Master of Science in Gestalt Psychotherapy

Touch or no Touch

- An interpretative phenomenological analysis of gestalt therapists and their experiences with physical touch in the therapeutical session

Dissertation
By

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Abstract

Objective

The discussion about body and mind has been ongoing since ages. Especially within psychotherapy the debate has been intense. Within the therapeutical room the question of physical touch between therapist and client has been a dilemma for ages often treated as a taboo. This dissertation explores how gestalt therapists experience physical touch in the therapeutical session.

Method

Due to the exploratory nature of my purpose I have chosen to use a qualitative method. As analytical method I choose Interpretative Phenomenological Analysis method because it is based upon phenomenology, hermeneutics and symbolic interactionism. It places specific emphasis on capturing and exploring the meanings those participants assigns to experiences.

The sample consisted of four Danish gestalt therapist educated from the Scandinavian Gestalt Academy. They did not define themselves body therapists. The interviewed were two women and two men. A semi structured interview technique was used allowing the phenomenon's to develop as the therapists were following their train of thought.

Results

I found four recurring themes through the interviews. Definition of touch was a discussion point with all the interviewed. Personal experience was a factor in the decision to use touch or not. Awareness around the use of touch was very high amongst the gestalt therapists. Touch and sexuality was also a theme of high importance. I also found that raising awareness on the fore and post contact when much touch takes place would be beneficial.

Discussion

The need for further training, supervision, personal therapy and research within therapy is clear. The high awareness as well as the complexity that arose from this study clearly indicates that we need to address this issue at the training institutions. After input from the therapists and by confirmation from Gary Yontef it is also paramount that we as gestalt therapists respects the paradoxical theory of chance and do not disturb clients by touching them whenever possible. Again high awareness and dialogical understanding is necessary.
Acknowledgement

I have felt privileged to have the support of many people during this process. First of all I want to thank the therapists that shared their experiences and views so openly with me, without you it would not have been possible.

Without the guidance of my supervisor Anna Johansson I would have ended up in the wrong alley, thanks Anna for your patience and gentle but firm hand.

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To my best friend and life companion Laila, Thank you for being you and giving me room to be me. I could not have done it without you.
Part I

Michelangelo “The creation of man”
Detail from painting at the Sistine chapel

Introduction
As I see the famous detail of Michelangelo above I feel the excitement inside, what happens when the fingers meet? I feel curiosity and excitement, do you feel it? What happens when they touch? Michelangelo choose to exemplify Gods creation of Adam by the touch of a finger and not as the bible says by blowing air into his nostrils.

On the internet there are 366.000.000 hits on the word touch whereas Obama only gets 207.000.000 and Freud receives 13.900.000 hits. The English Oxford Dictionary has 14 columns on touch. Touch is an important subject and vital for our development. During the day we are constantly in touch with our existence through our skin. Touch is essential for our survival, touch deprivation leads to sickness both mentally and physically as described by Harlow (1958). It is through touch we are in physically in contact with the world. Gestalt therapy is focused a lot on contact. The word contact actually originates from Latin contactus which means “a touching” (Online Etymology dictionary) so you could argue that in the word itself is an implicit assumption about touch. At the frontier of the body and of contact we have the skin. Montagu (1986) describes that the skin is “the mother of all senses”. We all know phrasings like
“how touching”, “touché”, “I wouldn’t touch him with a stick” or “I will be in touch”. Paradoxically you can say “I am not touched by the ongoing discussions about touch”.

My interest in touch originates from an initial interest in body oriented therapeutical work which I experienced during my Master education at the Scandinavian Gestalt Academy. When I was younger I was an elite basketball player. I enjoyed using my body and had many experiences on how my body reacts under pressure. I also believe that these experiences were a way of training my body and somehow not taking full ownership and gaining awareness of me as the human being inside my body. The philosopher Maurice Merleau-Ponty once stated “It is through my body that I understand other people” Merleau-Ponty (1945)

I often feel that my body is like a source of knowledge that I always can trust and at the same time I do not know how to explore it. My training to become a gestalt therapist has increased this awareness. Yet but I believe there is a long way to go for me personally but also for at lot of therapists not only in understanding the significance of the relation between body/mind but also in learning more about it.

My own experiences in gestalt therapy as a client during my education at the Gestalt Academy of Scandinavia was that the bodily reactions and developments were some of the most stimulating. I remember sitting on the knee of a therapist feeling the comfort and ease of being taken care of. It was an outstanding emotional experience for me and it meant touch between me and the therapist.

When reading newspapers and seeing how people invest in all kinds of fitness equipment, and psychology magazines and TV shows focus on the body and on the mind separately, and seeing that very few
focus their attention on the relationship between the two, it is clear that the body and mind are thought of separately. I find it important to investigate and research this area further. I find there is a need for research within the area of body and gestalt theory and last but not least, I have a strong personal interest in learning more about this area.

After studying the body oriented gestalt therapist Kepner (1993) and investigating his thoughts on touching I decided to focus on the use of touch in the therapeutic relationship. I wanted to narrow down my focus from body work in general which I found was too broad a perspective and look at the most existential aspect namely the touch between to humans.

My experience as a therapist was that touching a client during a therapeutic session seemed a very complex thing for me to do. It generated many thoughts and ethical considerations. I am really interested in understanding and exploring this area more since I believe it is one of the difficult areas within psychotherapy. It arises many questions and since it is a very concrete action where an embodiment between the two people present in the room actualizes, it also involves the ongoing discussion between mind and body.

The aim of my study is to explore how gestalt therapists experience the use of touch in therapy. This more generic question is broken into more detailed sub questions:

- How does the gestalt therapist experience touching in therapeutic work?
- What are the considerations before touching a client?
- How does the gestalt therapist use touching?
- How does touching influence the therapeutic relationship?
- What are the touching techniques used in the therapeutic session?
- What experiences do gestalt therapists have using touch in therapy?

The field and overall topic of my research is physical touch within the therapeutic session. The method I will be using is an Interpretative Phenomenological Analysis method.

After this introduction I will in the next section look into the historical discussions about touch and therapy. My hope is that this will help framing this subject within the psychotherapy history.

**Historical context of body and touch in psychotherapy**

Historically, it is necessary to place touch within the ongoing discussion of body and mind. It places my research area in the middle of an ongoing discussion since ages namely the discussion between body and mind. As described by the late psychologist Lundin (1996) the mind versus body discussion is one of the most important in psychology today. Though this was written in 1996 the vast amount of research I found addressing this issue makes it a valid point even in 2010.

The French philosopher Rene Descartes (1596-1650) was one of the first scientists to emphasize the dualistic thinking which stipulates that mind and body are separated. A way of thinking that is still widely accepted in today’s society. Descartes is also well known for the sentence “Cogito ergo sum” which translates into “I think
therefore I am”. He saw the human body as a machine that gave energy to man which he called the concept of Deus Ex machina. Another French philosopher Merleau-Ponty (1908-1961) is a modern representative of the opposite view “I am a body therefore I am”. Merleau-Ponty (1945) recognized that one's own body (le corps propre) is not only a thing, a potential object of study for science, but is also a permanent condition of experience, a constituent of the perceptual openness to the world. He therefore underlines the fact that there is inherence of consciousness and of the body of which the analysis of perception should take account. The primacy of perception signifies a primacy of experience, so to speak, insofar as perception becomes an active and constitutive dimension.

According to Young (2006) the historical development within the psychological field started 120 years ago with the works of Pierre Janet. Janet originated the idea that hysterical symptoms were the result of subconscious beliefs that had been isolated and forgotten, thus disassociated from the mainstream of the individual's consciousness. According to Janet these beliefs and feelings were typically the result of painful experiences. Janet actually lectured before Freud on what would later be known as psychoanalysis.

As Young (2006) points out “the body was at the centre of psychotherapy when it first started. Freud even stated “The Ego is foremost a body Ego” but later he and his followers left the body out of psychotherapy. The impact of leaving the body out sthas been immense and I will return to that matter later.

One of the most important contributors to the body oriented therapies was the Austrian psychoanalyst Wilhelm Reich, who developed his character and body armour theories in the time of
Freud. Reich and Freud worked together for a long period but parted due to Reich’s experimental focus on body therapy. Reich observed that the defensive “armouring” of a person’s character are both repressed emotions and embodied tensions that form a “survival” strategy towards their childhood conflicts as described in Young (2008). Reich is an important source of information in studying the body within psychotherapy and to say the least an inspiration for many other psychotherapists for example Alexander Lowen, Malcolm Brown, Gerda Boyesen who all developed their techniques partially based on Reich’s findings.

As discussed in Young (2006 p.20):

"It is as if through history we can see two main opposing factors: a growing trend of disownment of the body, paralleling the growth of understanding about the mind. It is almost as if one is thus not a new phenomenon within psychotherapy, but rather a disavowed aspect of it."

Young (2006 p.20) suggests:

That psychotherapy, without reference to the body, is a somewhat lesser study, a specialization that (perhaps) misses out on something quite fundamental to human existence; a jigsaw with several quite significant sections missing.

The body in psychotherapy has been subject for a lot of researchers and groundbreaking theoretical discussions.

The use of touch and the laying of hands on people to cure them is an ancient custom known from shamanism and religious movements.
Levitan and Johnson (1986) describes how touch and other physical interventions were used in the treatment of psychiatric illnesses before psychoanalysis was appeared as a science. According to Bonitz (2008) the use of touch in therapy has been highly controversial ever since Freud stated his principle of abstinence. Abstinence being that the client is not having his need fulfilled. Nevertheless, in his early years of treating hysterics, Freud employed touch in the form of exerting pressure on a patient’s forehead to stimulate the surfacing of memories; he also stroked or massaged a patient’s head or neck as mentioned in Hunter and Struve (1998).

Smith, Clance and Imes (1998) imply that Freud was so keen on a scientifical acknowledgement of psychoanalysis that he took a firm stance separating him from the more folklore healing and laying of hands which had existed for thousands of years.

I believe that to establish psychoanalysis as a respected science this decision by Freud could make sense. It is important to see this in context with the puritan atmosphere in Vienna at that time.

For this research it is relevant to bear in mind that the discussion of mind and body has been prevailing for so long and that there is still no consensus within the area.

After this historical background I will define some of the key concepts used through this dissertation as well as different types of touch.

**Definition of different types of touch**

To understand the diversity of touch and not just defining touch as skin against skin I will introduce a taxonomy which can enlighten some of the different types of touch.
This is necessary in order to distinguish and understand the different types of touch referred to later in this dissertation. Smith, Clance and imes (1998 p.40) suggests a taxonomy that identifies seven forms, or categories, of touch.

1. Sexual touch
2. Aggressive or hostile touch
3. Inadvertent touch
4. Conversational markers
5. Socially stereotyped touch
6. Touch as an expression of the therapeutic relationship
7. Technical touch

The first two categories, sexual touch and aggressive (hitting/violent) touch, are taboo, unacceptable forms of touch within the psychotherapeutic context. The remaining five, however, are forms of touch that may be acceptable depending on the client and the circumstance. Inadvertent touch occurs unintentionally. It could be bumping into each other or stepping on a toe; conversational marker refers to touch used to get attention or emphasize a point; socially stereotyped touch refers to cultural rituals such as handshakes or greeting embrace; touch as an expression of the relationship occurs for therapeutic purposes and may include holding, putting an arm around a client, and embracing; and touch as technique refers to technical touch prescribed as part of body-oriented psychotherapy. These five categories provide a conceptual framework for a more sophisticated consideration of the ethical issues.

A relevant question to the above is how robust these categories are in reality?
Stenzel & Rupert (2004) tested some of the categories for their usefulness in conceptualizing different forms of touch that occur in psychotherapy. The sample used was a national sample of 1200
psychologists in the US. The factor analysis results indicated that there is support for the taxonomy although the socially stereotyped category containing embrace and handshake only appeared as handshake.

Within this dissertation touch is defined as physical touch and the categories of Smith, Clance and Imes (1998) will be applied when relevant.

In understanding the diversity in the use of touch it is interesting to observe the difference between handing an object to a person instead of placing it on the table. The fact that you are holding the same object, be it a cup or a box of Kleenex, at the same time makes a difference.

Since this dissertation is written by a gestalt therapist it is evident that the gestalt perspective will be in focus when going through the analysis and the theory. The aim of this dissertation is that it should be possible to read it without having in depth knowledge of gestalt therapy.

Within gestalt therapy like in most other psychotherapies there is no distinct focus on touch. This implies that this dissertation will rely on gestalt fundamentals in exploring the use of touch. The following section will introduce these fundamentals to be used later for analytical purposes.

**The gestalt therapeutical perspective**

What is gestalt therapy?

This is one of the most frequently asked questions I have had since I started my journey within Gestalt therapy.

The word Gestalt is defined in the dictionary as:
“A physical, biological, psychological, or symbolic configuration or pattern of elements so unified as a whole that its properties cannot be derived from a simple summation of its parts.”
(Found at http://www.dictionary.com gestalt on the 2nd of September 2009)

For the Gestalt psychologists, the true nature of relations between parts and wholes had been defined by earlier psychologists such as Max Wertheimer (1880-1943) quoted in Perls (1969 p.20):

“There are wholes, the behaviour of which is not determined by that of their individual elements, but where the part-processes are themselves determined by the intrinsic nature of the whole. It is the hope of gestalt theory to determine such wholes.”

When looking at figure 1, you see the form of the circle first. It is seen "immediately" (i.e. its apprehension is not mediated by a process of part-summation). Only after this primary apprehension you might notice that it is made up of dots.

Figure 1 Incomplete figure from Lundin (1996 p.244)
Within Gestalt psychology this is known as the “Law of closure”.

One of the most influential Gestalt therapists is without doubt Frederick Perls. He is often mentioned as the founder of gestalt therapy. For a bibliography of Perls please refer to Appendix A. Perls was only a part of a whole. The whole was composed of his wife Laura but also especially by Paul Goodman and Ralph Hefferline. The major contribution of Perls was the holistic view that everything is related to everything else; that all things and beings are interdependent; and that a whole theory is more than the sum of its parts. Clarkson & Mackewn (1993)

In this dissertation this implies that I believe that no matter what, a client or a therapist will assign some kind of meaning to the use of touch. Meanings will be closed according to the law of closure.

Besides Gestalt psychology gestalt therapy is based on:

1. Existentialism
2. Phenomenology
3. Field theory
4. Dialogue philosophy

**Existentialism**

In Gestalt theory the philosophical base is existentialism and phenomenology. Existentialism is a philosophical movement that views human existence as having a set of underlying themes and characteristics, such as anxiety, dread, freedom, awareness of death, and consciousness of existing, that are primary. Existentialism tends to view human beings as subjects in an indifferent, objective, often ambiguous, and "absurd" universe in which meaning is not provided
by the natural order, but rather created, however provisionally and unstably, by human beings' actions and interpretations. Sartre (1943)

For this study the above implies that the thinking of the gestalt therapist is that the client is responsible for his/her choices in life. It is not the therapist who has the answers to the good life; the clients assume responsibility for their decisions.

**Phenomenology and Field theory**
A second pillar is phenomenology which was founded by the German philosopher Edmund Husserl (1859-1938) and it is actually both a philosophy and a scientific method. The core of the philosophy is that it is not possible to get closer to the truth than the perception of the experience, and that the scientific approach is to examine what appears through our senses (the phenomenon). In using the phenomenology it is important to be aware of the theory formulated by the Gestalt psychologist since the notion of the human nature of creating meaning and wholeness is important.

The below figure is the famous Rubin’s vase first introduced by the Danish philosopher and phenomenologist Edgar Rubin (1886-1951).

![Figure 2 Rubin’s vase from Lundin (1996 p.244)](image)
Looking at it, it becomes clear that it consists of two possible figures either the vase or the two faces looking at each other. We are thus constantly organizing our perceptions of ourselves and our surroundings into meaningful wholes or gestalten. This way of looking and observing what comes to mind or springs forward is founded through the Field theory as developed by the gestalt psychologist Kurt Levin (1890-1947) quoted in Clarkson and Mackewn (1993 p.43):

“The field is all the coexisting, mutually interdependent factors of a person and his environment. When the person or his field is disturbed by some need or outside stimulus, he begins to distinguish aspects of the field into figure and ground. The need or interest organizes the field.”

This means that when you are focusing on touch this becomes the figure and other figures fade into the background. The gestalt therapist organizes him/herself by raising awareness on the process of organizing him/herself as well as focusing on the client’s ability to organize figures and the flexibility that the client possesses for shifting figures.

The concept of phenomenology and field theory is a very important element for my own acceptance of the Gestalt therapy meaning that it takes it standpoint from an individual’s perception of a specific issue. It does not question if the perception is right since perceptions are individual and subjective by nature.

Adapting these findings is important to understand that touch within therapy cannot stand alone as a method but needs to be seen as part of a whole.
Dialogical method in Gestalt therapy
As Yontef (1988, p.209) describes it:

“Gestalt as a dialogic encounter seeks a relationship in which power is horizontal (equal) rather, than vertical, and that treats the other as a person and not as an object to be manipulated or controlled.”

According to Yontef (1988 p.251) there are five characteristics:
1. Inclusion meaning the ability to put one self into the experience of the client without loosing sense of own presence
2. Presence meaning that the therapist expresses himself based upon the observations done, they might be feelings, thoughts, personal experiences etc
3. Commitment to dialogue meaning the therapist is committed to let the contact happen instead of controlling it regardless of prior experiences. All this in search for the truth in that unique situation
4. No exploitation meaning that the therapist must avoid making projects with the client. This in order to avoid that the client seeks to satisfy the therapist by going for goals set up by him/her
5. Dialogue is lived meaning that dialogue is something that is done rather than talked about. Dialogue can be dancing, painting, music, physical experiments etc.

Perls, Hefferline and Goodman (1951) propose that the therapeutic relationship is a dialogue with focus on making an equal exchange. It is a meeting between to equal human’s beings.
To have a dialogical meeting gestalt therapists rely on awareness as one important element.

**Awareness**

Awareness is the experience of the present moment. It is more than the pure thought of a problem. It is integrative; it implies wholeness, allowing for appropriate responses to a given situation in accordance with one's needs and the possibilities of the environment. Different awareness’s can come to the front at different times. As described by Kirchner (2000):

“It is the person’s awareness of his/her complexity within and inclusive of the field that manifests itself in uninterrupted organismic self-regulation, meaningful growth and long-term change.”

Without being present and in the now an individual misses the opportunity of using the senses. Perls (1969 p.250) stated that:

“Laying the utmost stress on this sense of actuality – on the importance of realizing that there is no other reality than the present.”

Combining awareness with knowledge of phenomenology and using the figure/ground as well as the laws of closure into a dialogue forms the basis for a dialogical relationship. The dialogical relationship as practised in Gestalt therapy is influenced by the philosopher Martin Buber (1878-1965), who believed that “all real living is meeting” Buber (1923 p.29). The dialogical relationship lies at the heart of what gestalt therapists want to achieve when meeting clients.
**Gestalt and body**
Perls (1969) identified three zones of awareness; the inner zone, outer zone and the middle zone. This is a construction since it implies a division of the individual in three zones whereas awareness is always holistic; it is the sum of the zones. The division in three zones is very useful in raising awareness with clients on different perspectives of their experience. The inner zone of awareness refers to the internal world of the client including bodily sensations such as muscular tension, heartbeat and breathing. The outer zone is the awareness of contact with the outside world. This includes our contact functions such as seeing, hearing, smelling, tasting, moving, speaking and last but not least touching. By raising awareness on our contact functions we can be better at being present in the now.

The middle zone is our thinking, experiences, fantasies, beliefs, memories and our anticipation. It includes all the ways in which we make sense of our internal and external stimuli. It is in fact a sense maker between the inner and outer zones.

As mentioned earlier the zones do not function sequentially or individually but they work simultaneously. This flow of awareness can be understood through a model called the cycle of experience or as Perls (1969 p.43) originally named it: "The cycle of interdependency of organism and environment".

The below figure illustrates the phases of a single episode of contact between the individual and the environment. Like Mackewn (1997 p.19) I prefer the model inspired by Zinker (1978) since it has a more fluid organic image than the circle that is often used.
We pass or flow through each of these phases in each wave of contact.
This model has been adapted by many gestalt therapists to illustrate processes either in groups or to detail contact between individuals. For the purpose of touch I will introduce the process of contacting as later developed by Perls, Hefferline and Goodman (1951). They based it on the cycle of interdependency of organism and environment and called it the process of contact or a continuous sequence of grounds and figures. The process is described in Clarkson and Mackewn (1993 p.50) in an easier comprehensible version than in Perls, Hefferline and Goodman (1951).

**First phase:** Fore Contact. The person experiences a need or is disturbed by an environmental factor. As an example a therapist sees a client and experiences a need for shaking her hand.
Second phase: Contacting. Awareness of the need is followed by excitement and transfer of energy to meet the need. The therapist puts forward his arm and hand to give the handshake.

Third phase: Final contact. The figure that stood out in the fore contact is fully energized and everything else is in the background. The therapist shakes the hand of the client enjoying the fulfilment of the need.

Fourth phase: Post contact. If the contact has been full and complete, the individual experiences organismic satisfaction. The therapist has greeted the client as he wanted to and closed the figure. The gestalt is closed and she goes on.

The above example adapted after Clarkson (1993 p.50) is an example of a one contact cycle. Without awareness this cycle goes extremely fast as with a lot of our contact with the environment and individuals.

Kepner (1993) has written one of the most important books on body in gestalt therapy and he stipulates that the therapist needs to know how to work and how to help illuminate the client’s body experience, but does not have to analyze character and predict the client’s behaviour, as in interpretive approaches. He also discusses the singular approaches like Alexander techniques and the Feldenkrais method. His perspective is that these methods can supplement the gestalt work but that it has to be seen as a whole.

Kepner (1993) also discusses the layered approach which works sequentially with the client, but he advocates that the client is seen as a whole, an integrated approach where bodily and other observations are seen as one.
After this introduction into the fundamentals of gestalt therapy I will examine the previous research on touch thus creating a basis for understanding the positioning of this dissertation.

**Previous research of touch in therapy**
As mentioned in the history of touch, Freud abolished the use of his pressure techniques in the late 1890s and gave up this procedure in favour of encouraging free association. Freud used to massage to the neck and head to facilitate emotional expression and regression in his patients, while allowing them to touch him. Kertay & Reviere, (1993, p.33)
One of his major arguments was that the patients’ needs and longings should persist in order to allow working them through rather than answering the needs. He saw this as a part of the analyst neutrality. Sinason (2006)

Menninger (1958) believed that any kind of touch even a handshake was incompetent and “criminal”. He was a key figure in shaping the psychoanalytical field and training analysts.

In Harlow’s (1958) famous study monkeys were separated from their mother and introduced to two kinds of surrogate mothers, a mechanical one with milk and another still mechanical, but dressed and without milk. The study showed that rhesus monkeys chose the dressed surrogate mother over getting milk. The touch deprived monkeys displayed extraordinarily aggressive behaviour and had difficulties socializing. The aim of the study was not to focus on the tactile experience only but to show the need for maternal care in general. The finding that
tactile experience was more important than food proved to be essential in understanding the need for touch within humans.

Montagu (1986), originally published in 1971, describes the significance of our largest organ, the skin. Montagu is widely referred to in articles and books about touch since he did ground-breaking observations on the skin. He was interested in the manner in which tactile experiences affect the development of behaviour; hence “The mind of the skin”. Montagu states that:

“We seem to be unaware that it is our senses that frame the body of our reality.”

Touch in particular is named the mother of all senses. On our skin our life experiences are projected: emotions surge, sorrows penetrate, and beauty finds its depth. Physiologically our skin has an enormous number of sensory receptors. A piece of skin the size of a coin contains more than 3 million cells, 100-340 sweat glands, 50 nerve endings. It is estimated there are some 50 receptors per 100 square millimetres, adding up to 640,000 sensory receptors. Over ½ million sensory fibres start from the skin and go to the spinal cord via the posterior roots. The sensory system is developed at a very early stage; in fact the embryo of 6 weeks will react to touch by bending its neck.

In Montagu (1986 p.281) a section is devoted to psychotherapy and touch and he writes:

“Why touching between patient and therapist should constitute a barrier to an understanding of the patients thought and behaviour it is difficult to understand.”
According to Smith (1985) the most significant contribution in terms of a broader perspective on the body in psychotherapy than merely the skin, was provided by Wilhelm Reich when he introduced the body in psychotherapy.

Perls (1969) included much of Reich’s body orientation into his system, even stating that the deepest split, long ingrained in our culture is the mind-body dichotomy.

Kepner (1993 p.XV) describes Reich’s insistence on the importance of breathing, posture, body armour, and physical vitality (energy) in the process of emotional adaptation as a means of keeping alive the awareness that emotion, movement, and physical expression influence mental health, even when psychoanalysis became more and more detached, intellectual and mental in character.

Reich (1983) discovered or decided that the patients' body language could be more revealing than their words. He observed their tone of voice and the way they moved and concluded that people form a kind of armour to protect themselves, not only from the blows of the outside world, but also from their own desires and instincts. Most of us desire something, and immediately set out to find ways not to get it. Reich saw this process working in the body. Over the years a person builds up this character armour through bodily habits and patterns of physical behaviour.

As Perls, Hefferline and Goodman (1951 p. X) write:

“Reich’s idea of the motoric armour is doubtless the most important contribution to psychosomatic medicine since Freud.”
While Reich put a very narrow focus on the body as the main contributor to developing defence mechanism, Perls et al. took the concept into a more holistic view and saw the bodily defence mechanism as a part of the Organismic Self regulation. The importance of understanding the individual in interaction with the Field and the concept of contact and awareness are equally important elements that Perl’s added to his theory.

In Perls, Hefferline and Goodman (1951 p.392) Reich’s theory is mainly criticised for its lack of holism:

“The creative power of the Self is assigned completely to the non-conscious Organismic self regulation, against all evidence of the humans sciences, art, history etc.” and Perls, Hefferline and Goodman (1951) continue “but what is an illusion is the notion that such a force, if it exists, can be directly effective without going through the channels of ordinary human assimilation and growth.”

Again Perls, Hefferline and Goodman (1951) take a broader perspective put also try to keep theory to the basic of human development linking it to the way we assimilate through interaction with the field thereby growing.

In my opinion the contribution of Reich was very important since it put focus on the physical side of therapy which often reveals so much more than the spoken words. As stated earlier my personal experience is that the body is a library of experiences and that it does
not lie. It is as if the body, unlike the mind, is incapable of manipulation.

Within the area of Neuroscience there are existing findings that can support the use of gestalt therapy. Cozolino (2002) emphasizes that gestalt therapy is a unique expression of psychodynamic therapy that is particularly relevant to the notion of neural integration. He especially points to the work on raising awareness as being important for the integration of neural networks. This integration leads to potential development of the individual. The neuroscience researchers find that emotions exist, not in the forefront of our mind where we might happen to register them, but in the somewhat more primitive mind that is intimately connected with all the other systems of our bodies, where we really feel these emotions; and also in the subconscious neural systems, in the neurotransmitters, and even in the peptides. This would mean that emotions are literally flowing through all of our body. The theory is that there is evidence that the limbic system contains 40 times more receptors than other parts of brain and that similar receptors are found in blood, bones muscles, immune systems, and richly in the cells of the digestive tract. Young (2006) The implication of the above could be that important emotional information is integrated when we touch.

The notion that emotions can be communicated through touch was analyzed by Hertenstein et al.(2009) where they found that touch communicates distinct emotions and in a robust fashion. They documented that at least eight emotions: anger, fear, happiness, sadness, disgust, love, gratitude and sympathy all were communicated through touch. The accuracy rates ranged from 50%
to 70% on average. This is comparable to the accuracy rates observed in facial and vocal studies of emotion.

Galton (2006) a psychoanalyst and psychotherapist contributed recently with his book “Touch Papers – Dialogues on touch in the psychoanalytical space” where he states on the back of the book:

“For the first time, the controversial issue of physical contact in the consulting room is explored by distinguished psychoanalysts and psychotherapists representing a diverse range of psychoanalytical viewpoints.”

The book is a collection of articles and the general conclusion from reading through the articles is as stated in the foreword “This is surely a time for us to put our thinking about touch on the agenda”.

Through the research for this dissertation I found basically three books dedicated to the subject of touch within therapy, one of them was Galton (2006). The two others were both published in 1998 by some coincidence but with very different focus.

Hunter and Struve (1998) published “The ethical use of Touch in psychotherapy” which is the only text book focused on touch with clear guidelines and techniques that I have come across. Interestingly enough, the reason for Hunter & Struve to start researching this area originated from an episode where a participant in a workshop on the treatment of males sexually abused in childhood asked about their policy on touching. Sexuality being one of the pivot points in the discussion since Freud on touch. Mic Hunter is a psychologist, psychotherapist and also trained within gestalt therapy. He has done
extensive research and work with sexually abused clients. Jim Struve is a psychotherapist and has worked with sexually abused clients for a long period and written articles on the subject.

The book has numerous valuable views on touch and also a very practical guideline part. Hunter and Struve (1998 p.110) advocate that:

“The use of touch in psychotherapy is a technique that needs to be used with caution. The withholding of touch is also a technique and must be used just as thoughtfully. How any touch is experienced by those involved is influenced by many factors. The ethical psychotherapist will be familiar with these factors and take them into conscious consideration prior to and during engaging in any touch with the client.”

The book is still to my knowledge the only book focused on touch and with practical guidelines within psychotherapy.

In 1998 there was another important book published on touch. Edward Smith, professor of psychology and writer of several books on gestalt therapy together with Clance and Imes invited contributors to take part in the book named “Touch in psychotherapy-Theory, Research and practice”. It is the other book on touch that offers taxonomy, along with several interesting articles. Though most of the articles are published in other contexts it still makes sense to put them into one book. As put eloquently by Smith, Clance and Imes (1998 p.xi):

“There are many examples of simplification and distortion in the discussions of touch in psychotherapy.
'Rules’ designed for all therapists with all clients in all contexts are the ultimate of such simplification and distortion.”

Since the book consists of many different contributions there is no single conclusion but as stated on the back “This thought full book brings together experienced clinicians to review the research and to offer ethical, theoretical, and practical guidelines for the use on non-erotic touch in therapy settings.”
In two out of three books gestalt therapists are important contributors to the research on touch within therapy.

Zur and Nordmarken (2004) have a section on touch where they summarize some of the previous findings in literature. The main contribution from Zur is not the article but through his institute he offers an online course titled “The Ethics of Touch in Psychotherapy: Rethinking the Prohibition on Touch in Psychotherapy”. I am critical towards how this can be properly trained via on line media. It seems a bit contradictory to me but at least there is an effort to raise awareness.

I will now turn to the previous research done within the Gestalt Akademin.

Within Gestalt Akademin several dissertations have been made focusing on the body within therapy but none of them focused on touch.
Rønning (2005) studied how the gestalt therapist integrated and used the body in the therapeutic session. In her study she shortly discussed the use of touch in psychotherapy and found that touch was not used as intervention in any of the cases studied. She
concluded that it was not possible to generalize based on this small sample. She did discover that the bodily experience takes place in the awareness part of the energy circle. Secondly, she also discovered that the body experiential work done by the gestalt therapist seemed to be dependent on the quality of contact between client and therapist.

Bragée (2001) focused on the psychosomatic experience and concluded that it is important to have a congruency between the lived body experiences. Bragée (2003) also concluded that the lived body theory by Merleau-Ponty fulfils a hole in gestalt therapy. It gives us an epistemological relation between body and mind. Awareness can be focused on “embodied awareness” from a more clear and consistent theoretical and methodological point of view.

MacArthur (2006) focused on the bodily sensations of the therapist in working with the clients. She concluded that it is important for the therapist to listen to the sensations and that sharing these will often help clients. She is primarily focused on the sensations within the therapist and not on the actualization by touching.

After having looked upon the previous research as well as the relevant theory I will turn my focus on the considerations I did with respect to methodology and material.

**Part II**

*Methodology and material*

In this section my aim is to open up the research process I went through in order to give you, the reader, insight into the choices I
made and their consequences so that the analysis can be seen in the right perspective and as transparently as possible. The section also addresses the issues with respect to subjectivity and reflexivity during the research process. Kvale (1997) argues that validation should be seen as the craftsmanship of the researcher. Barber (2006) has contributed within the gestalt research arena with his book on how to research as a gestalt oriented researcher. Barber (2006 p.159) model of Self-Supervision has been a guideline in reflecting on my own research.

**Research objectives**
The aim of this study is to explore how gestalt therapists experience the use of touching within the therapeutic relationship.

**Methodology**
Due to the exploratory nature of my purpose I have chosen to use a qualitative method. According to Morrow (2007) the nature of the research question should guide one’s choice of research design. Qualitative research is particularly appropriate for answering questions of “How?” or “What?” as opposed to “Why?” Creswell et al. (1998). It is also the most useful approach to understanding the meanings people make of their experiences. Qualitative approaches are able look into complex processes and illustrate the multifaceted nature of human phenomena.

Morrow (2007) advocates that qualitative research is also appropriate when one needs to present a detailed and in-depth view of a phenomenon. Whereas quantitative methods can enable the researcher to get a broad understanding of a phenomenon, qualitative approaches are able to delve into complex processes and illustrate the multifaceted nature of human phenomena.
This makes it very suitable for investigating a subject like touch within therapy.

I have chosen phenomenology as my analysis method. Since gestalt therapy is seen as an existential therapy it also seems natural. Phenomenology is one of the pillars together with existentialism, field theory and dialogue philosophy in gestalt therapy.

Spinelli (2005) clearly states that phenomenological investigation includes all possible experiences available to human reflection. This includes the bodily experiences.

Within the field of phenomenological research methods there are different approaches ranging from traditional Huserlian to more hermeneutic versions. In Willig (2007) she discusses these and decides to do the research using the method of Coalizzi as described both in Willig (2007) and Lundin (1996) since there is a stepwise and detailed guideline for this method. Willig (2007 p.211-212) also points out that she would have benefited from a more interpretative phenomenological analysis method.

This encouraged me to look at the Interpretative Phenomenological Analysis method and by reading several articles using The Interpretative Phenomenological Analysis method for example Goddard, Murray and Simpson (2008) on informed consent I decided to choose that analysis method. The Interpretative Phenomenological Analysis method is based upon phenomenology, hermeneutics and symbolic interactionism. It places specific emphasis on capturing and exploring the meanings the participants assign to experiences. This makes it very suitable for my purpose. Interpretative Phenomenological Analysis also recognizes the central interpretative role of the researcher in analyzing and making sense of these
experiences which also aligns with my existential viewpoint that man searches for meaning. As Smith (2008 p.53) phrases it:

“The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world.”

The method focuses on sense-making which is in alignment with the theory of law of closure and the figure-ground theory we apply in gestalt therapy.

Brocki and Wearden (2006) conducted a critical study of Interpretative Phenomenological Analysis research and concluded that Interpretative Phenomenological Analysis is highly accessible in terms of the use of comprehensible language and straightforward guidelines which can be very difficult in other qualitative researches according to them. On the critical side Brocki and Wearden (2006) conclude that often researches do not recognize the theoretical preconceptions they bring to their data or their own role in interpretation and that is a vital facet of Interpretative Phenomenological Analysis. This is an important and relevant critique which I will adhere to during the actual research.

Interpretative Phenomenological Analysis as a qualitative method is inevitably subjective since not two researches with the same data will come up with the same analysis. This raises questions concerning validity. A possibility is to let others read the transcripts or ask participants for feedback on preliminary interpretations as mentioned in Brocki and Wearden (2006). It could also be argued that reliability may be an inappropriate measure since the research offers one interpretations amongst others.
Validity in this context is not to prescribe one singular truth but to ensure credibility of the final account. Within this context as mentioned earlier by Brocki and Wearden (2006) it is the importance of the informants’ awareness on their role and the application of theory combined with interpretation that matters.

Another approach could have been to use a Foucauldian discourse analysis method which focuses on thoughts and considerations on the experiences (feelings, thoughts and actions) that might be enabled by available discursive constructions and positioning. However, it does not tell us what specific individuals are thinking and feeling at a specific point of time which is exactly what I would like to do.

**Techniques of data collection**

Given the potentially personal, intimate and confidential nature of my research and the need for a high level of researcher sensitivity in dealing with the topic I have chosen in-depth, semi-structured interviews as data collection technique. In Smith (1995 p.10) it is pointed out that:

> “Semi-structured interviews and qualitative analysis are especially suitable where one is particularly interested in complexity or where an issue is controversial or personal.”

The semi-structured interview is also chosen because I want to have the necessary freedom during the interview process. To encourage the participants to describe as much as possible, I made sure that the interviews started with questions that are experiential by nature.
The decision to do semi structured interviews and not questionnaires was one of the first cross roads. I chose interviews because I wanted to have the opportunity to explore the therapists and their interpreted world of touch in depth.

Within research about touch many publications are based on questionnaires. I believe that the reason for this is to handle the confidentiality challenge. The direct aim of a large part of the research projects has been to discover sexual misconduct and other kinds of abusive touch. Since my purpose was to explore the world of touch as perceived, I avoided that challenge. However, as a consequence, I risk that the therapists were withholding information since I could not offer full anonymity as in an anonymous questionnaire.

The questions used as a guideline are shown in appendix E.

**Samples**

When preparing my research, I used the judgmental sample. It is a sample where the researcher chooses the sample based on who he/she thinks would be appropriate for the study.

The cases were chosen in relation to gender, origin of birth, education and not defining themselves as body therapists.

The sample consisted of two male and two female gestalt therapists educated at The Scandinavian Gestalt Academy. I wanted to assure that the differences that could be assigned to gender would stand out as much as possible. Especially regarding the concerns on sexuality it was important to have those enlightened by both male and female therapists.
The selection criterion was that they should be unknown to me on beforehand to avoid the bias that a previous relation would entail.

I wanted to interview gestalt therapists from the Gestalt Academy because I had an assumption that they would have a more common approach to touch. This implies that the study is narrow with respect to the sample.

The therapists were all Danes which was a deliberate choice to avoid linguistic misunderstandings since the subject is a sensitive one. The disadvantage in this approach is the loss of the cultural aspects which are also important within this area. This became evident as one of the interviewees had a work experience from outside Denmark which created a discussion on the exact wording. In this process it became clear that the gestalt community in Denmark is quite narrow and I had to choose therapists that had not attended nor supervised at the Academy whilst I was a student.

The therapists are educated in the period from 1983-1995. This affects the analysis since it does not reflect the recently graduated therapists and their view on touch. I tried to take this into consideration by asking if the interviewed therapists had changed their attitude since graduation but it is of course a bias.

I wanted to interview gestalt therapists that did not define themselves as body therapists hoping to explore the phenomenon as it occurs on an everyday basis in a lot of therapies.

My fear was that there would not be enough substance in the interviews to do a dissent analysis. Therefore I decided to do the first two interviews and then see if there was enough material to explore. It appeared that the material was sufficient. In this context it is necessary to reflect upon whether I was being too exploratory in my
questioning in my eagerness to find material. This is relevant and at the same time I had the feedback from all interviewees that the questioning was open so I believe the material can be used and seen as not having been manipulated in a certain direction.

I emailed and phoned 9 gestalt therapists and 4 responded positively. The email can be seen in appendix D. It contains the points on confidentiality and a reassurance that the material will be destroyed after examination to achieve the highest possible confidentiality.

Initially three interviews were made in the period from November 2008 to January 2009 and the last interview was done in December 2009. The consequence being that I had done some analysis before meeting the last therapist. The risk that I was looking for the existing themes exists.

In three out of four cases it took place at the therapist’s home. In the last case it was at the home of a relative. One of the hazards of doing the interviews at home is that the setting becomes very familiar and that the atmosphere very relaxed. This could lead to disclosure of material that might not have been disclosed under more formal circumstances. This makes my focus on ethics around the interviews even more important.

Appendix B depicts the data concerning the therapists. As shown in table A they had varying experience but none of them had less than 15 years of experience. None of them defined themselves as body therapists.
Transcript

The interviews were transcribed by a professional medical secretary and then edited afterwards by me and the tape was listened through comparing the transcript and the actual recording. In this phase significant pauses, laughs etc. were written into the document. The secretary was instructed on the confidentiality of the material and the therapists were asked for approval. On the tapes no names appeared so that the secretary was not able to identify the therapist. Potentially, this could have influenced the therapists but as I look into some of the interviews, very intimate and personal experiences are shared, which indicates that it did not have a high impact. Due to the confidentiality shared, it emphasizes that the destruction and anonymity of the material becomes even more important.

The process of transcribing offers the researcher an opportunity to approach the material in a different way than I had, whereas I could focus on listening and adding pauses, laughs and other phenomena. The purpose of this is to explore some of the sense-making the therapists were doing under the interview. The risk of having a secretary typing is of course that some words a missed out and I tried to cover for this by listening to the recordings numerous times. The transcribed material and clustering was shared with my supervisor to make sure that my analysis and themes were reliable and robust.

Although I have translated the Danish transcriptions to English in the best way possible, the translations in themselves impose loss of some meaning. There is inevitably loss of information as conversations are taken into recordings then being transcribed and translated.

To minimize the loss of meaning the therapists were invited to go through the transcribed material and their comments were added.
The amount of comments were limited and had in no cases impact for the themes extrapolated form the material.

**Analysis**

The interpretative Phenomenological Analysis method involved the following steps after the interviews and transcription

1. The transcript was divided into a table with three rows. It was read several times and the left column was used to make notes on anything that appeared significant and of interest at first.
2. The right column was used to transform initial into more specific themes or phrases, primarily by using gestalt psychological concepts and abstractions.
3. Finally, a table was produced that showed the higher order themes enabling the opportunity to go back and forth between the various analytical stages ensuring that the integrity of what the participant said had been preserved as far as possible.

An example from the analysis:

<table>
<thead>
<tr>
<th>I don’t work with it. If it happens, it happens spontaneously.</th>
<th>T: So there is physical touch. Then I wonder how do you work with touch during the therapy session after the client has entered?</th>
<th>I: I don’t work with it. If it happens, it happens spontaneously.</th>
<th>Spontaneous</th>
</tr>
</thead>
</table>

The analysis then continued into this formal process of writing with the aim to provide a close textual reading of the participant’s statements, shifting between description and different levels of interpretation, clearly differentiating between them at all times. Appendix C shows a larger example of the method used.
In step 1 it is very important to let the text speak for itself. I read thru many times and let my own curiosity guide. The atmosphere from the interview was of course also present and this can not be captured in words. I have tried as much as possible to let the voices of the therapists shine through but the phenomenon’s are of course taken out of the field in which they occurred. It is a condition when doing this kind of research and it is frustrating that the context can not be put into words as it was.

Step 2 involves the finding of themes and I focused on not analysing the meaning but to let them stay with the words of the therapists. By sorting alphabetically and looking for overlaps it was not difficult to find the most recurring themes.

At step 3 I focused on how to make sure that the connection between the participant’s own words and the interpretations is not lost.

Appendix F shows an example of clustering of the themes.

This interpretation done has to be seen in the context of my knowledge and background. I am a 44 year old Caucasian heterosexual male from the middleclass with an academic financial background and without going into details with my whole history I am fully aware that all of this influences the research I have done. Someone with a totally different background would probably have had other interviews and thereby other themes. Nevertheless, the findings are robust and can be recognized within the research done by other scientists so in that perspective the study is reliable.
I have tried to include as often as possible the wordings of the therapists in the analysis to open the books as much as possible whilst keeping the necessary confidentiality.

**Ethics**
The ethical aspects are always important when research takes place. Subjects like voluntary participation, privacy, confidentiality, anonymity and consent are some of the most important. Brinkmann and Kvale (2005)

Since the focus of this research is on the body there are serious ethical issues to take into account. It is extremely important that there are very clear guidelines for the therapists participating as to how confidentiality will be kept. How the produced material will be destroyed after analysis. I decided to mention this in the email I sent so that the therapist knew that the material would be destroyed.

The consensus from the interviewed therapist of the whole process was of course necessary.

As Brinkmann and Kvale (2005) point out the interviewer has scientific competence and defines the interview situation. This creates an asymmetrical power relation in the interview, so it is not a dominant free dialogue.

Furthermore, the interviewer has a monopoly of interpretation. This is especially relevant for the Interpretative Phenomenological Analysis method I used and it has been taken into account by verifying with my supervisor that the themes were reliable when looking through the analytical process.

As the subject of this dissertation involves very personal and ethical matters, I had serious considerations during the research process.
The following dilemmas were the most important:

1. One dilemma I tried to handle during the process was that I needed to find a way to handle material that was very personal and sensitive. With the purpose to protect the integrity and to be very sensitive to the material I have excluded all the material that I did not find relevant for the study. In the cases where I have included it in the empirical material I have tried to be as gentle and integer as possible.

2. Another reason for leaving out material was the difficulty in protecting the therapist’s identity. As mentioned earlier the gestalt community in Scandinavia and especially Denmark is rather small. Therefore it was even more important to leave out material that in any way could reveal the identity of the therapist. That is also the reason why I have decided to not disclose the exact age nor graduation year of the therapists so that it is not possible to identify the therapists from the information about graduation year and age. I believe that the information is not necessary to understand the presented analysis and for the validity of the study.

3. Finally, in the period after the interview, one of the therapists has been kind enough to share further views on touch with me and I have decided not to include those in the analysed material. I have of course included the feedback that was directly addressed to the transcripts.

As a researcher there is an asymmetrical power base and I felt that when asking for the definition of touch, several of the therapists were surprised that it could be valid question. The question forced the
therapists to rethink their immediate definition which could influence their thinking.

In doing the analysis it was necessary to keep my researcher role and not see the shared information in a more therapeutical perspective respecting the integrity of the therapists. They shared information for research and not for therapeutical analysis. As a researcher it is my task to explore the phenomenon’s as they emerge and not analyze them with a therapeutical perspective. It would also be a violation of the contract between me and the therapists since we agreed on an interview for research purpose and not for a therapeutical session.

**Validity, reliability and generalising**
The interviews were made in an open and semi structured way and the material that came out of the four interviews was sufficient to extract the themes as described. One therapist stated that the interview was open which was positive. Nevertheless, there is the bias of the knowledge I bring into the field. I especially found that when questioning about the definition of touch it became a figure for three of the therapists that touch could also be non-physical. I also found that the defining of touch as done in my introduction and in the mail correspondence could focus the awareness onto the different types of touch.

The material has been reviewed by my supervisor and adjusted. The interviewed therapists have had the opportunity to bring forward their comments. With respect to the analysis this has been shared with my supervisor.

Since most of the findings can be seen in other research I feel confident about the reliability of the study.
I decided to use a Dictaphone for the recording of the interviews which means that the non-verbal gestures are not taken into account. Especially in two of the interviews some of the points were emphasized by gesture which means a loss of material. It must be taken into account that some information was lost due to this.

My personal perception of the interviews was that they took place in a very honest and open atmosphere. The fact that strong personal experiences and that concerns about sexuality were shared, indicates that the interviews explored the phenomena as they are perceived. Nevertheless, the subject of touch is so private and taboo infected that it is reasonable to expect a bias towards how much is being shared.

**Part III**

**Result of analysis**

**Definition of touch**

Through the analysis it became clear that the definition of touch caused a lot of different exploring from the therapists. When I asked for the definition of touch the therapists extrapolated on how it is possible to touch a client without touching him/her physically. In the following I will use the abbreviation T1 for the therapist interviewed in interview one and so forth. T1 defines touch as:

“The first thing that comes to mind is skin against skin”

T1 later refers to emotional touch which is when the therapist is in contact with the clients’ inner zone without physical touch. A view that also came into focus as T3 explored the phenomenon.
T2 defines it less clearly:
     “I define it also as a handshake or a hug”

In defining touch T3 states:
     “A form of bodily contact either handshake or bodily contact”

T4 has another definition:
     “In that moment where a human has contact with the skin or clothes”

When comparing to the taxonomy of Smith, Clance and Imes (1998) there is little resemblance between the statements and the more theoretical part. The distinction between different types of touch and the need for this categorizing did not emerge as a theme. The therapists do not make sharp distinctions. Nevertheless, several of Smith, Clance and Imes (1998) categories can be found.

T1 mentioned the handshake which is seen as a socially stereotyped touch according to Smith, Clance and Imes (1998) but assigned tremendous value and information in relation to the touch by the therapists.

Another type was the touch as an expression of the therapeutic relationship. T1 states:

     “If they want a hug and in a few cases there I have given a hug if they have worked hard. It is not something I do every time.”

This was also the opinion of T2
“I can feel sometimes that I want to give a hug when the client has worked and done something emotional and touching which has touched me, then when we say goodbye then I can on occasion stretch out my arms and give a good hug”

Within the categories of Smith, Clance and Imes (1998) this is touch as an expression of the therapeutical relationship. This includes the parental touch which I believe the above could be seen as. It is a supportive way of touching and also a way of sharing the emotional atmosphere that influences both client and therapist.

I believe that using the taxonomy helps in distinguishing the different types of touch as they occur. It is helpful for the understanding of the impact of touch and the different situations in which it happens.

Within the research I reviewed there were no clear definitions of touch. When clearly defined it was primarily using the taxonomy of Smith, Clance and Imes (1998).

Touch is touch and it is the situations that become the topic. Either touch used as greeting, holding, hugging or for keeping distance. What turned out to be an even more important theme is that the knowledge about touch was based primarily on personal experience. This will be further detailed in the next section.

**Personal experience**
During the interviews it became evident that the personal experience with touch heavily influences the therapists’ own use of touch in therapy. This is not surprising and on the other hand it is more of a

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polarization than an elastic figure. This indicates that touch is not seen as a tool like the empty chair or other gestalt techniques. The use of touch builds upon personal experience and is then generally applied towards the clients and their needs.

The interviewed gestalt therapists based their firm and strong opinions on personal experience both negatively and positively from personal therapy or experiences from group therapy sessions.

I have selected a number of distinct phrases from the interviews:

T1 describes:

“"I believe that it was after that experience where I wept for half an hour and was happy that no one came because then I could. It was a milestone in my way of relating to that.”

T1 refers to an experience during therapist training in which he was left alone with his grief and did not get physical contact from anyone and this was for him an essential experience. This experience is mentioned numerous times during the interview as being a turning point. For T1 this experience has meant that he is very cautious not to disturb clients in their process by touching them physically.

T1 states again:

“"It was my experience from which I form my opinion.”

There is a lot of reflection on the relevance of touching and a high degree of awareness around touching with T1, and yet it remains very fundamental that it was the personal experience that forms the opinion.
Looking for similar figures within the interpreted world of T2 it stands out when T2 states:

“"I can remember how I was sitting convulsive and worked against my feelings in all those situations were I could have been the one that received physical touch. So therefore I know, I remember my own resistance even though I wanted it. So in those situations I might now be a little fast in approaching them that sit like I did and be more helpful in the beginning.”

This situation again shows that the strong personal experience and need stays with the therapist and becomes a guideline for dealing with touch.

Interview with T3 reveals a similar finding as T3 states:

“So the basic for my competence or knowledge is intimately related to my own life experience and not so much to experimenting.”

Three out of four therapists state clearly that they use their own experiences regarding touch as the guiding tool when working with clients whereas the fourth indicates it.

This finding is further substantiated by research done by Strozier (2003) in which they investigated the use of touch by clinical social workers and their experiences with using touch. They used a specially designed touch questionnaire sent to social workers with a Master and at least five years experience. They sent out 100 surveys and got
91 back which is a very high response rate. They found that 43% of the social workers who were rarely touched as children now use touch often to very often indicating that the touch experience has a strong influence Strozier (2003 p.57). Furthermore they indicate that perhaps social workers rely on past experiences with touch from their everyday social relationships to decide about touch with their clients. This was emphasized in the qualitative part of the interviews were it was clear that social workers base their touch interventions on intuition and not on specific training or supervision.

In a national sample of 470 practicing psychologists Stenzel (2004) found that Therapist and client gender, theoretical orientation, and touch experience of the therapist were related to the use of touch. The Pearson correlation coefficient was 0.34 p < .001 when looking on personal experience and relational touch which for social sciences indicates a significantly positive relationship. Though this study was quantitative I find it very interesting that both the qualitative and the quantitative findings correlate. In the discussion of the quantitative versus the qualitative it is worth noting that Strozier (2003 p.60) states:

“Given the difficulty in discussing touch and understanding its power and dangers, a qualitative approach to the subject is needed. In-depth interviewing of social workers could reveal more of the theoretical and/or clinical foundation for the use of touch.”

Robert Shaw (2003) an osteopath, psychotherapist and counsellor from the University of Derby has written a book based upon his PhD
named “the Embodied Psychotherapist” focusing primarily on the therapists’ body within the therapy. He summarizes on p.130:

“We have also seen how a therapist’s personal history is an important factor in how they interpret their embodied phenomena, and that this ties in with the ideas from the lived body paradigm acknowledging that therapy is a lived experience.”

In her article based on her doctoral dissertation from 1992 Milakovich (1998 p.77) found that:

“The result of my study showed that both professional and personal experiences with touch in therapy appeared to influence a therapist belief about touching clients.”

I was somewhat surprised to find that the personal experiences were so strongly fixed and that was all therapists had a clear standpoint regarding the use of touch. The standpoint was not based on education, but primarily on the personal experience and to some extent supervision. To a high degree decisions on touch were based on tacit knowledge and not on touch as an intervention. At the same time the knowledge about touch as a very powerful intervention was present.

Comparing the analysis with my knowledge about touch from theory, I see a strong need for training of students and post training of therapists raising their awareness about touch. This could be combined with training on the ethical guidelines more generally around the therapy session.
Awareness about touch
A second recurring theme through all 4 interviews is the awareness attributed to touch by the therapists. Without exception all emphasized the immense effect of touching. This theme coexists very well with ethics which is another theme identified from the interviews. As described in the theoretical part of this dissertation touch is a basic need for all humans and it is closely related to our existence. Through touch I experience myself as being alive and in contact with the outside world.

As previously described the gestalt therapists had strong personal experiences that influenced their view on touch. The awareness of the use of touch within the therapeutic session was very high. The reasons for touching or not touching were very different but the awareness and cautiousness around touch was highly present. The phenomenon I will investigate in this section is the figure that the gestalt therapists have a high awareness and clear standpoint about the use of touch in therapy.

When asked how and if they use touch they all four clearly state that they do not use touch as a technique in general. When investigating further, it becomes clearer that they draw a lot of attention to the limited touch that takes place. Handshake is often used to give information, strongly put into words by T1 early in the interview as he quotes a Danish painter:

You know the painter Jørgen Nash, he has written a few things and he has a line saying: ‘there is nothing as easy as a handshake and nothing as difficult’

T1 continues elaborating on the handshake
“Because so much happens and there is a lot of information in it especially if you have your awareness, all kinds of shapes, body size, you have a big hand, I have a small one, there is lot of (pauses), so there is some information that you only can get by touching each other or you can see the hand but something happens right there.”

Though T1 does not define himself as a therapist that works with touch, it is clear that the information received in the handshake means a lot. T1 actually states clearly about use of touch:

“I do not work with it; it is more like something, if it happens it happens spontaneously.”

There is a clear difference between using touch as a technique and being aware of the information in a handshake.

T2 has a less clear view she states:

“I define touch as a handshake or that you give a hug when the client arrives or leaves. I also think it can be, I can also sit and do some holding, saying ‘sit down over there comfortably’ and then give the client a blanket around and then sit and hold the client.”

When asked how often this happens T2 states “3-4 times a year”

T3 gives a similar answer as T2:
“Unless I spot in one or the other way a reservation then I have a tendency to put my hand out and say Hello and especially at the end of the therapy, then I have the opportunity to open for bodily contact in a way or not.”

T4 has a very firm view on touch, she says “When I sit and talk I do not touch people” furthermore T4 states:

“It is just that I think that hugging and touch in a way belongs to a symmetrical relation and not in a complimentary relation. I believe that is my stance, because in a way it is a disturbing element when a person being a teacher or authority touches you, you get in, it is a disturbance in to the relation. That is my standpoint.”

There is no common standpoint on whether touch should be used or not but there is a tendency towards not using touch as a technique as previously mentioned.

T4 stands out by being very firm in stating that the reason for not touching is that it disturbs the client’s process. This is in line with T1 who had a personal experience of being left alone to finish a personal process and this experience influences the way T1 uses touch today. This did not prevent T1 from using touch on occasion whereas T4 evidently rarely uses touch neither for comforting nor anything else. T4 does insist on shaking hands with clients which she describes as follows when asked if she uses the information:
“Yes, I think I do intuitively. It is difficult if it is a large group, then I cannot make it. If a client comes in with a particularly strong handshake I believe I register it as soft or not tight, I believe, I will say yes to that.”

There is not a clear picture on the actual use of touch but there is a clear figure that all therapists are very aware on the use of touch.

T4 further emphasizes:

“At any time I will say, that touch only happens when there is an agreement.”

Based on the study there is a tendency to use touch in a very limited way. One extreme within this area being the holding of clients in the arms as comfort during strong regressive situations to the other extreme where no touch will be offered in order to let the client be alone with the personal process.

As awareness is one of the fundamentals of doing gestalt therapy it is interesting to find that all four therapists are highly aware of the use of touch within therapy.

The fact that they show a tendency to have a polarized view on the use of touch and are not flexible in the use of touch indicates that this area is difficult to handle.

I also believe that the fact that four experienced therapists consider touch an area of high awareness, suggests that there is in particular a need for younger therapists to train within the area.

Several statements from especially T1 and T4 indicate that there is a belief that the clients should be left alone with no touch when working with difficult personal matters. This could point back to the Freudian
concept of abstinence which focused on the clients not getting their need fulfilled but letting them handle it themselves without intervention.

I would argue that this depends on the circumstances and the client. According to much of the literature on sexually abused clients and as mentioned by one of the therapists who has experience working in this area, there are very good results when using touch with them. Nevertheless, there is as indicated an urgent need for awareness as to knowing if the need for touch comes from the therapist or if it is a more thoughtful intervention.

Looking at theories by touch and no touch therapists, there are several interesting findings. Milakovich (1998 p.80) found patterns similar to the ones I found. The sample was 84 therapists of different background but also included gestalt therapist and there were differences in values and beliefs. One therapist in this study said:

“Touch is therapeutically important. It is the most effective means with some clients. I think it is unethical in these cases not to touch the client.”

On the other side Milakovich (1998 p.81) found that:

“I don’t touch because it presents a confusing situation and blurs the boundaries of the therapy.”

Through the interviews there seems to be a dilemma between seeing touch as a disturbance for the client in going through a difficult process. The therapists interviewed also studied at Gestalt Akademin within the same decade. It seems as if there was a belief within the gestalt community at Gestalt Akademin at that time that it was not correct to touch people or offer them contact when they were in deep
process and that the healing was for the client to go through this experience on his/her own. This is not verified and probably it is very different from teacher to teacher. Nevertheless, it is a basic belief whether a client should stand the pain alone and thereby make progress or the client should be touched or contacted to feel part of a whole. This is in line with the organismic self regulation as well as the development of self support as a part of gestalt therapy.

Personally, I am not in favour of either. I strongly believe that it depends on the situation and the client. I believe that the lack of training in how to use touch appropriately is one of the obstacles for many therapists including myself.

Research shows that touch has a very healing effect on most clients as long as there is an agreement between client and therapist that it is acceptable.

**Sexuality and touch**

Sexuality is one of the most frequently mentioned issues regarding touch between client and therapist. How do therapists make sure that touch in the therapeutic room is ethically correct and does not have a sexual dimension. This is the primary reason why touch is seen as a taboo by some directions within psychotherapy. Though Freud as previously mentioned used touch, it was originally the problem of sexuality that prevented him from progressing.

Within this research I found that gestalt therapists were highly aware of the sexual dimension of touch.

Especially the male therapists are very careful in using touch and making sure that they do not act in anyway that might be misunderstood by the client.
T1 states:

“By the way I want to say that touch can have two directions either as sexuality or as support. It is clear that if I use it, it is as support. That is clear.”

And he continues later when asked about the ethics of touch:

“I can see that there are women that dress up and sit like this? (Leans forward). I am still a man I am not dead yet, so the eyes, if I don’t watch out look down, which they do sometimes when the clients look the other way. It is in the room, right; I have never experienced anything else. I can also feel that there are some that want a hug and then I feel that the hug is a hug that goes on a little while, then I control myself and stop it.”

T1’s experience of sexuality as being present in the room and his clear stance and awareness in relation to touch indicates that it is necessary to address it.

Turning to a female therapist there are differences and then again as it will appear below, sexuality is also highly present with female therapists.

T2 refers to experiences related to the holding of male clients for comforting and sometimes as part of a regressive work.

T2 states:
“Yes, I could feel what his hand is doing there but it was, I wouldn’t say it was unpleasant, but I can see, I also feel that around touch that, it shall only be done, it shall only be if it is appropriate, you can do it too much. You know there are therapists who are too quick according to my belief.”

T3 states in the following which is taken out from a part of the interview where we are talking about saying goodbye and giving a hug:

“If it is a female client, then there is that possibility, yes a lot can happen when you experience that you need to have an eye on the professionalism but that there is also a need for a symmetrical I –Thou contact. Even it is a man and a woman so there is a lot going on there.”

T3 also experienced to be overwhelmed by a female client and he describes it:

“She threw herself over me when we were parting and, because it was a big woman, but I was completely out of contact with her, I really felt like a sort of doll and I discussed it with my supervisor and he taught me how to hold my elbow up so she couldn’t get close.”

T4 though having a firm standpoint on touch recalls episodes not from therapy but from the education from which she clearly states
when asked if her firm view on not touching has a personal history she states:

“A lot of the therapists that came, both from abroad and those from here, had a relation with the students or clients, this was a mixture of different things that I resented a lot. We discussed it heavily in the corridors but never in the open.”

Later in that dialogue T4 adds:

“Yes and what happened in that period was that I got very concerned, not morally; I was very concerned with what you can and should do as a psychotherapist.”

A strong experience which combined with T4’s firm believe in not disturbing the client’s processes with touch. T4 does not mention sexuality as an issue any further in the interview.

Sexuality and its link to ethical conduct is a cornerstone in understanding the complexity of using touch as therapists. All four therapists have strong personal experiences with the subject sexuality within the therapeutic setting and refer to these in the interview. The awareness of the problem of touch in relation to sex was very high as seen in the quote from T1, T2 and T3 on professionalism.

This area is highly problematic and well documented. Frits Perls gave gestalt therapy a bad image through his escapades and even in a rather blunt quote once said (Hunter, 1998 p.61):
“My hands are strong and warm. A dirty old man’s hands are cold and clammy. I have affection and love - too much of it. And if I comfort a girl in grief or distress and the sobbing subsides and she presses closer and the stroking gets out of rhythm and slides over the hips and breasts.”

This kind of statement where sexuality and touch are closely interwoven has caused a lot of stigmatisation around the use of touch. Examples of therapists getting out of hand having sexual intercourse led to a polarisation of touch in therapy. As if there sex and touch were two of a kind. Even psychologists who generally avoid touch may not openly discuss exceptions when they occur due to fears that disclosure will lead to suspicions of sexual misconduct. Given this context, it is not surprising that little is actually known about the use of non erotic touch in psychotherapy, Durana (1998).

Can theses findings be found in existing research? Phelan (2009 p.99), a psychologist and research associate of the American Psychoanalytical Association found that the biggest fear is that touch will lead to sexual contact. He also mentions specifically gestalt therapy and refers to that it is a paradigm where touch is often used. This is contradicted by my analysis that indicates that touch is seldom used.

Stake and Oliver (1991) explored 207 men and 13 women, all licensed psychologists, concerning their use of touch and sexually suggestive behaviour, definition of sexual misconduct, response to feelings of attraction to clients, and reactions to client reports of previous therapists. Results indicated that sexual misconduct was a cause for serious professional concern and that greater attention to
these ethical issues should be provided in therapist training. They found that 44% of the interviewees stated that at least one of their clients had reported sexual contact with a former therapist. Previous research showed that between 5-10% admitted having had sexual erotic contact with one or more clients. Furthermore sexual contact with a client was a top reason for complaining to the Ethics Committee.

In my limited period as a therapist I haven’t experienced situations where touch led to an atmosphere of sexuality. I did experience a female client where we had to discuss the attraction she had towards me. My sharing this observation and an open dialogue led to a very fruitful session. We were able to talk about what was going on and the client had a chance to experience that it was okay to talk about it. She had a previous record of abuse and realised that she had a history of using her body to control men she. So though it wasn’t a case of touch that led to a dialogue, it was still a case where sexuality was addressed openly and the result was an advancement of the therapy.

I believe that it was primarily due to qualified supervision that I handled the situation in a constructive manner.

I have identified several other themes but I believe that these three are the most important ones. The focus of the interviewees on these three themes was clear and unfortunately it is not possible to analyze all occurring themes within this dissertation. I will now discuss the results of the themes.

I decided to contact Gary Yontef who is a famous gestalt therapist, especially for his work on the awareness on dialogue, see Yontef (1988). I wanted to hear two things from him, firstly if he had any direct conversations with the founders of gestalt therapy on the
subject of touch and secondly what he thought about touch in general. He answered via email that:

“I did work with Fritz and knew Laura and others that were in their crowd. When I came into GT in the 1960s touch was a more frequent and easier part of therapeutic contact. Things have tightened up with ethics committees, sexual abuse by therapists, changing mores, etc. Touch in the form of bodywork, hugging, and so forth was considered a part of a holistic approach.”

Apparently, there has been a change in attitude which was necessitated by inappropriate sexual behaviour within the field.

**Final discussion**

Four phenomena arose from the analysis; definition of touch, personal experiences with touch as a clear reference, high awareness on the use of touch in therapy and the clear focus on sexuality as an important issue when using touch.

The phenomena that arose from the interviews are not surprising after reading and studying touch literature. Touch within the therapeutic setting continues to be a difficult subject. The taboo related to touch and especially to the fear of sexuality shines through the statements of the therapists.

I was personally surprised that the personal experiences of the therapists had such a strong impact. The therapists had many years of experience and had different viewpoints but in general they formed their opinions on personal experiences and beliefs. The knowledge
about touch and the theory was limited and still their position was rather firm. At the same time they showed a gestalt approach to the issue of touch. Unlike psychoanalysts as mentioned in Galton (2006) they were prepared to use touch whenever they found it relevant. In my opinion it strongly emphasizes the need for touch training and intensive supervision. The fact that several gestalt therapists base their therapy on personal, lived experiences and to some extent project that on the client is something we need to look upon with great seriousness.

At the same time there is vast cautiousness amongst gestalt therapists in using touch, so the immediate risk of doing harm to the client by touching without consent does not seem to be relevant.

I believe there is a fertile ground within the gestalt community since gestalt is a holistic therapy form. The research done by Strozier (2003) also shows that the clinicians with an eclectic background, including gestalt therapists, are more likely than others to use touch within therapy, 92% of the eclectic clinicians use touch frequently or sometimes.

The dialogical relationship as mentioned in the theoretical part of this dissertation could also be a vehicle for sharing these personal experiences between therapist and client. This would mean a personal disclosure and from a gestalt perspective that is an option. I believe that levelling on a universal subject like touch with the client could be helpful. Everybody has experience with being touched and depending on the therapists’ awareness of his/her own touch history, it could be a subject.

The awareness of the importance given to the handshake was not in line with the findings of Smith, Clance and Imes (1998). They found that the handshake was the only socially acceptable touch that was
more or less universal. In this study there was a tendency to have high awareness of the information within the handshake. This could be assigned to the use of awareness as a technique within gestalt therapy. Nevertheless, the increased awareness was not presented initially in the interviews but came out of exploring the phenomenon. Combining the analysis with the literature it seems as if there is not a special attitude towards touch that distinguishes gestalt therapists from other humanistic therapists. The knowledge about touch seems to be a tacit knowledge that most often is processed unconsciously. The firm stance on the use of touch as an intervention was clear with all therapists and showed a high level of awareness. The focus on not disturbing the cycle of contact by touching was also relatively clear.

As Yontef wrote to me personally:

"I think that touch can be a valuable part of human contact, including within sessions. But sexual contact between therapist and patient is not the kind of touch that is allowable. Also, touch in the form of bodywork can be a valuable part of gestalt therapy awareness work, but can also be in clear violation of the paradoxical theory of change."

The paradoxical theory of change being the heart of gestalt therapy according to Yontef (1988 p.12) and I quote:

"The heart of Gestalt therapy is in the paradoxical theory of change. In that approach resistance is recognized and acknowledged. Resistance is named and understood. It is not understood as something undesirable but just understood. Awareness work in this model integrates the poles of impulses and resistance. But resistance is not broken down or jumped over. Self-
support is enhanced so the patient may go through whatever next step fits for that person in their life space. But the therapist does not center on getting the patient to take the next step as conceptualized by the therapist.”

This is highly interesting since it corresponds with the thinking of at least three of the therapists. Respect for the client’s process and not disturbing with touch.

I believe that there is a caveat to this. Imagine that you have been traumatized by not getting the necessary touch from the primary caretakers around you, but you have been left alone to take care of things yourself through most of your upbringing. It could be that what you needed the most was that someone touched you in your isolation and told you “you are not alone”. Just an example there are no straight answers on whether to touch or not.

The clearest use of touch appeared when supporting, comforting or acknowledging the clients. This indicates a more dialogical approach than I would expect from psychotherapists with another background. Gestalt therapists could have the necessary skills for using touch more often within therapy. This would necessitate more training, supervision and personal therapy focused on history of touch to be ethically responsible.

Personally, I am a bit concerned by the findings of this study since there are a lot of considerations to be made when using touch in the therapeutical room. It can under no circumstances be recommended to use touch as a technique without having trained or discussed it beforehand with a supervisor or at least a colleague. The importance of touch is evident and proven through extensive research as
discussed earlier. Yet, as powerful and healing touch can be, in the same way it can be a serious violation of the boundaries of the client. From the more critical standpoint I also believe that the purpose of touch should be very clear for the involved therapist. Touch just to touch makes no sense it is not whether to use touch in the therapeutic relationship but rather when and how Hunter & Struve (1998).

The objective of this dissertation was to explore how gestalt therapists experience physical touch in the therapeutical session.

Looking at the contribution I believe that the results are valid since similar findings can be found in the research about touch. The finding about the way of awareness by the therapists I believe is special for gestalt therapists. Besides that particular finding there is not a magic stick when it comes to touch within therapy. The difficulty within the area pertains even though you are a gestalt therapist or a cognitive psychologist. I do believe that gestalt therapists can have an advantage since they have a holistic approach and have the opportunity through the dialogical approach to share concerns on touch with the clients. However my interviews did not reveal any particular openness around touch by the gestalt therapist.

To my knowledge this dissertation is the first research done within this area done solely with gestalt therapists using the Interpretative Phenomenological Analysis method. The contribution of this dissertation within gestalt therapy is that for the first time we hear the voices from experienced practitioners. The finding that they are focused largely on not disturbing the clients in their processes and thereby letting the paradoxical theory of change occurs is a new finding. The link seems logic and intuitively but have never been
raised as explicit as I have seen it. I believe that this could be a finding that could be of use when working with clients and when training students in understanding the theory.

Another contribution from this dissertation is the raising of awareness by taking up the subject. I hope that the dissertation will be a discussion point at the Gestalt Akademin and I will do my best to recommend that touch becomes a mandatory subject within the relevant educations. I did experience when explaining the subject to colleagues that there is an interest but also a limited reflection on the issue. As mentioned earlier it is a tacit knowledge which I hope I can help bring up to the surface so that we can work with what is present. What can be more present than the skin of two humans and the fact that they contact each other by touching?

I focused on gestalt therapists who did not define themselves as body therapists and I reflect how the results would have been if there were body therapists included. It would be interesting to explore how body therapists approach the use of touch and if they have the same sensitivity with respect to handshake and disturbance of the client’s processes. I believe that the sensitivity and awareness shown by the non body therapists is due to the fact that touch is not a given within their therapeutical setting. Body therapists are expected to touch and the clients are expecting as well. In the vast research I reviewed I did not find specific studies on the decision making process of body therapists that touched. Since it was out of scope of this dissertation I will not go into further detail on this but just remark that there is an area which needs further research.

Generally I agree with Hunter and Struve (1998 p. 69) that there is a need to bring touch “out of the closet”. Phelan (2009) reaches the
same conclusion 10 years later so I hope that this dissertation can help in getting touch on the agenda.

I will urge gestalt therapists to have supervision, training and individual therapy with touch as focus. It is only by increasing our own awareness and by finding out through practical exercises when we should use touch and when we should not use touch in the therapeutic session.

**Closing remark**

Sitting here in Roskilde, near Copenhagen having finalised this dissertation I feel happy and exhausted. I am at the end of the cycle of experience; it is time for integration and rest. At the same time I feel privileged to do this dissertation because I now know more about a vital aspect of our life as humans; the skin and the importance of being touched. I hope I touched you!
List of literature


Kirchner, Maria. (2000). Gestalt Therapy Theory: An Overview. Gestalt Volume4;Number.3.


Young, Courtenay. (2008). The history and development of Body-Psychotherapy: The American legacy of Reich. *Body, Movement and Dance in Psychotherapy*, Volume 3, Number, pp. 5-18,


Appendixes

Appendix A
Fritz Perls (Friedrich Saloman Perls) was born in Berlin in 1893. His father has been described as a harsh man who vacillated between ignoring and bullying Fritz. His mother tended to dote on Fritz, and initially their relationship was stable. Around school age, however, this relationship also became stormy, as Fritz became somewhat of a "wild child" (e.g., he was often truant, failed grades, and was even expelled from school). At this time, he enrolled himself in a school that exposed him to the arts. Fritz's teacher and director, Max Reinhardt, emphasized the importance of nonverbal communication, which influenced Perls in the years to come. Academically, Perls redeemed himself by graduating at the top of his class.

Perls went on to study medicine at Berlin University. In 1916, he enlisted as a medical officer in the German army. After horrific experiences during the war, Perls became active in left-wing politics and anti-establishment movements, which later jeopardized his life when Hitler came to power. In 1920, Perls finished his medical studies as a MD.

While working as a neuro psychiatrist, Perls entered psychoanalysis with Karen Horney for personal problems. Soon after, Perls began training as a psychoanalyst himself. Later Perls would challenge psychoanalysis and, instead, emphasize real contact and rapport between the therapist and client in the here-and-now. In part this new approach was influenced by the work of the Gestalt Psychologists, Gelb and Goldstein. In addition, Perls became familiar
with the work of Wertheimer, Koffka, and Kohler (existentialists). It was through his interest in Gestalt Psychology and Existentialism that Perls came to meet his wife, Laura. She is thought to have been responsible for exposing Fritz to existential concepts, and probably deserves some of the credit for the therapeutic techniques he later developed.

After serving in World War II, Perls moved to the United States, where Horney and Sullivan significantly influenced him. Then, working with Hefferline and Goodman, Perls published Gestalt Therapy, which launched the new school of therapy. Fritz included much of his own flamboyant, sometime abrasive personality in his new style of therapy. As Perls focused on setting up Gestalt training institutes around the world, he began to travel alone more frequently, putting a strain on his marriage and relationship with his children. In 1956, after being diagnosed with a heart condition, Perls moved to Miami (without his family), where he met Marty Fromm. Marty began individual therapy with Perls, and eventually, they became lovers. This, of course, did little to help his deteriorating marriage with Laura.

Perls became seriously ill and died of a heart attack in 1970.
### Appendix B

Table B.

Gender, age, years of practice and graduation year of interviewed therapists.

<table>
<thead>
<tr>
<th></th>
<th>Gender</th>
<th>Age</th>
<th>Years of practice</th>
<th>Graduation year</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>M</td>
<td>60-65</td>
<td>15-20</td>
<td>1990-95</td>
</tr>
<tr>
<td>T2</td>
<td>F</td>
<td>60-65</td>
<td>15-20</td>
<td>1985-90</td>
</tr>
<tr>
<td>T3</td>
<td>M</td>
<td>55-60</td>
<td>10-15</td>
<td>1990-95</td>
</tr>
<tr>
<td>T4</td>
<td>F</td>
<td>55-60</td>
<td>20-25</td>
<td>1980-85</td>
</tr>
</tbody>
</table>
### Appendix C

Table C. Example from analysis

<table>
<thead>
<tr>
<th>I don’t work with it. If it happens, it happens spontaneously.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I did like this (stretches his hand forward and slaps my knee), but that can not be, yes maybe it was some sort of acceptance What is it called</td>
</tr>
<tr>
<td>It was spontaneous</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>T: So there is physical touch. Then I wonder how do you work with touch during the therapy session after the client has entered?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I: I don’t work with it. If it happens, it happens spontaneously.</td>
</tr>
<tr>
<td>T: Can you give an example</td>
</tr>
<tr>
<td>I: Yes, it is not so often. As an example, there was one situation the other day were we laughing loudly and then I did like this (stretches his hand forward and slaps my knee), but that can not be, yes maybe it was some sort of acceptance What is it called</td>
</tr>
<tr>
<td>T: Like slapping your thighs when laughing, what was your thought? Can you remember that?</td>
</tr>
<tr>
<td>I: It was spontaneous, I thought now we are laughing, I slap my own thighs. It was funny, it was damn funny</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Spontaneous</th>
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<tbody>
<tr>
<td>Physical accept</td>
</tr>
<tr>
<td>Spontaneous</td>
</tr>
</tbody>
</table>
Appendix D

Introduction email sent to participating therapists

Kære NN,

Jeg skriver til dig fordi jeg er i gang med at lave min Master på Gestalt Akademiet(GA). I den forbindelse vil jeg gerne have lov til at interviewe dig for at kunne bruge dit input til min analyse. Jeg har udvalgt danske gestalt terapeuter med uddannelse fra GA.

Det område jeg undersøger er fysisk berøring. Mit specifikke forsknings formål er at undersøge hvordan gestalt terapeuter forstår og beskriver berøring/ikke-berøring samt hvordan berøring/ikke berøring påvirker den terapeutiske relation.

Ved berøring forstår jeg enhver form for fysisk kontakt imellem terapeut og klient f.eks. osse håndtryk, skulderklap.

Selve interviewet forventer jeg tager een times tid. Jeg vil lade det være op til dig, hvor vi laver interviewet. Det kan være i din klinik eller hvor det måtte passe dig.

Mht. fortroligheden så vil jeg anonymisere materialet og det vil blive destrueret når alle formalia omkring godkendelse af opgaven er på plads. Jeg tilbyder fuld adgang til at se det transkriberede materiale såfremt du ønsker det.

Jeg tillader mig at kontakte dig telefonisk i den kommende uge for at høre din holdning til ovenstående.

Jeg håber du vil deltage og jeg ser frem til at diskutere ovenstående med dig. Har du lyst til at kontakte mig er du velkommen til at ringe på +45 21433707.
Appendix E
Questioning guideline

Questioning guideline (translated from Danish)
Age, Education and when did you graduate?
Background
How many years have you worked as a gestalt therapist?
Do you work with a specific type of clients?

Introduction about touch
How will you define touch?
What knowledge do you have about touch?
How do you work with touch in your therapies, please give examples?
Have you changed attitude towards touch since you started as a therapist if yes how?
What do you think about gestalt therapy and touch?
How do you perceive therapists that do not use touch?
Which experiences do you have with touch?
Do you use touch often?
Which type of touch do you use?
Do you shake hand with your clients, What do you experience when you do it?
What do you expect happens when you touch a client
Which significance does it have for you
In which situations do you touch, please give examples
In relation to which clients
How do you work with your own body, please give examples?
In relation to particular problems, please give examples
How are you influenced when you work with touch, please give examples?
How is your therapeutic relation with the client affected when you touch, please give examples
Which ethical considerations do you have when you touch, please give examples
How do you experience counter transference in relation to touch?
**Appendix F**

Overall themes from Interview 1.

<table>
<thead>
<tr>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of the importance of touch</td>
</tr>
<tr>
<td>Touch as a driver of confluence</td>
</tr>
<tr>
<td>Existential loneliness and pain</td>
</tr>
<tr>
<td>Touch as a catalyst of equalness</td>
</tr>
<tr>
<td>Transference</td>
</tr>
<tr>
<td>Personal experiences with touch</td>
</tr>
<tr>
<td>Touch as a spontaneous action</td>
</tr>
<tr>
<td>Self support</td>
</tr>
<tr>
<td>Sex</td>
</tr>
</tbody>
</table>