

An  
Excerpt  
From

# The Ethics of Touch



By Ben Benjamin and Cherie Sohnen-Moe

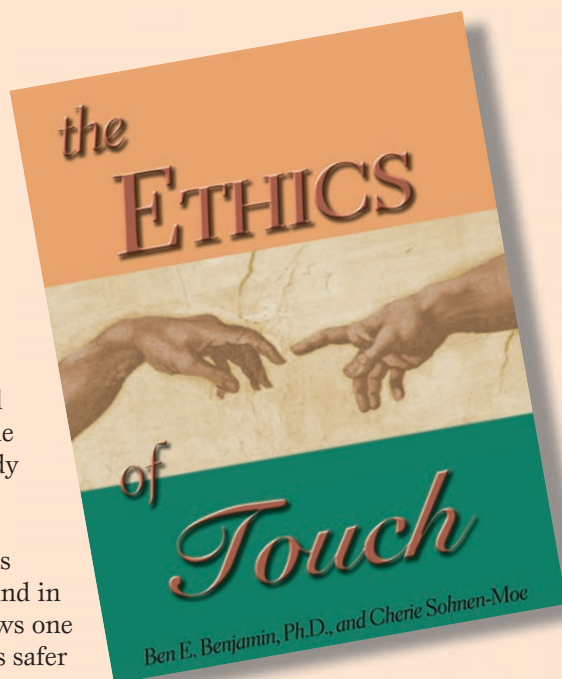
The following is the third of three excerpts published in *Massage & Bodywork* from the newly released text *The Ethics of Touch*, by Ben Benjamin and Cherie Sohnen-Moe. (SMA Inc., Tucson, Ariz., 2003.)

# Special Considerations in Cases of Trauma

**O**n average, one of every five clients a practitioner sees has a history of trauma or abuse. Whether or not you are aware of it, in a large percentage of your sessions the client in your treatment room may be a survivor. Even the client might not know. To avoid ethical complications, every practitioner who uses touch needs basic knowledge about trauma and abuse survivors and a clear protocol for working with these particular clients.

## Understanding Trauma and Abuse

**T**ouch therapy can provide a valuable healing environment for the abuse survivor. Practitioners minimize the risks of retraumatization by being sensitive to the experience of the survivor and its effect on their work together. Psychologist Melissa Soalt eloquently describes the dilemma faced by the survivor as he enters therapy: “Being present in one’s body is a double-edged sword for survivors: On the one hand, working through the body can stimulate the trauma and evoke confusing or frightening feelings; on the other hand, it is this very ability to be present and in one’s body that ultimately allows one to feel more grounded and thus safer and more in control.”<sup>1</sup>





Many responsibilities fall upon the practitioner. When a practitioner begins work with an abuse survivor, she may be the first person to touch the client's body since the abuse. The practitioner minimizes potential errors and creates a safe environment for the treatment process when she has awareness and understanding of the factors surrounding abuse and recovery.

Sometimes, the client who is a survivor of abuse exhibits physical symptoms which indicate the presence of unresolved trauma. Examples of such symptoms include chronic fatigue, insomnia, chronic joint and muscle pain throughout the body and a weak immune system.<sup>2</sup> Other reactions to the abuse experience include flashbacks and intense memories. It is useful for practitioners to

understand the origins of these reactions, know how to recognize them and appreciate the contribution of the touch treatment to their resolution.

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#### The Potential for Harm

Chris Smith, the founder of Trauma Touch Therapy and a survivor of abuse as a child, had some early experiences with bodywork that encouraged cathartic emotional releases. Although such releases may feel beneficial at first, Smith now believes that they ultimately increase rather than decrease the traumatization.<sup>3</sup> Smith is one of a large number of profes-

sionals who believe that bodywork undertaken in isolation from other therapies, or in a context that does not allow the client to integrate the experience, has more potential to harm than to heal. Below is an example of →



*the client needed psychotherapy and other support systems in place. She lacked outside supervision to guide her work when questions or difficulties arose.*

This harmful situation occurred because the practitioner did not understand that recovery from abuse proceeds in stages, and that her client was in a very early stage of this process. Therefore, the practitioner did not know what the client needed to proceed safely with her recovery. This client was not psychologically ready to delve into her past.<sup>4</sup> The boundaries and support systems necessary for effective treatment were not adequately in place.

### The Core of Trauma and Abuse

**B**efore discussing how to work with clients who have been abused, it is important to understand what constitutes abuse and the complexity of its effects. Janet Yassen,<sup>5</sup> coordinator of Crisis

the negative effects of touch therapy when done without appropriate knowledge and training.

*A practitioner was approached by a client who wasn't in psychotherapy and wanted to address her abuse issues through bodywork. The practitioner had very limited training in working with survivors but wanted to assist the client in her healing process. In the course of their work together, the client began to have flashbacks during the treatments. The practitioner felt she should let the client fully experience these memories and would process what happened afterward. After several weeks of treatment, the client began to experience more uncontrollable, intense and disabling flashbacks on buses, in the supermarket and frequently upon entering the practitioner's office. The practitioner's lack of training in this area resulted in a damaging situation for the client and a lawsuit against the practitioner. In this case, the practitioner did not understand the significance of the flashbacks and how to deal with them. She did not realize*

Services at the Victims of Violence Program at Cambridge Hospital and co-founder of the Boston Rape Crisis Center, defines sexual abuse as "unwanted or inappropriate sexual contact, either verbal or physical, between two or more people, that is intended as an act of control, power, rage, violence and intimidation with sex as a weapon."

Physical abuse is defined as the use of force or violence to cause pain or bodily harm which is used as an instrument of intimidation, coercion or control. Emotional abuse is the infliction of emotional harm by verbal intimidation or neglectful behavior to intimidate, demean or hurt another person. Mind control abuse can be defined as the act of undermining a person's free will through the control of behavior, information, thoughts and emotions.

The trauma experience has a physiological effect even if the trauma is not physical in nature. The diaphragm and muscles of the chest contract restricting breathing; →

Before discussing how to work with clients who have been abused, it is important to understand what constitutes abuse and the complexity of its effects.

muscles at the base of the occiput and pelvis often contract; energy frequently withdraws to the center of the body, leaving the extremities cold; and there is an overall shrinking and contraction of the physical organization of the entire body.<sup>6</sup> Severe trauma may cause loss of muscle tone.<sup>7</sup> Symptoms of the breach in psychic integrity from abuse include depression and anxiety.<sup>8</sup> At its core, the intent of all abuse, whether sexual, emotional or physical, is the same: To dominate, humiliate and gain control of another person. It is a traumatic event, perpetrated by another person, that violates the basic bodily and psychic integrity of the victim.

### Types of Sexual Abuse

Sexual abuse ranges from inappropriate seductive behavior and sexual touching to sexual intercourse. Sexual abuse includes rape, gang rape, date rape, partner or spouse rape and incest.

Sexual abuse rarely occurs as an isolated event. Violations are often accompanied by other types of mental, physical and emotional torment. Emotional abuse such as put-downs, insults, demeaning comments and sudden irrational acts intended to instill fear are common. In the case of incest, this may also include the withdrawal of love and affection or threats to hurt other family members as a weapon of control.

### Prevalence of Sexual Abuse

The statistics on sexual abuse are staggering and difficult for most people to fathom. The National Violence Against Women Survey found that in the United States, one of six women and one of 33 men has experienced an attempted or completed rape as a child or an adult; specifically, 18 percent of surveyed women and three percent of surveyed men said they experienced a completed or attempted rape at some time in

their life.<sup>9</sup> Other research has found that approximately one in every five women and one in seven men have been sexually abused by the time they are 18 years old.<sup>10</sup>

As clients connect with their bodies in a more positive way, they experience improved body image and feel less shame.

To look at this another way, 18 to 20 percent of the U.S. population, or approximately 50 million people, have been sexually abused. If these numbers are hard to believe, reduce the total by half, or even two-thirds, and the tally is still a frightening number. It is difficult to determine whether sexual abuse has always been this prevalent and is only now being more accurately reported,

or whether it has increased due to the dissolution of the family and other social factors.

There have been several periods over the last hundred years during which sexual abuse has been exposed, discussed and acknowledged, but it has only been since the →



mid-1970s that the social and political context has provided an ongoing, welcoming atmosphere for research and wide acceptance. According to Judith Herman, author of *Trauma and Recovery*,<sup>11</sup> the women's movement provided the political environment to support the ongoing research and recognition of the extensive existence of sexual abuse.

### Types of Physical Abuse

Physical abuse of children is more common than imagined and shows itself in obvious forms such as violent beatings, corporal punishment, food deprivation or aggressive tickling that does not stop. Other types of physical abuse include spousal battery, the threat of violence as a means of control, and the use of physical torture as discipline of spouses and children. More women are injured by battering than are injured in car accidents, and it is estimated that each year millions of children directly witness acts of domestic abuse.<sup>12</sup> Physical assaults and muggings are commonplace as well.

### Types of Emotional Abuse

We define emotional abuse as the infliction of emotional harm by verbal intimidation or neglectful behavior. Direct verbal threats or attacks and taunting or belittling language used to intimidate, demean or hurt another are examples of emotional abuse. Emotional abuse occurs when a person, whether young or old, is regularly taunted, put down, shamed, berated, ostracized or humiliated.

Usually victims experience strong feelings of fear, shame, rage or despair. If the feelings are overwhelming, victims may enter a depressed or dissociative state in which they are cut off from some or all of their emotions.

Emotional withholding and emotional neglect also constitute abuse. In children dependent on adults for their care, abuse may take the form of consistent lack of response to a child's emotional needs, the inability of the adult to express appropriate emotion to the child or neglect. Other forms of emotional abuse include when



children are severely punished, dominated or forced to perform acts which go against their humanity.

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### The Effects of Trauma

Traumas come with life. They create stresses which often encourage us to engage in self-exploration. Most people quickly overcome mini-traumas; other events take years to undo. Additionally, there is a category of traumatic events that goes far beyond the norm. Individuals who have gone through severe or repeated trauma may be in a kind of shock for the rest of their lives while others work through the trauma by themselves or with help from others. Throughout the ages, the brutality of rape and war have been consistently with us. Now the devastating aftermath these traumas create is beginning to be acknowledged.

### The Benefits of Touch Therapy

As awareness of the prevalence of abuse has grown, an increasing number of survivors have sought various



touch therapies to help them reconnect with and reclaim their bodies. Psychiatrists, psychologists, social workers and counselors are referring an increasing number of their clients for touch therapy. The practitioner who understands abuse and the healing process is prepared to respond in a helpful and knowledgeable way.

Melissa Soalt, a psychotherapist and the founder of Model Mugging of Boston (a self-defense training program), has worked with many survivors and observes the following:

- For survivors of abuse, bodywork can be a very powerful adjunct to psychotherapy. The trauma from abuse typically results in dissociative numbing or repressive mechanisms that leave survivors feeling “empty” or vacant on the inside. With reconnection and integration (or a move toward wholeness) as primary therapeutic goals, working through the body can be a valuable tool toward this end. Because the body is such a direct medium, bodywork facilitates this process of re-entry and one’s ability to feel more present.
- Bodywork can help survivors develop a friendly and compassionate relationship with their bodies. Sexual or physical abuse often leaves survivors feeling disgusted,

shameful or even violent toward their body, as though their body betrayed or turned against them.

- Bodywork helps survivors experience their bodies as a source of groundedness and eventually as a source of strength and even pleasure.<sup>13</sup>

### Regaining Body Control and Rebuilding Boundaries

Somatic therapies can be helpful in rebuilding personal boundaries damaged by trauma and abuse. During their inclusion, the client reacquaints himself with his body through sensual awareness of how the body is organized and what sensations trigger trauma response. The process of learning about these boundaries and managing the bodywork session helps to integrate the sense of body control.<sup>14</sup> Eventually the client stays grounded in his body while talking about the experience, bringing a new level of healing through reorganizing negative body response to positive somatic memory.<sup>15</sup> The client has the opportunity to construct new boundaries as the treatment progresses. For example, the client sets important boundaries by simply telling the practitioner where to touch and where not to touch. By being in charge of the session, the survivor gains another piece of control of his life associated with the body. Each experience of inviting, choosing and denying touch empowers the survivor.

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### Reintegrating Body Memories

In conjunction with psychotherapy, touch therapy assists the survivor in reaching hidden memories and integrating them into his present experience. Abusive traumas from the past cause the survivor to dissociate from the body, and this experience often recurs when the body is touched. Renegotiating somatic memory by replacing a negative physical response with a positive memory reintegrates the experience so that the client achieves a more balanced and positive state of body awareness. Therapeutic touch may trigger the recall of memories to be processed in psychotherapy.

As clients connect with their bodies in a more positive way, they experience improved body image and feel less shame. Practitioners may find that these clients take better care of their bodies as treatments continue.

## Checklist for Working with Trauma Survivors

The following checklist is adapted with permission from Stephanie Mines, Ph.D., creator of the TARA Approach for the Resolution of Shock and Trauma.

- Spend time connecting with the client.
- Consider using more subtle, gentle body therapy techniques that do not feel invasive.
- Always remember to ask permission to touch. Be willing and ready to wait and not to touch.
- Remember to establish a relational connection first. Never touch mechanically.
- If a flashback occurs, bring the person back to the present immediately.
- Keep in regular contact with the client's psychotherapist. Have clear, written permission from your client for these conversations.
- Be gentle but clear about boundaries.
- Behave as a team and set goals together.
- Allow the client to control the pace of the treatment.
- Have a time for closure at the end of each session.
- Be present, inquire and never assume. Do not hesitate to check in with your client, asking about her experience.
- Receive bodywork or energy medicine treatment yourself to clear your own system of fatigue and repression, thereby preventing retraumatization and burn-out.
- Consider volunteering at a local safehouse for survivors of domestic violence or joining the bodywork team at an AIDS service agency. These organizations usually provide a volunteer training that is excellent education about the treatment of trauma.

## Enhancing Psychotherapy Collaboration

Psychotherapists who recommend touch therapies for their clients see the bodywork practitioners as collaborators in the healing process. Many see touch as a valuable adjunct for some of their clients to reduce stress while others see it as a vital part of the task of reintegrating the body into the survivor's life.

Therapeutic touch may trigger the recall of memories to be processed in psychotherapy.

Psychotherapists and bodyworkers collaborate in different ways. A sequential mode is when the client has a bodywork session in the first hour and a psychotherapy session in the next hour. A combined mode entails the psychotherapist and the practitioner working simultaneously with a client in one room, as described by Robert Timms, Ph.D.<sup>16</sup> (The combined mode, where psychotherapist and somatic practitioner work simultaneously, may present complex challenges, both rich in opportunity and possible difficulties.) Others work concurrently at separate locations, seeing a client weekly at their offices and communicating by phone as needed. Psychotherapists who regularly call upon touch therapists to support their treatment plan usually interview the practitioners before they refer their clients to them.

## The Path Home

Touch therapy is a powerful adjunct in the recovery from abuse, and with this power comes the need for great responsibility on the part of the practitioner. The practitioner who provides ethical treatment for abuse survivors comes from a place of sensitivity, caring and the desire to help, as well as from one of detailed education, extensive training and ongoing supervision. Bodywork might be the first experience of pain relief or nurturing that survivors have on the physical level. It may be the path home. **M&B**

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