Touch in the Helping Professions

Martin Rovers, Judith Malette, Manal Guirguis-Younger

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Inter-Partner Touch in Couple Counselling: Theory and Emerging Practice

Cassandra Petrella and Martin Rovers

Appropriate touch between a health practitioner and patient/client has long been understood to promote safety, comfort, and healing. Appropriate touch between a therapist and client in individual counselling is also well documented as contributing to client growth and trust in therapy. However, in the field of couple counselling, the benefits related to use of inter-partner touch has received little attention. Some consideration has been given to at-home touch outside of session, in particular when one partner is a survivor of abuse (Maltz, 1995). However, touch between partners in session has been largely ignored. What is inter-partner touch in counselling, and what needs to be researched about these interventions in couple counselling intervention? This review serves as a call towards future research in this forgotten area of human development. An emerging model for integrating inter-partner touch into existing clinical models is proposed.

What is Touch?

Defining Touch

Touch is a bodily sense. It is also a proximal sense: “that is, we feel those things that either are close to us or actually contact us” (Cholewiak and Collins, 1991, p. 23). We feel the warm touch and tactile pressure as a partner reaches out to hold our hand or hug us. Our skin, which
conveys the sensations of touch, is our largest sense receptor organ (Montagu, 1971). Our entire body is capable of receiving touch. Our skin receives information and messages about our environment, our connection to others and, ultimately, our felt sense of being loved and secure. Montagu believed touch to be the strongest sense.

“Inter-partner touch” will be the term used for the touch which occurs between partners within a couple counselling session or elsewhere. Touch between partners can be eye-to-eye contact, hand-to-hand touching, embracing, or hugging. The touch we refer to is mostly non-sexual. We include close eye-to-eye contact as touch in our definition, based on the biological belief that body energies join when the energies meet in close proximity (Gerber, 1996). As this is a new area of therapy and research, inter-partner touch has been created for the purpose of this paper and future research. So why is inter-partner touch so crucial for couple love and security?

**Psychobiological Function of Touch**

The components of the brain that are of interest in understanding touch are the primary and secondary somatosensory cortexes in the cerebrum. This section of the brain processes touch signals from various parts of the body; it can be activated by mere observation of touch and it integrates sensory information in terms of temperature and pressure to construct an understanding of the object that is being encountered or touched (OECD, 2007). Deep within the cerebrum is the limbic system, which is often referred to as the emotional brain.

The limbic system contains two key brain regions necessary for touch: the hypothalamus and the amygdala (OECD, 2007). The hypothalamus is the source of feel-good chemicals and allows for the interplay of emotion and reason. The amygdala is our alarm system responsible for responding to non-verbal cues of threat, anger, avoidance, defensiveness, and fear, and it provides the integration of emotional perception and experience (Solomon and Tatkin, 2007). Both make it possible for humans to experience both healing and wounding touch.

Brain plasticity makes it possible for touch to create shifts in a couple’s interactions over the long term. “Changes in neural pathways can occur as a result of behaviour, environment and neural processes; based upon positive experiences with touch, neural pathways can change” (OECD, 2007, p. 165). A person’s experiences can actually
change both the brain’s physical structure and the brain’s functional organization. Touch can create increases in feelings of safety and security, which leads to an increase in connections between the left and right hemispheres of the brain (Solomon and Tatkin, 2007). It follows, then, that the use of touch in couple counselling can be used proactively as an intervention to remove fear, repair attachment wounds of childhood, and increase feelings of safety. Touch can lead the person to think, act, and feel secure in the couple relationship.

**What is the Importance of Touch for Psychological Well-Being?**

**Touch Promotes Human Development**

All humans and animals have an innate and vital need for touching from infancy.

Touch is the earliest sensory system to become functional in all species [...]. Perhaps next to the brain, the skin is the most important of all our organ systems. The sense most closely associated with the skin, the sense of touch, is the earliest to develop in the human embryo. (Montagu, 1971, pp. 1–2)

A mother’s grooming, licking, petting, and holding are all seen as crucial to infant development in many species (Montagu, 1971). Harlow (1958), in his experiments with rhesus monkeys, demonstrated how they valued the touch and feel of their cloth mother more than food. Monkeys developed brain damage, became violent, and socially impaired as adults when they were deprived of “contact comfort.”

A child needs constant tactile proximity with a caregiver in order to assure survival (Mikulincer and Shaver, 2010). Similar to Harlow’s findings, Spitz (1945) found that the infants deprived of physical contact did not develop normally. He noticed that when orphans were provided with the minimal basic needs of feeding and diaper changing but without ongoing comfort and human contact, by two months, the infants’ development became delayed. Later, Bowlby would name this deprivation in the three stages of protest, despair, and detachment (Bowlby, 1969). Modern researchers, such as Dadds et al. (2012), consistently demonstrate that the absence of eye-to-eye contact in childhood impairs the facilitation of growth in discipline, affection, and empathy. Such repeated findings imply that, as well as and beyond
meeting a person’s basic needs, human beings need touch in order to survive.

Field et al. (1987) demonstrated the importance of touch for preterm infants in massage therapy studies. Infants who were in the neonatal intensive care unit were massaged three times a day for 10 days at a period of 15 minutes each time. Compared to a control group of pre-term infants who were not massaged, the researchers found that the massaged infants gained 47% more weight and were released from the hospital on average six days earlier. In follow-up studies with the infants at one year of age, the infants who were massaged were still at a weight advantage and had higher ratings on tests of mental state and motor skills. In another study by Field (2002), mothers reinforced infants’ eye contact though either facial expressions, voice and/or touch. The infants who received touch reinforcements were found to smile more, vocalize better, and cry less, which Field describes as characteristics of a developmentally healthy and happy baby.

**Touch Provides Attachment Security**

Touching is said to be the language of attachment, security, and comfort (Bowlby, 1969; Montagu, 1978; Mikulincer and Shaver, 2010). From contact with a mother, father, or caregiver, the child develops his or her attachment security. When the infant is in need of care, they seek proximity to their caregiver. When the infant is hungry, the child will cry and reach his or her hands out to the caregiver (Ainsworth, 1989). When proximity attempts are met consistently by the caregiver, the child will develop a sense of a secure base in the relationship. With a secure and trusting relationship base, the child can meet developmental milestones by feeling comfortable in exploring his or her environment and interacting with new individuals. The child understands that he or she can approach the unknown and return to a secure base for protection or support if needed. Experiencing consistent caregiver availability leads to future positive social beliefs such as feeling comfortable with intimacy, interdependence, trust, and affection (Mikulincer and Shaver, 2010).

If the caregiver is frequently unavailable or inconsistent when proximity is sought, attachment wounds will develop within the child. When attempts for proximity seeking to a primary attachment figure are not met and pain is experienced, secondary coping strategies need to be elicited in order to self-regulate distress (Ainsworth,
An infant will either learn to deactivate or hyperactivate behaviour and emotions in an attempt to self-soothe. The decision to choose either strategy is based on the infant’s interpretation of the caregiver’s lack of attention (Mikulincer and Shaver, 2010).

Ainsworth outlined two kinds of attachment wounds that occur for the infant: avoidant and preoccupied. An avoidant or deactivating strategy is chosen based on failure of attachment behaviours to achieve proximity and on being punished for seeking proximity. The caregiver disapproves of closeness and contact. With such an experience, the caregiver is seen as dangerous, and the infant is forced to choose deactivating coping strategies in order to protect from further pain. The infant often becomes self-reliant and auto-regulating.

Alternatively, a hyperactivating or preoccupied attachment strategy is chosen when the co-regulation of distress is attempted and the caregiver fails. When a parent acts inconsistently or inappropriately, an infant feels that he or she is unable to act autonomously and must work harder to gain proximity. Distance from the caregiver is seen as dangerous, and the infant becomes afraid of what will happen if he or she tries to cope and regulate distress. The infant learns to seek proximity more aggressively and urgently.

The child who does not develop secure attachment will develop an attachment wound and will rely on the secondary attachment strategies in order to gain proximity or security with others. Later, in couple relationships, these secondary strategies can lead to negative interaction experiences with a partner. They are cause for relationship distress. For example, an adult partner with avoidant tendencies is not comfortable with touch and proximity due to his or her childhood wounds where touch led to rejection. Closeness for the avoidant person brings up feelings of past disappointment, shame and emotional pain (Solomon and Tatkin, 2011). The person will be uncomfortable with both giving and receiving intimacy. Studies have shown the links between an avoidant attachment strategy and distancing in relationships (Feeney, 1998; Shapiro and Levendosky, 1999).

On the other hand, the preoccupied person will seek closeness to such an extreme that their partner becomes uncomfortable with it. The preoccupied individual often misinterprets a normal degree of closeness as a partner being disengaged and disinterested in them. Preoccupied individuals become insecure and distressed when their bids for more closeness are not met consistently (Mikulincer and Shaver, 2010). The individual misinterprets a partner’s physical behaviours as
personally rejecting and starts to fear the end of the relationship. Such behaviour would be particularly difficult for an avoidant partner who is uncomfortable with even normal levels of closeness. The pull of such a relationship would be called a “pursuit-withdraw negative interactional pattern” (Johnson, 2008). Couples often seek counselling when they are experiencing this common couple interactional pattern, as it leads to much distress and dissatisfaction in relationships: childhood attachment needs are unmet, partners’ responses are misunderstood, and neither partner knows how to repair the childhood wounds.

For individuals who are secure, avoidant, or preoccupied, their views of touch in relationships all differ. In a study on attachment styles and closeness in relationships, Feeney and Noller (1991) asked partners to describe their relationship. Content analyses revealed that secure people find it important to have a balance between closeness and independence, while avoidant people limit closeness and preoccupied people note closeness as more important than independence. Such differing and maladaptive views of touch can often lead to feeling unappreciated and dissatisfied in a relationship.

We each have an attachment wound or two, usually born in the family of origin in our relationship with our significant caregivers (Rovers, 2005). These childhood attachment wounds, such as avoidance or preoccupation, will often be a straightforward continuation into adult couple relationships (Bowlby, 1969). Healing childhood attachment wounds within the couple relationship becomes a core direction for couple counselling, and using inter-partner touch within the counselling session can be an integral part of partner healing.

**Touch for Comfort and Well-Being**

Biologically, touch regulates our internal homeostasis and well-being. Touch creates feel-good chemicals in the body. Touch stimulates the production of oxytocin and improves social bonding (OECD, 2007). Oxytocin is produced in the mother and in the infant when a baby is nursing. Oxytocin is often referred to as the “love hormone,” as it calms and counters stress and promotes our desire to be touched. Dopamine is also produced through touch and serves as a teaching signal to avoid punishment and seek rewards, allowing a person to distinguish between safe and unsafe touch (OECD). These feel-good chemicals reinforce our decision to seek touch based on our innate needs for psychological well-being.
In a study at the University of North Carolina (Grewen, Girdler, Amico and Light, 2005), researchers looked at perceived partner support by examining the relationship between warm partner contact and oxytocin, cortisol, norepinephrine, and blood pressure. They examined self-reported partner support before and had a warm inter-partner contact moment. They found greater self-reported partner support was related to higher oxytocin levels for both genders. For women, a perception of high partner support correlated with lower systolic blood pressure after warm contact but not before the contact. Also, higher oxytocin was related to lower systolic blood pressure levels and lower norepinephrine for individuals in the study. These findings support the claim that positive connection and touch in a relationship can lead to better health for an individual.

**Touch in Times of Distress**

Mikulincer and Shaver (2010) explain that helping a partner emotionally regulate in times of distress is key to healing attachment wounds and creating a secure adult attachment style. Distress can be reduced through interactive regulation; partners can assist each other in reducing stress, tension, and fear (Mikulincer and Shaver, 2010). Interactive regulation is first experienced in infancy. The still-face experiment (Tronick, 2003), wherein an infant’s caregiver keeps an unexpressive face in front of the child, causes great distress to the infant. The child is used to active interaction and interactive regulation with the parent and becomes upset by the parent’s non-interactive response. The same distress would be expected to occur in couples when one partner is not reciprocating touch.

Inter-partner touch has also been found to reduce distress in times of immediate threats from a partner. In a study by Coan, Schaefer and Davidson (2006), participants lying in an MRI brain scanner anticipating a painful blast of white noise showed heightened brain activity in regions associated with threat and stress. But participants whose romantic partner stroked their arm while they waited for the white noise did not show this reaction at all. The pain seemed less frightening when their partner was touching them. Partners seem to be noticeably soothed and relieved through inter-partner touch. Couple counsellors can recreate couple reduce inter-partner stress through the use of inter-partner touch.
**Touch Leads to Spiritual Health, Experience, and Connection**

Spiritual mentors and healers often used touch, like “the laying on of hands” or hand holding, as part of their spiritual exercise and prayer. A study by Engebretson and Wardell (2012) examined the link between energy therapies and spiritual experiences. Participants were asked questions to describe their experience related to past energy-based healing techniques. Of the respondents, 17% mentioned a spiritual experience or interpretation from an energy-based healing moment. Similar spiritual descriptions were given by some of the healers who were offering the touch. These findings imply that for couples, a similar spiritual connection may develop with prolonged intimate touch. Such a connection could lead to spiritual growth between the couple and for the individuals.

The couple relationship itself can lead to “self-fulfillment through commitment to and trust in a partner [which] is one of the primary ways that people develop their innate potentiality to become spiritually complete and satisfied with life” (Berg-Cross, 2001, p. 341). The couple relationship that is rich in touch and connection can nourish spirituality.

**Touch in Couple Counselling**

Prior to the emergence of psychoanalysis, techniques involving touch were involved in the majority of psychiatric treatments (Levitan and Johnson, 1986). When psychoanalysis developed, Freud initially used touch with his patients. However, there were theoretical underpinnings which lead to removing touch all together from the treatment process. Then, as the field of psychotherapy advanced, legal and ethical worries developed that centered on protecting clients and oneself from litigation. Touch started to be feared as an avenue for a lawsuit or sexual misinterpretation. Such fears were passed down to the current socialization of counsellors, and today touch is mainly avoided in psychotherapy.

Weber’s (1990) words that “touch as an interactional modality has been neglected,” appears to be accurate when reviewing the literature. No empirical studies could be found that discuss the use of touch techniques in a couple counselling session. There are, however, several types of couple therapies that do involve some aspect of touch.
Touch exercises can be integrated in couple counselling for special issues, for example, when a partner has been a victim of past sexual abuse. The previously abused partner must relearn safe touch, which they can do with the help of a supportive partner (Maltz, 1995). An abused person is often unfamiliar with what normal and appropriate touch feels like. They must learn to trust and enjoy touch with their partner while overcoming their sexual trauma through the process of counselling. Some of the nonsexual touch exercises involve placing a hand on their partner’s heart while they gaze into their eyes, or writing messages on each other’s backs. Eventually, the partners will move into an intercourse phase once the couple has become comfortable with all the other levels of touching. Many of the therapeutic techniques used with sexual abuse survivors could be used with other couples who are relearning touch after a period of disconnection.

Sensate focus (Masters and Johnson, 1970) therapy is another type of special issues therapy. Sensate focus is typically used for couples experiencing sexual difficulties. Partners are instructed to use minimal verbal communication while exploring each other’s bodies and are to be guided by what interests them. This therapy is used in particular when a partner is experiencing anxiety or difficulties in sexual performance. The objective is to diminish sexual fears through a gradual development of comfort and understanding of touch with no pressure to perform. By the time the couple is ready to enter the sexual sensate focus period, they should be comfortable and at ease with touching each other. By creating comfort with touch through gradual activities, the couple relationship connection is strengthened.

Emotion Focused Couples Therapy (EFT) (Johnson, 2008) often asks couples who are experiencing sexual difficulties to abstain from sex while increasing their non-sexual touch at home, in order to increase their emotional connection. For couples to develop a healthy and satisfying sex life, Johnson attests that safe and non-pleasure demanding touch must be present. According to Johnson, touching, caressing, stroking and the emotions there evoked “are the royal route to love” (p. 191).

Solomon and Tatkin’s (2011) new psychobiological approach to couple therapy (PACT) often involves the use of inter-partner touch in a couple’s counselling session in order to connect with a partner at both the psychological and biological level. They explain that “gentle
contact of skin to skin touch has a powerful effect on people. It is a reminder of the most basic human contact, that of child and caretaker, and often brings up strong emotion” (p. 29). They believe interactive regulation is key to regulating the emotional distress that has brought the couple to therapy.

In their therapy, Solomon and Tatkin use techniques such as eye-to-eye contact, face painting, “Toward and Away,” and “Direct Embracing” in therapy to develop comfort with proximity and touch between partners. The partners are both asked to spend time reflecting on the sense of touch that is experienced. The therapist also monitors the couple’s reactions to the touch and listens to their experiences. Attachment wounds and fears related to touch that come up are discussed and processed in therapy in order to overcome any aversion or difficulties to touch that were developed from past experiences. Partners eventually become more attuned to each other’s internal experience.

Additionally, Solomon and Tatkin have their couples directly embrace in therapy. As the couple hugs, the therapist notes their reaction to such intimate touch and sees clues of their attachment styles. For example, an avoidant person can be seen to look away, hug with only one arm, not being fully engaged, or comfortable with the close contact. An anxious person might tense up as if they are expecting rejection by their partner. The therapist would explore such observations with the partners in order to deepen their awareness of each other’s nervous system fear reactions. Through such exploration, one can begin to name and heal past attachment wounds that are affecting the current relationship. Solomon and Tatkin explain that “psychobiological management of two connected nervous systems [is] the most efficient manner of mutual regulation” (p. 168). The therapists believe that the quickest and most effective way to alter one state is to affect the state of your partner through touch.

**A Spirituality for Inter-Partner Touch**

Spirituality has three main components (Rovers and Kocum, 2010). For many, spirituality is about attunement with God or some Higher Being, a dimension of human experience that includes awareness of and a yearning for connection with this Being. For others, spirituality is about meaning of life: an experience where people try to make sense of the issues of life and find purpose in these life experiences,
including love, and the loss of love. But for couples, spirituality is also about being in a relationship with others, the dimension of connection with others, sometimes a religious group, but more so connecting with each other. Most religions state that partners have the power to marry each other: a sacrament they bestow on their partner. The spiritual graces in marriage are to enter into vulnerability with each other; to know each other in deeper ways; to recreate life together; and to perfect the practice of forgiveness.

Touch is crucial to this spiritual grace for couples. Touch is a central and affirming part of most spiritual expressions: the expression of love; the laying on of hands in prayer; touching as a sign of healing; the embrace of forgiveness. Inter-partner touch has much to do with the meeting, loving, sexual, recreating, and caring for each other and children. Touch also plays a central part in the forgiving and healing dance of being in relationship. When partners deeply connect through touch in vulnerable moments of therapy, childhood wounds can be deeply explored and healed within the safety that touch provides. These moments have a spiritual essence in the beauty of the connection and healing that occurs through the outward expression of love and support between partners. That touch plays such an important role in couple relationships needs to be better expressed and further researched but, without doubt, touch is the sacramental, outward sign of the spirituality of love relationships. Whether it is through eye-to-eye contact, loving words, touch, or the lovers’ embrace, touch is at the core of spirituality in love relationships.

An Emerging Model for Touch in Couple Counselling

The authors have been using inter-partner touch for some years now. We often administer the Inter-Partner Touch Scale (Rovers and Petrella, 2013) and the Dyadic Adjustment Scale (DAS) (Spanier, 2007) in the beginning sessions of therapy. The Inter-Partner Touch Scale is a measure developed to assess the frequency of touch in the relationship from each partner’s perspective. The scale provides a sense of how often the couple is currently touching and is an indicator to the therapist about pacing and the need for psychoeducation on the benefits of touch. The DAS is administered as a measure of overall adjustment of each partner in the relationship. Both of these measures are re-administered around the sixth to eighth session to assess the couple’s progress. Comparing the results of both assessments provides an
indication of the effectiveness of the therapy course so far. In addition to these two measures, attachment styles and wounds are assessed via discussion in the individual sessions with the clients to provide the necessary background on what each partner brings to the relationship dysfunction.

**Look, Touch, Talk, Hug**

In our couple therapy work, we are using a new inter-partner touch therapy model, which combines the traditional components of inter-partner talking with new interventions of inter-partner touch. A case example will illustrate the new type of therapy we are using. We are seeing effectiveness in reducing both in-session distress and long-term de-escalation of conflict couples. Our couples also appear to be moving more quickly through the phases of developing secure attachment to each other. Worded another way, in the same way a caregiver held me when I was a baby, made eye contact, whispered loving words, and hugged me that created my secure attached self, so too the failure of this to happen created a wound or two in my insecure attached self. Our model of couple therapy creates a reenactment of secure attachment building through look, touch, talk and embrace.

As therapy begins and partners begin to uncover their primary emotions and internal experience of their relationship, it is important that partners stay engaged as their partner shares their personal experience of the relationship. As wounds are uncovered, the counsellor needs to create a new sense of safety with each partner. It takes time and safety for the wounds that were created in earlier childhood relationships to be named, claimed, and healed through the intimate experience of couple therapy. As partners begin to share their wounds with each other, we encourage the other partner to turn and look their partner gently in the eye and reassure them that they are here. Of course, this can take time, depending upon the nature of the childhood wound. Some partners’ wounds are “look wounds,” and so they are fearful to make much eye-to-eye contact, or fear to sustain such a look for long.

Susan is a 35-year-old woman, and, at best, she can make passing eye glances at her husband, Joe, whom she states she loves. A review of childhood experiences reveals that she was hospitalized at birth with a serious illness, and subsequently remained in hospital for several weeks each year. She remembers the bright lights and strangers’
eyes looking at her, while feeling the fears and insecurities and pains of the experience. Susan has become wired to fear eye contact, as it means pain to her. When she could eventually name and claim this wound, Susan began to trust Joe’s glance longer, and the therapy process in greater depth. After all, Joe is not one of those childhood caregivers who hurt her, but within Susan’s emotional wiring, there are times when Joe’s actions or words could replicate the same childhood pain and rejection.

As the work gets closer to the core attachment wounds, we encourage eye contact to be accompanied by other forms of touch, like a brief touch on one’s partner’s shoulder or hand holding. In one heated argument in which Susan was becoming flushed with anger, recounting an incident where Joe left for an evening meeting without saying goodbye to her, Joe is invited to touch Susan’s hand, slowly, gently, lovingly, while looking in her eyes. Here Susan’s permission is asked and Joe is invited to hold her hand while clarifying his explanation again that he thought she was napping and had no intention of hurting her. Over several sessions, Susan begins to trust the healing of look and touch.

The third component of the model is talk. The talk component is vital here for two reasons: first, it is necessary to name and claim the wound word that is at the bottom of fear, insecurity and mistrust; and second, it is equally crucial to name and claim the healing word, or soother and comforter, that can become the cornerstone of all one has ever wanted or needed to hear in terms of connection, comfort, and love. Susan names her wound word as “not heard.” During the adult attachment interview assessment process early in therapy, Susan relates how she hates it when Joe does “not hear” her. It reminds her of the ways her parents, nurses, and other caregivers would ignore her cries to stop doing things, and just let her go home. Susan relates that Joe makes decisions without consultation, and explains decisions as a done deal, without talking to her. When the wound of “not heard” comes to visit Susan, she becomes angry and distant and she cannot even look at him.

Joe acknowledges that he is poor to listen, and that he has breached Susan’s trust many times when he would just go somewhere without informing Susan, or without asking her opinion. He is used to being his own person right from childhood, and he rarely even asked his parents for permission. Since all have a wound or two, Joe’s wound word is “my way,” so when Susan’s “not heard” dances with
Joe’s “my way,” the couple’s dance of wounds is on and the negative spiral begins.

Healing words can change this negative dance, and help rewire both partners into a new dance of healing. Susan comes up with “hear me!!!” as her healing word, in the sense that she demands to be heard, and for Joe to consult with her. Joe comes up with “our way!!!” as his healing word in the sense of accepting his need to include others, especially Susan, and to begin the practice of asking for Susan’s opinion. Becoming mindful of their old dance of wounds and turning to their healing words is difficult; and, oftentimes, healing words get left on the side of their couple road, leading to another fight. Healing takes much work, mindfulness, words, and especially touch. The couple is also asked what type of touch would feel soothing when a wound is triggered in the relationship. For example, one partner might say holding my hand while another partner might say rubbing my shoulder. The couple starts to learn what look, touch, or word feels most soothing to each person in times of emotional pain. This information is noted by the therapist and then specifically encouraged in session during particularly difficult therapy moments.

Soon, when the relationship feels safer, partners are asked to hug each other as a means to create bonding while still recognizing their wounds. As the partners gradually increase their awareness of the childhood wounds, support through various ways of touching is gradually increased. These stages of rewiring for love can occur in one session but most often take several sessions, depending on the couples’ level of woundedness and depth of sharing. The intention here is gradual trust development, which is key to the development of secure attachment. The inter-partner touch encourages partners to know that it is okay to feel the way that they do and that they will be supported. Touch reassures them they will not be abandoned by their partner as they share these wounded parts of themselves. The intimacy of touch leads both partners to experience the healing process at a core level, leading to psychobiological, lasting change. This gradually develops into a rewiring of their love signals and pathways in creating a secure attachment bond in the relationship.

**Twenty-Second Hug**

All this moves the therapy toward the 20-second hug as a key way to reintegrate touch into their daily relationships. Neuroscience tells
us that it takes 20 seconds of close, secure contact for oxytocin to be released by the brain and for partners to feel comforted (Grewen, Anderson, Girdler, and Light, 2003). Often, when couples have not had satisfying and intimate touch in their relationship for a long time, it is important to be directive in encouraging them to actively reintegrate touch into their relationship at home. The 20-second hug is first introduced in the couple counselling session. Couples are asked to practice within the session and to come to reintegrate close touch into their shared life. To facilitate the 20-second hug, both partners must stand up and face each other. They should be standing at a close but comfortable distance. Partners are encouraged to take a deep breath and pause for a moment, in order to be fully present with the activity. They are then invited to look into each other’s eyes for a few seconds. Next, they are invited to hug each other. The therapist suggests they try and engage in the moment by relaxing into their partner’s arms and staying present. The hug should be held for at least 20 seconds or more. The couple is invited to say loving words to each other.

Over time, as you repeatedly use this intervention in session, you may deepen the exercise by asking them what they notice about their body experience, their partner’s body experiences, and what thoughts or emotions they are experiencing during the hug. Also, you can track therapeutic change by noticing differences in their body language as they touch. Partners often do not pay close attention to their touching behaviour, and this will be a useful activity in bringing their touching related behaviour, emotions and thoughts into the discussion.

Moving Forward

What Implications Does Touch Have for Couple Counselling?

Falling in love can last anywhere from three months to three years (Peck, 1985). Over time, however, partners’ touch and talk can taper off, conflicts increase, and communication becomes more difficult. Old childhood attachment wounds, perhaps originally learned through inadequate touch, can now be brought back to life within the couple relationship. Couple counselling is about healing and repairing childhood attachment and touch wounds (Rovers, 2005). It’s safe to say that most couples who come into therapy are seeking to get back to that feel-good time when they were closest and when touch
was at its best. Touch techniques in couple therapy can heal childhood attachment wounds and assist couples in re-creating secure and loving attachment.

Touch in couple therapy also has the potential to expedite the process of therapy through frequent intimate engagement. Touch facilitates communication as a nonverbal form in addition to the verbal nature of therapy. Touch will increase partners’ bonds and sense of connection as they get to know each other in this attuned way. Partners can also provide physical comfort for each other through the emotionally demanding process of therapy. By learning to improve their touch experiences, the couple will develop a valuable resource that can be relied on in times of distress and will serve as a protective stress reducer and healer. Touch has the potential as well to lead to a deeper spiritual connection between the couple and a more fulfilling spiritual experience with oneself. Such positive experiences with touch in the couple relationship will also be transferred to improvements in other relationships and lead to more positive beliefs about oneself, others, and the world.

Ethical Considerations

The therapist would need to be adequately trained in using touch in couple therapy. Training would involve understanding the therapeutic benefits and use of touch, knowing when it is clinically relevant to incorporate touch in the session, and knowing what constitutes appropriate and acceptable forms of touch. Above all, the use of inter-partner touch demands a secure and safe relationship between partners. When is the best time, and the best approach, to using inter-partner touch within couple counselling? Special care would need to be taken with victims of past sexual or spousal abuse, and the current sense of safety in the relationship needs to be assessed. There must also be therapeutic intent and theoretical justification for incorporating touch into a couple’s treatment.

Need for Future Research

As has been previously described, there is a noteworthy lack of research specifically on inter-partner touch in couples counselling (Petrella, 2013; Machan, 2013). There is a need for research that explores the use of touch in couple counselling, the type of touch
in couple counselling, the sequencing of touch as a means to repair attachment wounds, the interplay between touch and talk in couple counselling, and assessment of the different experience of touch for genders and cultures. The sequencing of touch would involve use of eye contact and healing words in the repair of wounds.

In terms of touch, we have come far from the days of Harlow’s rhesus monkey experiments. We understand attachment much better; we know more about the ways of secure attachment bonds; we better understand why partners “fight for love” (Rovers, 2005)! It is time to bring the full healing power of touch to bear for partners within couple counselling sessions.

Note


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PART III

THE PRACTICE OF TOUCH IN A SPECTRUM OF PRACTICE