



ORIGINS OF THE TOUCH TABOO

A Rational Osteopathic Response



OUTLINE

- Influences
- Physiology of Touch
- Medical Model of Touch
- Osteopathic Model of Touch
- Review of Touch in Psychotherapy
- Ethics of Touch
- Guidance for Touch in Osteopathic Psychiatry



DISCLOSURES

- Teodor Huzij DO, NO DISCLOSURES



INFLUENCES

Ancient to Medicolegal





ANCIENT INFLUENCES

- Religious and Magical Practices
 - Supernatural origin of mental illness
- Greece
 - Asclepian School
 - Mind-Body Dualism

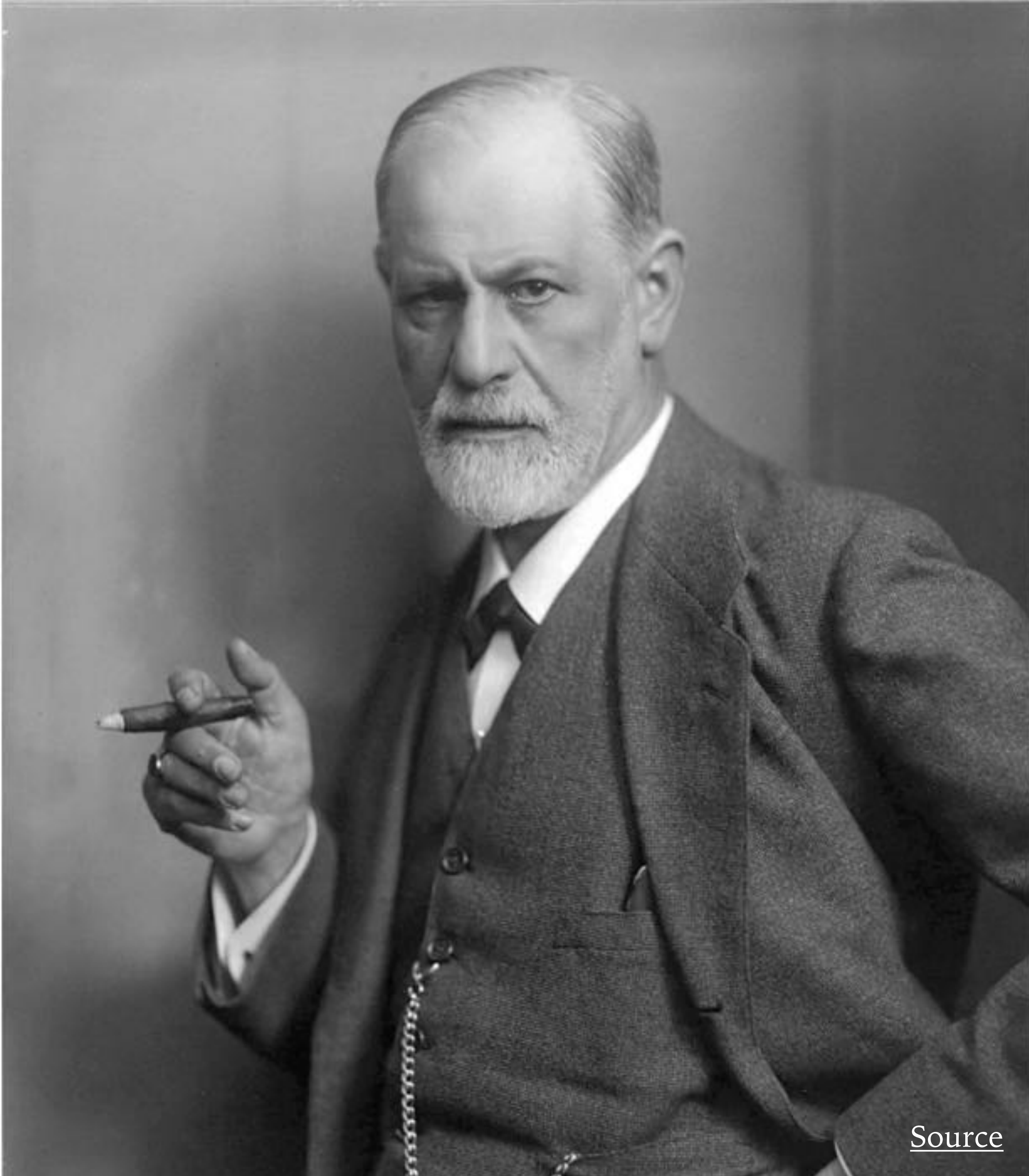
Levitan, Am Jan Cl Hypn 1986.

<https://www.britannica.com/science/history-of-medicine>

The Physiological Basis of Osteopathic Manipulation, 1983

Hunter & Struve, The Ethical Use of Touch in Psychotherapy.

Source



SIGMUND FREUD

- Initial treatment involved touch
 - “ I proceeded as follows. I placed my hand on the patient’s forehead or took her head between my hands and said: “You will think of it under the pressure of my hands. At the moment at which I relax my pressure, you will see something in front of you or something will come into your head. Catch hold of it.”

Hunter & Struve, The Ethical Use of Touch in Psychotherapy.

Source

SIGMUND FREUD

- The couch
 - "So I abandoned hypnotism, only retaining my practice of requiring the patient to lie upon a sofa while I sat behind him, seeing him, but not seen myself. “
- His own anxiety, mood and psychosomatic symptoms in his early 40's
 - Couch and avoiding physical encounters may have helped alleviate symptoms

PSYCHOANALYSIS

- “The ego is first and foremost a bodily ego; it is not merely a surface entity, but is itself the projection of a surface.... The ego is ultimately derived from bodily sensations, chiefly those springing from the surface of the body. It may thus be regarded as a mental projection of the surface of the body.”-Freud
- Touch between mother and infant as erotic
- Analysts goal: “prevent or remove any possible contribution from the analyst to the patient’s experience in order to illuminate the patient’s intrapsychically generated projections and displacements.”
- Freud argued that the transferential reliving of early attachments underscored the importance of the unconscious meanings of body contact.
- Viewed touch as a response that gratified a patient’s desires, which interfered with development of the transference neurosis

PSYCHOANALYSIS CONTINUED

- “The dual motivational model of sex and aggression within classical theory renders touch as either sexual or aggressive. Other types of touch and, therefore, other meanings are excluded from consideration.”
- This model reinterpreted touch as now serving seductive wish fulfillment, which was detrimental to therapeutic success, as any physical contact colluded in avoiding painful experiences rather than working through them instead.



SANDOR FERENCZI

- Continued using touch as Freud had originally, with Freud's support
- Touch was proposed to “facilitate the analysis by helping a patient to tolerate pain that was characterologically defended against.”-Ferenczi
- Freud eventually withdrew support for Ferenczi's use of touch
 - “this sort of behavior would inevitably lead to a downward spiral to full sexual engagement”-Freud
 - Ferenczi was sexually involved with at least 2 of his patients
- Later Ferenczi would renounce the use of touch in psychoanalysis



Source

LATER PSYCHOANALYSTS AND BEYOND

- "transgressions of the rule against physical contact constitute evidence of the incompetence or criminal ruthlessness of the analyst"-Menninger
- "It goes without saying that physical contact with the patients is absolutely taboo"-Wolberg
- Freud's interdiction on touch has influenced most schools of psychotherapy



Source

Menninger, Theory of psychoanalytic technique. Wolberg, The technique of psychotherapy, 2nd ed. Fosshage, The Meanings of Touch in Psychoanalysis: A Time for Reassessment.



Source

VICTORIAN ERA

- “a period that was characterized by unyielding sexual prudishness and a strong emphasis on the products of the mind.”
- Viennese medical society concerns
 - Freud’s initial psychoanalysis using touch (stroking & massage)
 - Clearly analysts were sexual perverts
- Freud was “hypervigilant in seeking scientific respectability and avoiding negative stigma” for the talking cure

Mintz, Touch and the psychoanalytic tradition. *Psychoanalytic Review*.

Jones, The life and work of Sigmund Freud: Vol 2. Years of maturity.



SCIENTISM

- Definition: an exaggerated trust in the efficacy of the methods of natural science applied to all areas of investigation (as in philosophy, the social sciences, and the humanities)
 - Reductionistic focus on physical exclusively
- Mind-Body Dualism (Descarte)
 - Completely separate entities
- Psychoanalysis reductionistic focus on mental exclusively

Mintz, Touch and the psychoanalytic tradition. Psychoanalytic Review.

Hunter & Struve, The Ethical Use of Touch in Psychotherapy.

Source



RELIGIOUS INFLUENCES?

- Mosaic & Christian promoting dualism?
 - Replacing the Hellinistic glorification of the body
- Physical world and human body created by God and declared good (Genesis 1)
 - Predates any dualism origin in Greece
- Freud had relinquished Jewish faith as an adolescent, an atheist thereafter
- The human body is the ‘temple of the Holy Spirit’ (1 Corinthians)

Levitan, Am Jnl Cln Hyp 1986. Burton, Psyanl Rev 1964. Freud, Totem and Taboo

Calgary psychiatrist found guilty of sexually assaulting patients

BILL GRAVELAND

CALGARY

THE CANADIAN PRESS

PUBLISHED JANUARY 29, 2013

This article was published more than 9 years ago. Some information may no longer be current.



MEDICOLEGAL INFLUENCES

- Risk Management
 - Touch of clinician potentially misunderstood by the patient → malpractice allegations
 - Limit all touch to maximize risk mitigation
- Psychiatrists having sexual encounters- both consensually and assaultively-with patients do occur
- A real issue
- Appropriate response is not disuse of touch but appropriate touch

Phelan, Psth Th Res Pr Tr 2009.

HOW DID WE GET HERE

- Ancient practices of not touching mentally ill
- Freud coping with his own neuroses
- Psychoanalytic theoretical premises
- Response to actual sexual encounters between psychiatrists and patients
- Victorian era sensibilities
- Scientism, Mind-Body Dualism and Reductionism predominance
- Over simplistic medicolegal risk management strategies
- And STILL more actual sexual encounters between psychiatrists and patients
- But is this the most appropriate course of action?

PHYSIOLOGY OF TOUCH



Photo by [Zoe Holling](#) on [Unsplash](#)



DEVELOPMENTAL PERSPECTIVE

- Touch = 'Mother of All Senses'
- Skin is the LARGEST organ of the body
 - Developed BEFORE eyes & ears
 - Respond to touch 8th wk gestation
- Neonate
 - Root, grasp reflexes
- Child & Adult
 - Touch corroborates other senses
 - Grounding of environment

Montagu, Touching: The human significance of the skin.

Swann, Jrn Vis Com Med.

Source



BENEFITS BEYOND TOUCH

- Touch in childhood
 - + ↑Resistance infections & diseases in adulthood
 - - ↓Immune function, social isolation, ↑violence
- Hold hand or Massage
 - Changes hemoglobin levels, blood pressure, pulse, respiratory rate and body weight

Montagu, Touching: The human significance of the skin. Krieger, Am Jnl Nurs. Lynch, Jrn Nerv Men Dis. Field, Pediatrics. Scafidi, Child Envir.



TOUCH IS A VITAL NEED

- Orphanages in US & Germany
1800's-1915
 - Touch discouraged
 - Mortality 32-90% by 2yrs of life
- Hospitals in US 1930's
 - Touch encouraged (pick up, holding)
 - Mortality dropped 30% to <10%
- Infants with little to no touch → Failure to thrive & ↑mortality
- Medically at risk infants with touch → Thriving

Spitz, Psyanl Std Ch. Older, Psychiatry. Cowen, Jrn Con Clin Psy. Field, Pediatrics. Spitz, The First Year of Life.



TOUCH IS A VITAL NEED

- Elderly
 - Most often untouched patient group
 - Clinicians feel uncomfortable & have anxiety touching older patients
 - Verbal + Touch → ↑ Weight gain
 - Behavioral management in patients with dementia
- Global 'Skin Hunger'
 - Touch starved people worldwide have a need for physical contact with others

Barnett, Nurs Res. Eaton, Jrn Geront. Smith, Clin Geront.

Jourard, Disclosing man to himself.

TOUCH HAS BENEFITS AND IS A VITAL NEED FOR HUMAN HEALTH

- Developmentally the skin is the first and the largest organ to function
- Skin serves to corroborate other senses and ground our existence in the physical world
- Touch has benefits from infancy to geriatric
- Touch is vital to human health throughout the life span

MEDICAL MODEL OF TOUCH



Source



ETYMOLOGY

- Disease: Latin roots
 - ‘Dis’ = not
 - ‘Ease’ = adjacent or touching
 - Meaning of ‘disease’ is separate or not touching

Ford, Where healing waters meet.



PHYSICAL EXAM SKILLS

- Touch is the primary element involved
- Expected process of a physician's assessment is touching of patients
- Modernity has resulted in less touch by physicians and reliance on technological tools (imaging, labs, etc)
 - Loss of physical touch in medicine

Hunter & Struve, The Ethical Use of Touch in Psychotherapy.

Source



MEDICAL BENEFITS OF TOUCH

- Improved mood and anxiety
- Decrease pain and tension
- Improved blood pressure
- Improved sleep
- Coping with sexual abuse
- Weight gain

Source

Field, Touch. Westland, Massage as a therapeutic tool. Hunter & Struve, The Ethical Use of Touch in Psychotherapy.

MEDICAL MODEL AND TOUCH

- Long standing history of physical examination involving touch
- Numerous medical benefits related to touch including physical and psychological
- Modernity shunning physical examination skills for technological surrogates

OSTEOPATHIC MODEL OF TOUCH



Source



Source

A.T. STILL

- Emphasized total health physically, mentally and spiritually while addressing physical and mental diseases through normalization of body structures and functions by palpatory assessment and manipulative treatments
- "All mental orders are based upon the favorable or unfavorable report of one or more of the five sensory sets of nerves. So we see at once that mentality or the mind of man, in all its action has as its foundation for its conclusions the report or reports of one or more of the five senses. If the mind is normal then wise conclusions and judicious orders are issued for the support and comfort of the human body."

Foundations of Osteopathic Medicine, 4th ed. Still, Osteopathic Research and Practice.



A.T. STILL

- "Since the birth of Osteopathy in 1874, I have sought and hunted faithfully to find the cause, or friction, that produces such abnormal conditions as are seen in the raving maniac."
- OMT for any mental disorder needs "to adjust all bony variations, all mechanical or obstructing causes of any kind that would prohibit the easy transit of blood to and from the heart, also nerve fluid and force to and from the brain."

Still, Osteopathic Research and Practice.

Source



J. MARTIN LITTLEJOHN

- American School of Osteopathy (1899)
- Lecture series on mental disorders and a osteopathic understanding as well as application of OMT for treatment

Source

Littlejohn, Lectures on Psycho-physiology.

Still-Hildreth Osteopathic Sanatorium, Macon, Mo.



STILL-HILDRETH SANATORIUM

- 1914-1968
- Healthy diet, exercise, occupational therapy, OMT 3x/wk
- OMT targeted autonomic nervous system and any other somatic dysfunction found

Ching, JAAO. Hildreth, JAOA.

Source



Source

PRIMARY CARE PSYCHIATRY

- Fall of psychoanalysis from preeminence
- Rebranding of mainstream psychiatry
 - “Primary Care Psychiatry”
 - “opened the door for more comprehensive treatment options for psychiatric patients, including osteopathic manipulative medicine(OMM) to address chronic pain, hypothalamic-pituitary-adrenal axis dysregulation and chronic stress as some proposed targets.”

Foundations of Osteopathic Medicine, 4th ed.

OSTEOPATHIC MODEL OF TOUCH

- From founding of profession touch has been integral in the form of OMT in addressing mental illness
- Longest running osteopathic psychiatric facility provided OMT to psychiatric patients 3x/wk
- Modern psychiatry as a primary care approach opens an opportunity for greater touch and OMM to be utilized

REVIEW OF TOUCH IN PSYCHOTHERAPY





Source

PSYCHOLOGICAL PARADIGMS

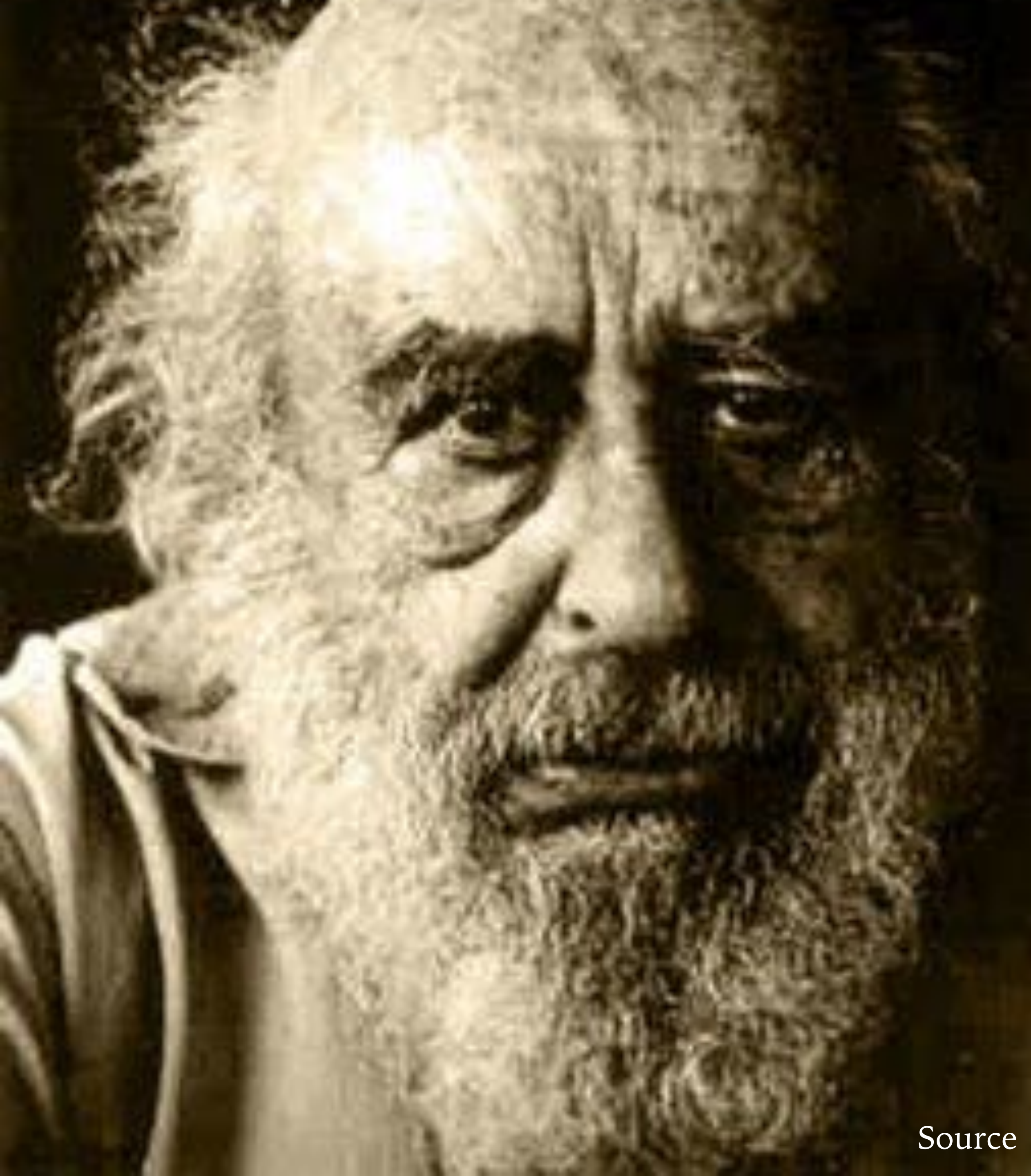
- Wilhelm Reich
 - Student of Sandor Ferenczi
 - Father of body-psychotherapy
 - Added “the dimension of the body to Freud’s model of ego and internal conflict, in that he saw the ego as controlling impulses and emotions through physiological patterns, e.g. a holding jaw, a tight belly etc.”
 - Patterns protected person from painful emotions
 - Tx: Reich pressed muscle groups→free inhibited energy

Hunter & Struve, The Ethical Use of Touch in Psychotherapy. Eiden, Self & Soc.



PSYCHOLOGICAL PARADIGMS

- Alexander Lowen
 - Student of Wilhelm Reich
 - Proposed Bioenergetics
 - Singular fundamental energy in the human body whether physical or psychological phenomena
 - Tx: Lowen used muscle pressure, exercises and breathing techniques to release physical tension→free bioenergy



PSYCHOLOGICAL PARADIGMS

- Interpersonal therapy
 - Carl Rogers
 - Validated touch in psychotherapy
 - Soothing patients
 - Holding, embracing, kissing
- Gestalt therapy
 - Fritz Perls
 - Multiple forms of touch in group therapy settings
 - Some therapists engaged in sexual encounters with patients

Lowen, Bioenergetics. Perls, Gestalt approach and eye witness to therapy.

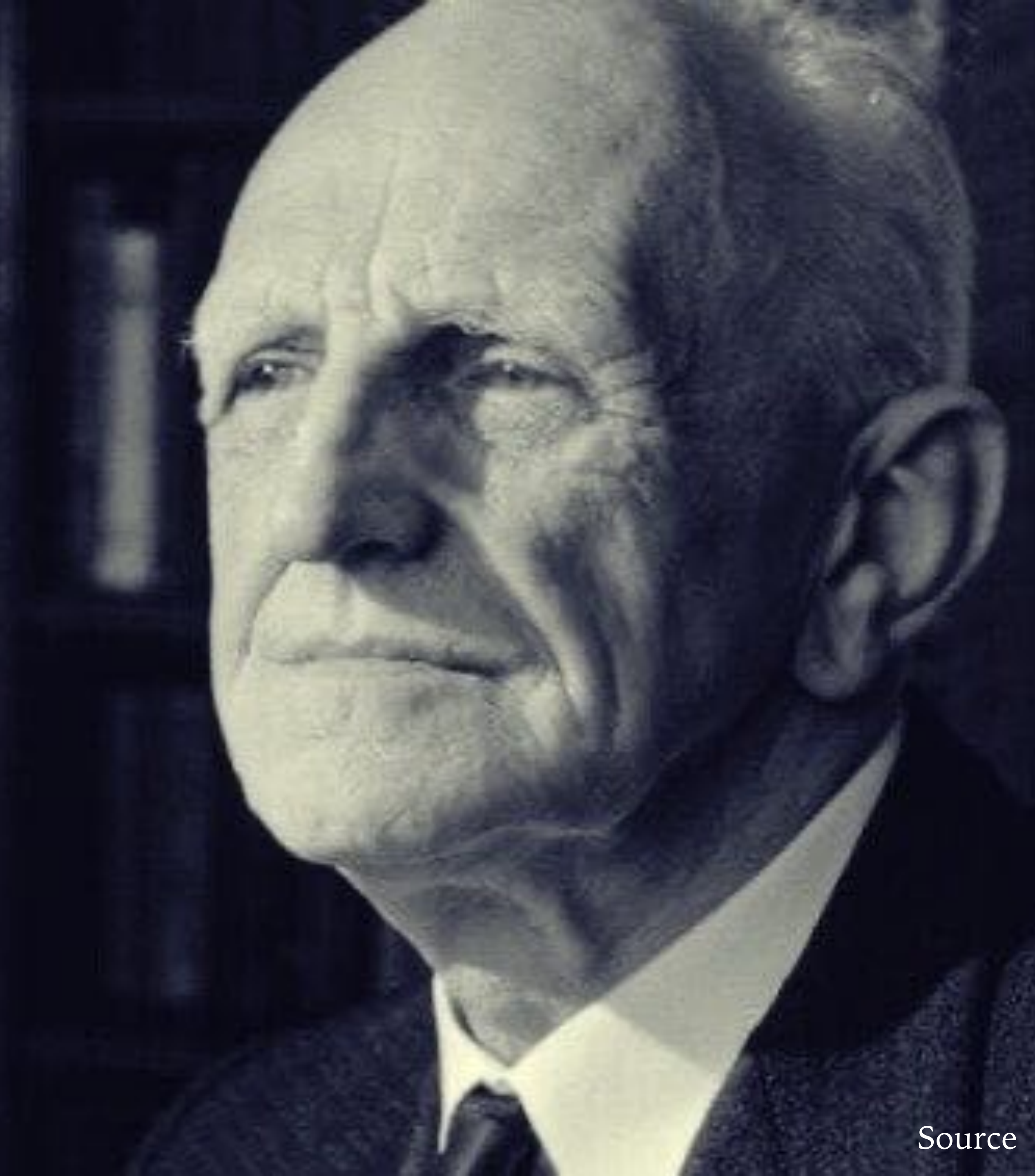


PSYCHOLOGICAL PARADIGMS

- Body Psychotherapy
 - Proposes the functional unity between psyche and soma
 - Tx: Therapist may provide deep manipulation, hugs and holding
 - Also patient may do somatic awareness, breathing, movement and touch exercises during therapy sessions

Source

Caldwell, Getting in touch.



PSYCHOLOGICAL PARADIGMS

- Touch necessary working with deep regression patients
- Touch helpful in working with delusional transference and psychotic anxiety in borderline patients
- Severe schizophrenia

Source

Balint, Primary Love and Psychoanalytic Technique. Balint Basic, Fault.
Winnicott, The theory of parent-infant relationship. Winnicott, Through
pediatrics to psychoanalysis. Little, Jrn Intl Psycho-Anal. Mintz, Psy The
Res Prac.



TOUCH IN PSYCHOTHERAPY RESEARCH

- Interview survey for 8 female patients who had male therapists
- Aspects that made touch therapeutic
 - 1. Discussion with the therapist of the touch itself, the boundaries of the relationship, and sexual feelings.
 - 2. Feeling in control of initiating and/or sustaining the contact.
 - 3. Feeling that the contact was not a demand or need of the therapist.
 - 4. Feeling that expectations of therapy were congruent with the reality the client experienced.
 - 5. Feeling that emotional and physical intimacy proceeded congruently.

Geib, The experience of nonerotic physical contact in traditional psychotherapy: a critical investigation of the taboo against touch.

Source



Source

TOUCH IN PSYCHOTHERAPY RESEARCH

- Positive Meaning of Touch in Therapy
 - 1. Preventing the client from becoming lost in her pain by providing a link to external reality
 - 2. Communicating concretely that "You are not alone"
 - 3. Communicating acceptance, resulting in greater self-esteem
 - 4. Creating a new mode of relating.
 - 5. Putting the client into better contact with her own bodily sensations

Geib, The experience of nonerotic physical contact in traditional psychotherapy: a critical investigation of the taboo against touch.



Source

TOUCH IN PSYCHOTHERAPY RESEARCH

- “The study demonstrates that touch has the power to create both therapeutic and countertherapeutic outcomes. Used sensitively, with full exploration of the client's needs and feelings, it can be an important therapeutic tool. Used insensitively, or without such exploration, it can be detrimental.”

Geib, The experience of nonerotic physical contact in traditional psychotherapy: a critical investigation of the taboo against touch.



TOUCH IN PSYCHOTHERAPY RESEARCH

- Surveyed 231 adults who had “experienced some sort of physical contact with their therapist (beyond accidental contact or a formal handshake)”
- Male and female patients with heterogeneous and homogeneous therapist pairs
- Supported Geib’s factors
- 69% touch fostered bond, closeness and sense therapist really cared → ↑ trust & openness
- Sexually abused patients felt more “touchable, lovable” and better about selves compared to nonabused patients
- Only 10 (4%) patients reported negative experiences of touch in therapy

Horton, Psychthpy.

Source



TOUCH IN PSYCHOTHERAPY RESEARCH

- Pilot study
- 17 women with Major Depressive Disorder (MDD), 9 control, 8 intervention
- Tx: Paxil and psychotherapy for all
- Intervention: OMM, find and treat
- Remission: 33% control, 100% intervention group
- OMM not provided by clinician providing Paxil or psychotherapy

Source

Plotkin, JAOA.



Research studies

Source

TOUCH IN PSYCHOTHERAPY RESEARCH

- 10 male veterans with Posttraumatic Stress Disorder and Traumatic Brain Injury
- Varying concurrent Tx (Meds, Therapy)
- Intervention: Two 60 min sessions of Light Touch Manual Therapy provided by massage therapists
- Completed while awaiting start of Intensive Outpatient Program
- Authors claimed reduction in anxiety
 - PCL-M score increased $p = < 0.5$
 - Neuro QoL anxiety change $p = > 0.5$

Davis, Jrn Bdywk & Mov Th.



TOUCH IN PSYCHOTHERAPY RESEARCH

- 20 male and female with anxiety &/or depression, 8 wk
- Control (5 m, 5 f), Intervention (3 m, 7 f)
- Concurrent psychotropic treatment for Generalized Anxiety Disorder &/or MDD by Primary care or psychiatrist
- Intervention: OMM 30 min by psychiatry residents provided same Tx protocol
- Modified GAD-7 & HANDS
- Both depression & anxiety Tx groups improved while control groups worsened



SEXUAL ENCOUNTERS

- Self report studies
 - 10% M, 2% F psychotherapists have had sexual encounter with patients
 - No difference in paradigm (humanistic, psychodynamic or cognitive behavioral)
 - 10.9% M, 1.9% F physicians have had sexual encounter with patients
- Psychotherapists who use non-sexual touch are no more likely to act unethically than those who use no touch

Holroyd, Prof Psy. Perry, Am Jrn Psy. Kardner, Am Jrn Psy. Smith, Touch in Psychotherapy.

Source

TOUCH IN PSYCHOTHERAPY

- Many pioneering psychiatrists utilized touch as a part of psychotherapy
- Touch helped released trapped emotional conditions manifesting as physical tension
- Repeatedly identified factors associated with therapeutic benefit of touch in psychotherapy
- Several OMM studies for psychiatric conditions show promise, even when provided by a psychiatrist (not necessarily the patient's psychiatrist)
- Not devoid of sexual encounters between therapist/physician and patient but a minority of clinicians
- No correlation of non-sexual touch in therapy associated with increased unethical behavior (such as sexual encounters with patients)

ETHICS OF TOUCH



Source

HIPPOCRATES

- First do no harm
- No sexual contact between physician and patient

BIOETHICS: 4 PRINCIPLES

- Beneficence: Do good
 - Ex: relevant physical examination, such as an abdominal or osteopathic structural exams, which provide the physician valuable assessment data in arriving at an accurate diagnosis and subsequent treatment for the patient's benefit.
- Non-maleficence: Do not harm
 - Ex: avoiding interventions that irreparably harm the patient, such as amputating the healthy limb

BIOETHICS: 4 PRINCIPLES

- Autonomy: Honoring patient's right of self-determinacy
 - Ex: providing the patient informed consent regarding the risks and benefits of a particular intervention as well as the risks of not performing the intervention. Also not touching patient who does not give consent for touch (battery)
- Justice: Same quality, competent care offered for each patient
 - Ex: providing the same level of respective physical exam for each comparative patient presentation or similar treatment options, such as all patients presenting with abdominal pain will receive the same thorough abdominal physical exam or similar patients with low back pain will be offered comparable treatment options of osteopathic manipulative treatment, non-opioid pain medication, and physical therapy

CLINICAL-ETHICAL DECISION PRIORITIES

- 1. Medical indications in this case
 - Ex: Physical exam, somatic dysfunction, vital need for touch in humans
- 2. Patient's preferences
 - Ex: Preferences for a psychiatrist's gender, ethnicity, worldview, training, or specialty or practice to the type of assessment methods, diagnoses given and treatments offered
- 3. Quality of life factors
 - Ex: Number of clinicians/appointments, comfort/cure, cost
- 4. Factors external to current physician-patient encounter
 - Ex: Social, cultural, financial factors of care

ETHICS OF TOUCH

- Touch meets classic bioethical principles
- Touch meets modern clinical-ethical decision making principles

GUIDANCE FOR TOUCH IN OSTEOPATHIC PSYCHIATRY



Photo by [Mariah Hewines](#) on [Unsplash](#)

OSTEOPATHIC PHILOSOPHY

➤ Principles

- 1. The human being is a dynamic unit of function
- 2. The body possesses self-regulatory mechanisms that are self-healing in nature
- 3. Structure and function are interrelated at all levels
- 4. Rational treatment is based on these principles
- The principles can function as a LENS through which psychiatrist both assesses the patient and applies treatment options

Recommendation

1

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RECOMMENDATIONS FOR TOUCH

- Vital human need for non-sexual touch
- Osteopathic philosophy and heritage
- Recommendations for touch in osteopathic psychiatry
 - Consent
 - Context
 - Competence



RECOMMENDATIONS FOR TOUCH

- Consent
 - Like ANY medical procedure
 - Written
 - Detailing indications, risks, benefits, and alternative options, can be provided to and reviewed with the patient prior to initiating care
 - Verbal
 - Obtained at subsequent clinical encounters



RECOMMENDATIONS FOR TOUCH

- Context
 - Cultural location of the clinical setting as well as the patient's cultural background should be assessed, considered and honored by the psychiatrist
 - Reasonable to initially obtain permission before offering or engaging in physical social interactions, such as a handshake, hug or kiss
 - Issues being addressed
 - Status of patient at time of touch

Certificate Of Competency

This Is To Certify That

Has Participated In The Career Technical Education Couu

Offered By The

And

Date

Signature

Source

RECOMMENDATIONS FOR TOUCH

- Competence
 - Touch grounded on philosophical &/or theoretical paradigm to be ethical and competent
 - Osteopathic physicians are trained in physical exam skills and OMT
 - Somatic dysfunction IS the indication for any OMT

SUMMARY

- Multiple influences that have promoted the taboo of touch
- Clear vital human need for non-sexual touch
- Varying paradigms and examples of touch in psychotherapy
- Osteopathic medicine and its philosophy are a long standing successful model
- Ethical principles do not prohibit touch
- Recommendations for touch in osteopathic psychiatry
 - Consent, Context, Competence



THE END

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