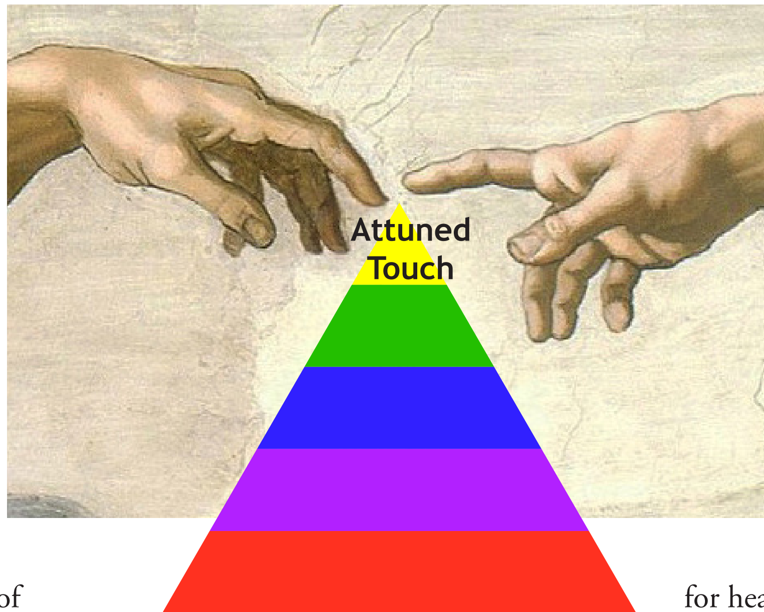
Attuned Touch

by Susan McConnell, MA, CHT

Attuned touch lies at the top of the pyramid of Somatic IFS tools, resting on the solid foundation created by all the other tools. It occupies the least space. This is consistent with the space given it in actual practice with my clients. Attuned touch is a powerful tool, and a little can go a very long way.



Despite the vast amount of data on the importance of touch for human development and healing, the field of psychotherapy has generally taken a hands-off stance. Western culture in general has many taboos regarding touch. However, many methods of psychotherapy are recognizing that taboos against touch haven't protected our clients, and that ethical, attentive, attuned touch has an important place along with verbal interventions (Ball, 2002).

My training and experience have spanned psychotherapy and bodywork, and I have always attempted to weave the two together. As a bodyworker, I worked at the interface of mind and body. Trained in psychotherapy, I developed a training for bodyworkers to work safely and ethically with the emotions that are embedded in the tissues and organs. Although now I do very little work with clients on the table, as an IFS therapist I recognize the value of touch in working with the internal system of parts. I value my training and experience as a bodyworker for what it has taught me about the therapeutic relationship and transformation.

Touch is our first language. It is the first sense to develop in the embryo (Montagu, 1971), and all other senses are derived from it. Shortly after conception, the skin cells are linked to the rudimentary brain. The skin can be thought of as the outer layer of the brain (Juhan). The tactile system remains a potent form of communication throughout our lives and holds immense potential for healing as well as harm.

The tools of Somatic IFS—awareness, breath, resonance, and movement—provide the foundation and container that can ensure that the powerful tool of attuned touch is used for healing. Since the Self of the client is the primary therapeutic vehicle, the client's touch may be all that the part wants or needs. The therapist can guide the client to find the kind of touch the part wants. The client, in Self, connects with the part in the body through touch. If the client cannot be in Self (and the therapist can be), the part can be directly accessed through touch.

Accessing Parts Through Touch

Whether a part first emerges as a thought or a feeling, it generally can be accessed in the body as well, as a sensation or a movement. The part, as it shows up in the body, can be known in an intimate and full way through the touch of the client or the therapist.

As a bodyworker, I learned to ask my cognitive, diagnosing, fixing parts to step aside and be willing to receive information from the tissues of the body.

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I was often amazed at the information that came to me. Movement, stuckness, tightness, resistance, deadness, weakness, and fragility were some of the physical qualities I noticed. Images, emotions, impulses, sensations in my own body and even stories were there as well. My heart resonated and melted as I touched into the layers of the tissue and the painful history recorded there.

Although I don't frequently employ touch in my work with clients, when I am asked by a client to make physical contact with a part in their body, I check with all their parts for permission. Throughout the touching, I use the Somatic IFS tools of awareness and resonance as I tune in to the place in my body that corresponds with the client's.

Communicating Self Presence Through Touch

If the client is touching the part in their own body, I will direct the client to send the quality of Self energy that they identify when asked, "How do you feel toward the part?" through their hands and to the part. I may ask the client to touch into the warmth of their heart and allow that to flow through their arms and hands to the part in their body.

Touch can be used effectively in Direct Access if the client is not able to be in Self. If it is the therapist who is touching the client's body, it is important that the touch be contracted for carefully. In the course of therapy, the therapist may ask the client if the part wants touch—their own and/or the therapist's. The therapist will ask the client if there are any parts that have any concerns about the therapist making physical contact. Especially if there have been touch violations in the client's history, it is crucial to only touch with permission from all the parts. The therapist cannot rely on verbal reporting for permission but must also rely on nonverbal signals from parts. With clients with extreme touch neglect, there will likely be parts polarized with the parts that long for touch. Clients who have experienced abusive touch may have parts that fear touch of any kind. Especially in the case of clients with a history of sexual abuse, it is important to let all the parts know that under no circumstances will the touch become sexual touch, and to find out how the parts respond to that statement.

Witnessing the Part Through Touch

With touch, the part knows we are literally "in touch" with it. This can facilitate the part's willingness to share its story. Parts' stories of wounding are encoded in the form of sensations and blocked or frozen movement impulses. They may not yet have words, but they still need to be heard. The parts may have experienced physical neglect or violations of touch. The touch from Self can be reparative. It may be the missing experience that parts have longed for for decades.

I am grateful for my training in craniosacral therapy, which was a strong foundation for my current work with Somatic IFS. I was taught to first ground and center before making physical contact with my client. Then as I tune into the rhythms and the pace and direction of the bones and underlying membranes, I simply follow the movement that is already happening. I form a "being with" relationship to what is happening as I physically support it, and even exaggerate the movement. The less-than-optimal patterns of movement in the body are witnessed, accepted, and supported rather than corrected. The movement pattern ceases as the system comes to a place of rest, called a "still point." Then, out of this void, a fuller, stronger, healthier, more effective pattern emerges. The act of being present with and following the dysfunctional pattern in the body seems to be the support the body needs to be able to reinstate its inherent healthy, normal functioning. Practicing craniosacral therapy for years has taught me that a "being with" rather than a "doing to" attitude has a transformative effect on the symptoms.

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When I have been in physical contact with an IFS client, I often tune into the craniosacral rhythms. I have noticed that this "still point" in the rhythm occurs when there is a transformation in the internal system—when the part is in relationship for the first time with the Self of the client, or when the part is being unburdened. The information I receive through touch validates the connection between mind and body.

I utilize the tool of Somatic Resonance when I touch. I tune into the corresponding places in my body when I touch my clients. I notice my muscle, my bone, my organ, my fluid system, or my digestive system. Most of the information I receive from the tissue and from my own body I store on a shelf. I stay accepting and curious about what is happening for the part that requested the touch, as well as the parts that gave permission. The part's somatic story emerges through movement, sound, and continued sensation as well as images, feelings, and thoughts. I continue my Attuned Touch as the part is accessed, witnessed, and possibly unburdened, all the while being aware of parts that may want the touch to change or to cease.

The Therapeutic Relationship and Attuned Touch

Touch is a powerful vehicle for healing trauma and attachment wounds. Touch has the power to form a strong therapeutic bond with a part. Attuned touch communicates Self presence, triggering the release of oxytocin, the "bonding hormone." It can greatly facilitate the part's trust in the Selves of the client and the therapist.

Touch, when it comes from burdened parts instead of from the Embodied Self, also has enormous potential for harm. In our profession, there are numerous cases in which minor physical boundary violations have led to sexual misconduct on the part of the therapist. Therapists' unburdened, blended parts may cause the therapist to engage in exploitative behaviors. Most professional organizations have ethical guidelines to protect clients from touch violations. For example, the ethical code of the United States Association of Body Psychotherapies begins with the following:

> *The use of touch has a legitimate and valuable role as a body-oriented mode of intervention when used skillfully and with clear boundaries, sensitive application and good clinical judgment. Because use of touch may make clients especially vulnerable, body-oriented therapists pay particular attention to the potential for dependent, infantile or erotic transference and seek healthy containment rather than therapeutically inappropriate accentuation of these states. Genital or other sexual touching by a therapist or client is always inappropriate, never appropriate.*

Touching from the Embodied Self, with the permission of all the client's parts, grounded in the other tools of Somatic IFS, can be a valuable and ethical therapeutic intervention.

More subtle hurts can occur when the touch is from parts. The therapist will be vigilant for parts that diagnose, judge, or attempt to correct or change, that try to get their own touch needs met, or that need to express protective, parental, or romantic feelings. The therapist may also have parts that fear the client's parts' attachment to them. All of these parts' burdens can easily be communicated through touch. The therapist will notice those parts and will not engage with touch with that client until the parts are able to step aside and allow the Embodied Self of the therapist to make physical contact.

The topic of touch in psychotherapy deserves more attention. Perhaps it could be considered unethical to withhold touch when it can facilitate the healing process. Our cultural norms as well as our personal histories strongly influence our touching and our not touching. It can get confusing to know when it is Self energy that is agreeing to the touch and is doing the

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touching. For example, some therapists always hug their clients at the end of a session. Other therapists never make physical contact, even a handshake. It could be interesting to invite an attitude of curiosity to the touch norms in the therapeutic relationship. And of course, ethical and legal issues need to be considered in the decision to use touch as a therapist.

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