

The Six Forms of Touch

The Six Forms of Touch are not exclusive, or techniques to be used depending on diagnosis. Rather, they are different aspects of therapeutic relationship that should, ideally, all be present. On the other hand, different aspects might be emphasised with different clients. Each form of touch is essentially an *energy attitude* which is communicated in the verbal and non-verbal language between therapist and client and especially through the way in which physical touch takes place.

Kidney Touch is encouraging IMPULSE to manifest in ACTION

With this attitude all symptoms are a sign of a process in action. The contact between therapist and client then focuses on helping the process to run smoothly and to come to some resolution.

This usually means helping the client to access spontaneity so that the healing process can have a free path. Healing is often blocked by habit.

Physical touch: Feeling the directions of internal impulses (e.g. tensions) and helping the client to move in that direction. This can be moving the whole body (feeling the internal rhythm of a fluid such as Cerebro-Spinal Fluid, Blood or Lymph) or simply feeling the direction that tense muscles are pulling at a joint and helping the joint to move in that direction instead of trying to release the muscle.

Actively amplifying impulse into movement. Kidney touch is found especially in the style of psychophysical therapy called "Process Work" developed by Arnie Mindell

Spleen Touch is focusing on what IS rather than what could be.

Includes the YES of Kidney touch but is more internal. Whereas Kidney touch helps the client to actively move in the direction of their impulses and so focuses on intention, Spleen touch focuses on internal attention.

Rather than trying to cure, change, release or stop a condition, you are helping the client to be aware of what is. Often discomfort is caused by processes which are compensating for or protecting some vulnerability. This pain is a sign of something that is working to help the client cope, not to be rejected until an alternative support is found. Also, even when the vulnerability is no longer felt, the compensatory pattern sometimes finds it difficult to let go until it has been accepted and valued for what it has done.

Spleen Touch helps the client feel supported by what they are rather than focusing on what they could be when they are better. By not entering the "Curing Game" the therapist helps the client to come back to centre, to their actual reality, to the place from which they can start to really move.

Physical Touch: Helping to activate the Parasympathetic branch of the nervous system through making contact with the internal organs instead of the muscular system. Either through rhythmic rocking at the resonant frequency of specific organs or by "taking up the slack" in the surface layers of the body so that touch is felt at the visceral level.

Sympathetic nervous system takes blood away from the organs and stimulates adrenaline output for fight or flight. The Mind associated with this branch is **doing, changing, reacting and focused outside the self.**

Parasympathetic nervous system sends blood to the inner organs. The Mind associated with this branch is **being, accepting, digesting and focused internally.**

Lung Touch is meeting a person at their BOUNDARY which gives them a feeling of their own SPACE so their energy can expand

The Japanese have a word MIAI, important in Martial Arts, which means "finding the exact distance between you and another where you are in contact but in your own space". This is Lung Touch.

It is helping the client to find their outer limits and giving them the opportunity of going further. It is also bringing to the client's awareness their defences against new input and helping them to be present within them. To do this, the therapist needs to develop a clear feeling of their own SEPARATENESS and of their own boundaries.

Often Lung touch can confirm the usefulness of boundaries and defences but it is only when a person takes responsibility for their limits that they can choose when they are appropriate.

There is a subtle difference between stretching someone beyond their limit and meeting them exactly at their boundary and this is where the skill of Lung Touch is found. The former is felt as invasive and either makes the client close-off or else become passive (giving up responsibility). The latter challenges the client to be present but on their own ground. It may be difficult but is not abusive.

Physically it involves meeting the energy and physical boundaries through stretching and through pressure.

Liver Touch deals with conflict through COMMITMENT to DIALOGUE

In many forms of chronic conflict one side has become dominant and the other side has become passive. However, this passivity is not cooperative and so tension still remains.

Conflict resolution is not a matter of one side winning but of both sides feeling so much part of the process of dialogue that the relationship is more important than the individual satisfaction of the conflicting impulses. Chronic conflict is therefore a breakdown in dialogue and Liver Touch aims at re-stimulating dialogue where it has broken down.

In the relationship between therapist and client this is performed through three activities:

- 1) The therapist resolutely being themselves rather than bending to the client
- 2) Commitment to dialogue
- 3) Clear contracts with means of renegotiation.

By actively involving the client in the therapeutic process and by diminishing the therapist's role as *expert who knows what to do*, a more creative therapeutic field can arise. Both client and therapist can then choose to work together whether or not it is difficult and the commitment and resolve that this free choice gives can push through the complex web of chronic conflict.

There is an analogy to this in bodywork. Often internal conflict expresses itself through certain muscles being passively resistant in a movement. This means that at a joint, one set of muscles is active and another set are passive. One side of the joint actively moves and the other follows along but without being involved. A good way of working with this is to help movement at a joint to include yielding of the antagonists as well as contraction of the agonists and to involve the proximal as well as the distal side of the joint equally. This involves a form of touch in which the client can feel the respectful resolve of the therapist to involve both sides of a joint in dialogue.

In terms of the whole body, there are common pairings of body parts which are often in conflict e.g. front and back, top and bottom, inner organs and muscular system, deep muscles and outer muscles. By helping one of these conflicting pairs to enter into dialogue a person's whole attitude to conflict is brought to the foreground.

Triple Heater Touch integrates periphery and centre through CONGRUENCE

With this attitude the focus is on contact with the whole person rather than a part of their body, a particular symptom or the presentation.

In terms of relationship this form of touch involves *congruence*. Congruence can be summed up by saying that how you sound is how you feel; how you look is how you are. Congruence is one of the prerequisites of a good therapist. A client will soon unmask a therapist who keeps up a good professional front whilst feeling a mess inside and will lose their trust in them as a result. Conversely, congruence on the therapist's part naturally elicits it in a client.

In terms of physical touch, this form focusses on feeling the whole rather than the point or tissues directly under the place of contact. Keeping attention on the centre rather than reacting to the surface.

Heart Touch is the central feeling of CONTACT which comes from the operation of the other five forms.

'Contact' here is used in the sense used by Gestalt Psychology. It is difficult to describe but easy to experience, essentially meaning that communication between therapist and client is warm and engaged rather than intellectual, reactive or habitual.

It is necessary that there is a circular flow between the two people for this to happen. IN and OUT join into a circle and the two people make contact as the relationship field.

All the other forms of touch are necessary for Heart Touch to appear. The main work in this form of touch is done by the therapist in staying aware of the *quality of contact*. When it loses warmth, becomes dry, seems uninteresting etc. the therapist checks what has happened. Who lost contact? Why? Often just stating the perception of having lost contact can re-engage the relationship.

In essence it simply means being present in the living warmth and mutuality of the relationship and this attitude is automatically transmitted through the touch.