring information to the central nervous system from receptors in the skin. There are two main types of receptors: receptors for fine touch/proprioception and receptors for pain/temperature. Both types of receptors generate two nervous impulses.

- One is carried to the central nervous system by thick, coated nerve fibres (A-delta-fibres) travelling rapidly through the spino-thalamic tract to the thalamus and from there on to the cortex of the brain (Brodal 1977). These rapidly travelling impulses allow the CNS the option to activate inhibitory nerve impulses in case the signal is considered painful or "too much" (Rosenfeld 1994). This rapid system might also activate the autonomic nervous system.
- Slow acting C-tactiles in uncoated nerves transport the other nervous impulse. This part of the system is ontogenetically the oldest. New research suggests that C-tactiles are able to catch the unconscious aspect of a stimulus; one might call it the intention behind the touch! (Olausson 2002, Wessberg 2003).

All incoming signals cross the body midline at different locations in the medulla i.e., signals from the right arm are processed in the left part of the brain and vice versa.

From the brain to the body

The outgoing (efferent) part of the nervous system consists of somatic motor nerves and autonomic nerves. The autonomic system regulates the internal organs without our conscious mind taking part in it. The autonomic nervous system is divided into:

- The sympathetic nervous system, exits the spinal cord in the thoracic and lumbar regions of the spinal column. The sympathetic nerves are activated by motion and are regulating the flight and fight response, primarily through the neurotransmitter nor-epinephrine (nor-adrenaline).
- The parasympathetic nervous system comes from the brain stem and the sacral section of the spinal cord. The parasympathetic nerves are actively engaged in rest and peace and primarily use the neurotransmitter acetylcholine (Uvnäs Moberg 2000).

Responses in the brain

The thalamus might be considered an enormous information processing centre. It is connected with both the higher areas of the brain (the cortex) and the lower levels; the brain stem, the hypothalamus and basal forebrain, the hippocampus, and the limbic system. Information is processed in all of these neural connections, but most of it is done through neurotransmitters and other peptide substances (Damasio 1996 & 1999). With the elicitation of hypothalamic peptides, endocrine responses emerge in the pituitary and in some other internal glands, e.g. the adrenals. Some of the peptides synthesized in the pituitary are transported to higher levels of the CNS acting partially as neurotransmitters.

Neurotransmitters, peptide substances and hormones all act upon receptor molecules in different body tissues, including the brain. Some of the substances have different types of receptor molecules in different tissues. The newest line of research in neurotransmitters has identified the astonishing fact that most neurotransmitters are not only produced in the CNS but also in nearly all parts of the peripheral tissue (Pert 1997). The consequences of this might be that manipulation of peripheral tissues, e.g. muscles and joints elicit a more local production of neurotransmitters. The powerful effect of acupuncture on internal organs is one example of this hypothesis.

PSYCHO-NEURO-ENDOCRINE SUBSTANCES

Let's take a look at some of the most important substances involved in the mechanisms of touch; oxytocin, endorphin, the neurotransmitters and the steroid hormone cortisol. Nearly all of the body's hormone systems are in some intriguing ways implicated in the response to touch, but here we will concentrate on the most important ones.

Oxytocin

The most important substance is probably the pituitary hormone oxytocin. Oxytocin is produced in supraoptical and paraventricular nuclei in the hypothalamus and transported to the posterior lobe of the pituitary reaching the blood circulation from there.

Some of the oxytocin-producing cells in the hypothalamus elicit their effect as a neurotransmitter transporting the substance to;

- the hippocampus (the place where memory is stored and the stress system is regulated),
- the substantia nigra (the main centre for the production of dopamine, which has its main effects on focusing, rewarding and emotional responses),
- the raphe nuclei (the main centre for the production of serotonin, which has its main effect on the general mood) and
- the locus coeruleus (the main centre for the production of nor-epinephrine which among other effects is involved in alertness and aggression).

For decades the only known effect of oxytocin was its ability to attach itself to receptors in the uterus causing contractions and thereby eventually causing the expelling of the baby. Later it was found that oxytocin, apart from working in the pregnant uterus, also elicits the contractions of the female orgasm. In recent years research in both animals and humans has shown that oxytocin has several other effects as well. (Uvnäs Moberg 1998, 2000, Sachser 1998, Pert 1997, Komisaruk 1998, Henry 1993b).

Oxytocin has many biological effects including lowering of pulse rate and blood pressure, redistribution of body heat, stimulation of digestion through stimulation of gastrin, somatostatin and insulin. It also has an effect on the part of the autonomic nerve system that is involved in digestion (the vagal nerve), stimulation of wound healing, stimulation of pituitary production of prolactin, growth hormone and ACTH. The stimulation of ACTH initially increases the production of cortisol in the adrenal cortex. However the general effect of oxytocin is to stabilize the cortisol at a constant low level through a feedback loop mechanism.

There are behavioural effects of oxytocin. Animals display less anxiety and more curiosity, which provides them with courage to establish non-aggressive social contact with other animals. The mating behaviour speeds up and intercourse then produces even more oxytocin in both female and male animals (a mechanism that most likely also promotes the motility of egg and sperm). Maternal behaviour is promoted even in animals that have not given birth. This behaviour is not only directed towards the animal's own offspring but also toward other youngsters. Social memory improves, for instance recognition of others. Even learning abilities show improvement as demonstrated with the ability to retain useful information in a non-stressful environment. Oxytocin also reduces pain. Animals react less towards a painful stimulus, i.e. the pain threshold increases.

The production of oxytocin in the body is stimulated by gentle touch as well as being in good relationships, sex, delicious food and drinks, pleasurable exercise (most likely connected to the interconnection between the endogenous opiate system and oxytocin) and by stillness, i.e. in meditative mindfulness. So as you can imagine, oxytocin is able to show us all that is good for us!

The endorphins

The endorphins are morphine-like peptide substances produced in the brain and in nearly all kinds of peripheral tissues. Stressful and harmful stimuli immediately produce an increase in the endorphin levels in the body. The function of this is obvious, to mitigate pain in order to be able to flee from or fight against stressful stimuli. The endorphins also form the crucial component of the freezing response seen in inescapable stressful situations where you don't feel pain at all - at least you can die without suffering! (Henry 1993a, Kolk 1994, Nabeshina 1992, Rosenfeld 1994)

Endorphins are also produced in great amounts through non-noxious stimuli like TNS, acupuncture, acupressure, and massage, and through movement, especially running longer distances (Thoren 1990). This is actually the primary pain reducing mechanism of these therapies. Endorphins are not only acting as painkillers but have psychoactive effects as well; one becomes more at ease, gets a feeling of flying and of endurance ("I can go on like this forever") and especially one is more able to defocus one's emotional responses in the situation. This makes it easier not to become overwhelmed by emotions (Pert 2000).

The endorphins are intimately connected with oxytocin. Oxytocin actually seems to stimulate the production of endorphins while some of the endorphins suppress a further increase in oxytocin (quite helpful if a person is not supposed to fall asleep!) (Daddona 1994).

The neurotransmitters

As described above in the section about oxytocin, different brain neurotransmitters are being released in response to touch (to confuse us all, nowadays neuroscientists are finding "brain" neurotransmitters in nearly all types of peripheral tissues (Pert 2000).

Dopamine and serotonin are the most promising candidates to explain the clinical experience that touch renders a client more focused and emotionally stable and that it has a positive effect on the general mood of a client (Damasio1996). It is interesting that the neurotransmitter nor-epinephrine which generally is seen in connection with the sympathetic stress response, also shows an increase under the influence of touch. The reason for this is that nor-epinephrine has the ability to control the "positive" side of alertness, the ability to stay awake and stay focused.

Cortisol

Cortisol is a steroid hormone produced in the adrenal cortex. Cortisol is important for the acute response to stress, for instance it mobilizes glucose which then is transported to the working muscles and the brain. When the stress response becomes chronic, the dark side of this mechanism shows up. Chronic elevated cortisol levels result in high blood pressure, cardiac illness, the development of type 2 diabetes, and even dementia-like conditions in the brain and depression (Henry 1993a, Henry 1998, Kolk 2000, Vázquez 1998). It is therefore important that several studies in both animals and humans have shown unambiguously that gentle touch and massage lower the cortisol level in the body (Field 1996, 1997a, 1997b, 1997c, 1999a, 1999b, Pauk 1986, Leivadi 1999).

SUMMARY OF THE BIO-PSYCHOLOGICAL EFFECTS OF TOUCH

Touch is the single most efficient method to reduce anxiety and create a sensation of ease and trust. This is due to the combined effect of the neurotransmitters oxytocin, the endorphins and serotonin, indicating that psychotherapy without touch comes close to being unethical!

From a therapeutic viewpoint another aspect of touch is the ability to strengthen the social interaction and contactability between client and therapist. This is achieved through oxytocin supported by dopamine in a session where touch is used. The effect is seen in both client and therapist. The goal of therapy of course is to teach the client to transfer this ability to his life outside the therapeutic setting.

Touching promotes a client's learning abilities through the combined action of an increased oxytocin level, decreased cortisol level and a shift in the autonomic nervous system from sympathetic activation or a more neutral position towards parasympathetic activation.

Touching establishes the ability of the client to be more focused and present mainly through the release of dopamine and nor-epinephrine.

Touching also heightens the client's capacity for enduring high intensity situations.

Oxytocin helps the client to experience the intensity as less dangerous. The endorphins elicit a feeling of 'getting high' in intense situations. Nor-epinephrine helps the client to be alert. Dopamine provides the sense of reward in this situation. Even cortisol has positive effects in a situation of short-term stress, namely when one has to act in a high intensity situation.

The combined effect of the above mentioned impact of the neurotransmitters is that the client's containment ability and experience of self-esteem and personal dignity is increased. The therapist and/or teacher must therefore consider using touch in all situations where the above themes are active.

DIFFERENT WAYS OF TOUCHING IN BODY PSYCHOTHERAPY

It is important that psychotherapists are consciously aware of the impact of the touch they choose to use and that touch forms a part of the whole therapy process. This is especially so when the goal in psychotherapy is to help the clients psychologically in learning to stand on their own two feet, to experience this feeling in all parts of themselves, and to help the clients in developing their ego / self (Bentzen 1997).

In body oriented psychotherapy the different schools all have their own ways of differentiating touch. In the Bodydynamic system we distinguish different qualities in the muscles in regard to their responsiveness to touch. We differentiate between hyper- and hyporesponsive muscles, which represent totally different psychological issues (Fich 1997, Bernhardt 1997a). Moreover, in the analysis of the muscles we make a differentiation in the psychological content of each single functional muscle (Bernhardt 1997b, Bernhardt 1997c) The different ways of touching as described below thus have a different impact depending on which muscle is touched and which quality of the muscle is addressed. Here we will describe the general way of touching in the Bodydynamic system as one example of ways to touch in the world of body psychotherapy.

Touch as biofeedback

The intention is to help the client sense him/herself, which helps to integrate insights and to hold on to these insights. Example: a client is not able to sense any impact from an otherwise good experience. There is no impact or change in her body

and hardly any insight into the benefit of what is happening. When this is the case the client's body awareness is very close to zero.

One typical scenario is that the therapist places her hand on a particular muscle group of the client and asks the client to activate those muscles. Experience shows that being touched on those muscles makes it easier for the client to sense the muscles that are going to be activated, easier than when there is no touch. Imagine a client who is collapsed in the sternum with the head placed forward. If the therapist places one hand on the sternum and asks the client to move the sternum forward (under the hand) it helps the client to get hold of the movement and the muscles involved, which have to do with sensing "needs".

Another scenario is that the therapist has placed her hand on a place on the body of the client (connected with the theme that they are working on). Now when the client states a sentence, both the therapist and the client can sense the connection, because the muscles under the hand will become active, alive. This allows the client to start consciously using these muscles when she runs into the issue at hand. When the hand is not there or is in another place on the body nothing happens.

In all scenarios it is important that the hand of the therapist is neutral and well bounded, in order to help the client to develop her own sensations and find her own words. If the therapist has a more unbounded contact style it becomes more difficult for the client to differentiate and stand up for herself.

Boundary increasing touch

In the therapy session the intention is to help the client sense her boundaries. The client needs to be more assertive in setting her boundary, be able to sense in her body when other people overstep it, and when to say STOP (based on a bodily reaction). The therapist places his hand on muscles that are related to boundaries, of taking space or similar issues. The therapist helps the client to sense these muscles and experience that these muscles can "push" the therapist's hands away. He helps the client to verbalize the actions and the insights.

Another way may be a firm stroking of the same muscles at the level of the skin - outside the clothes of the client - so that the client is helped to sense his skin as the physical boundary of his body.

Working with a client on these issues involves touching the triceps (which support the ability to say NO or STOP), the middle part of the deltoid (which supports the ability to ask for more space psychologically) and the back part (posterior) of the deltoid (which supports the ability to get rid of burdens, or sense the ability to endure).

Stimulating touch

The intention of this kind of touch is to provoke a psychological as well as physical reaction from a client who at a specific moment in the therapy session is holding back (or has given up) any or most of a reaction. The therapist consciously touches, holds that touch and pushes/stimulates muscles that are active in the theme that is being worked on.

An example is a client who is talking about her "closed heart". Here the therapist might choose to place her fingers on top of the serratus anterior superior muscle (left side), to provoke the muscle to respond and provoke the client to talk more about the issue of shutting down her heart. One advantage of a provocation in this manner is that the therapist can help the client to stay focussed on the original topic by provoking associated muscles.

Supportive touch

Here, the intention is to give the client an experience of being okay, of not being alone (contact is possible, no matter the problem) and that other people love you (unconditionally).

This type of touch can be used on many areas of the body. Most typically it is done on the back. It can be done in different places in the back. The psychological theme here is being "backed" by another human being (the parents).

The therapist places a very steady hand - often it is warm, or it becomes warm - on the back of the client. This is done of course when "backing" is missing. The results are similar to those in our pilot study in the beginning of this paper. It is easier for the therapist to give the "right" support if, while he is giving this supporting touch, he is saying inside himself "I am here", "you can lean on me", "I will support you" - in just the same way one would support a little child unable to sit alone. At a later stage the therapist may say these sentences out loud while touching.

Another way of providing supportive touch is where the hand gives "a little push" that says "I am here, you can do it yourself", as a way of getting the message across for what needs to be said. This way of touching is comparable to a parent really *being* there when a child falls (e.g. in the process of learning to ride a bicycle), helping the child to get up quickly and giving it the next push out into the world.

Many of our clients are not used to being "backed" or supported by their parents, so when "the going gets tough" in the session an obvious move is to support these clients. Giving the client consistent support in the back helps her to stay focused and contained and to keep describing what goes on inside.

Energy producing touch

In this case the intention is to give clients with little resources more energy. One way of doing this is to stroke the client's body with a well-bounded and light touch, faster and faster, while focusing on the surface of the skin (clients are always dressed, preferably in soft clothes). This is most likely activating the C-tactile cells as described above and pure experience tells us that this way of touching activates the energy in the body.

This can also be done through different ways of 'slapping' the skin or using the lateral edge of the palm. The technique chosen depends on whether one wants to "evoke" finer or coarser vibrations depending on the quality of the muscles.

Holding (containing)

The intention is to help the client experience that it is possible to contain a state of high intensity and still stay in contact. We have many examples of clients that regress into early childhood and get in touch with sadness and fear. One therapy intervention is to sit on a mat with the client's back against your front holding your arms around the client safely. When anger is involved the holding might be firmer, so the client experiences that the therapist is able to contain the anger.

Strain – Counterstrain

Here the intention is to teach the client different ways of moving, body awareness and releasing energy blockages. The therapist touches or holds on to the client while the client is doing different movements and/or stretches. The advantage is that the client experiences contact while he is exploring his body awareness and that he can verbalize the insights and sensations to the therapist.

Massage

In the area of massage there are many ways of touching. Most of these ways are intended to either relax the body or to heighten aliveness in the body.

There are forms that make use of non-verbal massage. Some forms are mixing massage and verbal exchange while others combine massage with psychotherapy. A number of these forms recognize the concept of hyper- and hypotensive muscles.

If our clients need a massage we normally refer them to a massage therapist, but if they arrive in a session in a state that is so depressed or energized that it becomes difficult to do therapy, we prefer to spend some time bringing them into balance, before continuing the session.

Clients who are in a depressive state need to increase tension in their system, so we ask these clients to do specific movements that include the depressed muscles, while we provide resistance. The basic rule in giving resistance is to give it in a way that the clients succeeds in making the intended movement fully, while at the same time the resistance has to be tough enough that fulfilling the movement is difficult for the client.

Clients that are "overly energized" need to relax their system. Here we ask the clients to lie down on a mat while we stretch their muscles (using force and specific techniques). Stretching the muscles in this way releases the tension and brings the energy down.

PTSD

In working with PTSD - shock trauma issues - we are prepared to use all of the ways of touching mentioned above, all in the service of helping the client to resolve the traumatic issue and build new resources in order to gain a higher quality of life (Jorgensen 1992, Ollars 1995). We are also prepared not to touch depending on the kind of shock trauma the client has been exposed to. When the skin and the boundaries have been penetrated in the original shock trauma we generally do not touch the client before a considerable amount of work on safety has been done. This work includes learning how and when to keep boundaries (when and where and how to say stop, etc.) physically as well as energetically.

Ethics and touch

There exists an extensive body of literature on this topic so here we just want to state the obvious, namely that therapists **MUST** be able to keep their own boundaries and to sense and respect the client's boundaries - no matter what the issue (Macnaughton 1997).

Clients often have difficulties concerning their boundaries in relation to the issue that they want to work with. So although the therapist asks the client if it is ok to touch, the answer most often will be YES. Specific tensions occurring in different places in the body as well as a lessening of the contact between the therapist and the client indicate however that the client in fact should be answering NO to this question. Therefore it is important that the therapist is aware of the subtle reactions in the client and also needs to be able to sense in his own body the "YES-NO" reaction present in the client's body.

THE CUTTING EDGE: NEW THEORIES EXPLAINING THE IMPACT OF TOUCH.

In recent years two outstanding biomedical scientists, Candace Pert and James Oschman individually have described integrative concepts on how all parts of the human body and mind interconnect and how touch influences the system via hormonal, neurological and psychological networks.

Candace Pert, the discoverer of the endorphin receptor in the brain and the body, in her book "Molecules of Emotion" (Pert 1997) describes the concept of a biochemical information network as the agent of the relationship between touch, body and emotions. James Oschman, renowned scientist in biophysics, in his book "Energy Medicine" (Oschman 2000) describes the concept of an electro-magnetic and structural information network as the agent in the relationship between touch, body and emotions. Together they are now working on a unifying theory to explain how traumatic personal experiences are stored in these information networks and how this results in different degrees of malfunction in body and mind. Moreover, experimental studies are being carried out regarding the ability of therapeutic touch to regenerate the malfunctioning networks. This might be the breakthrough for science based body psychotherapy. The work of Pert and Oschman provides an excellent basis for understanding the often dramatic effect on psychological and somatic symptoms brought about by energy based healing systems e.g. acupuncture and therapeutic touch. However, in order for a healing to result in personal growth, in dissolving old patterns and building new resources it is necessary to verbalize and integrate the experiences and insights gained into a personally meaningful framework in the client. This is what body oriented psychotherapy is about.

Contributors:

LM provided the theoretical basis for this article

EJ collected the data and was responsible for the writing process

KM participated in the writing of the psychoneuroendocrine section

RvD participated in the revision and finalizing the article for publication

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Biography

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