

Professional Associations and Psychotherapeutic Touch

None of the major professional associations in the US prohibit touch in psychotherapy, nor do they advise against its use. Those that do address therapeutic touch in their code of ethics simply state that touch should be appropriate, ethical and culturally sensitive.

Counter to common belief non-sexual or non-erotic touch, like many other boundary crossings, are not always unethical. Ethics codes of all major psychotherapy professional associations (e.g., AAMFT, ACA, ApA, APA, NASW, NBCC) do not prohibit non-sexual or non-hostile touch in therapy. All of them view sexual or violent touch with current clients as unethical. However, a couple of these codes (i.e., APA, CAMFT) do not even mention the words "touch" or "physical touch" in their entire codes of ethics.

American Psychological Association (APA)

Ethical Principles of Psychologists and Code of Conduct (2002) does not mention specifically any guidelines in regard to touch or physical contact that is intentionally employed as part of therapy

The National Association of Social Workers (NASW) Code of Ethics (1999):

Standard 1.10 Physical Contact: Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact.

United States Association for Body Psychotherapy (USABP) Ethical Guidelines (2007)

Body psychotherapists recognize the intrinsic unity of the human being in our somatic nature. Body psychotherapists, therefore, work in ways that foster the integration of bodily sensation, thought, affect, and movement to promote more integral human functioning and the resolution of psychotherapeutic concerns. Body psychotherapeutic methods, including language, gesture and touch, when used in responsible, ethical and competent ways, make an essential contribution to the psychotherapeutic process by including the missing and often alienated aspects of our being which are rooted in our bodily nature and experience.

Ethics of Touch: The use of touch has a legitimate and valuable role as a body-oriented mode of intervention when used skillfully and with clear boundaries, sensitive application and good clinical judgment. Because use of touch may make clients especially vulnerable, body-oriented

therapists pay particular attention to the potential for dependent, infantile or erotic transference and seek healthy containment rather than therapeutically inappropriate accentuation of these states. Genital or other sexual touching by a therapist or client is always inappropriate, never appropriate.

1. Body psychotherapists evaluate the appropriateness of the use of touch for each client. They consider a number of factors such as the capacity of the client for genuine informed consent; the client's developmental capacity and diagnosis; the transferential potential of the client's personal history in relation to touch; the client's ability to usefully integrate touch experiences; and the interaction of the practitioner's particular style of touch work with the client's. They record their evaluations and consultation in the client's record
2. Body psychotherapists obtain informed consent prior to using touch-related techniques in the therapeutic relationship. They make every attempt to ensure that consent for the use of touch is genuine and that the client adequately understands the nature and purposes of its use. As in all informed consent, written documentation of the consent is strongly recommended.
3. Body psychotherapists recognize that the client's conscious verbal and even written consent for touch, while apparently genuine, may not accurately reflect objections or problems with touch of which the client is currently unaware. Knowing this, body psychotherapists strive to be sensitive to the client's spoken and unspoken cues regarding touch, taking into account the particular client's capacity for authentic and full consent.
4. Body psychotherapists continue to monitor for ongoing informed consent to ensure the continued appropriateness of touch-based interventions. They maintain periodic written records of ongoing consent and consultation regarding any questions they or a client may have.
5. Body psychotherapists recognize and respect the right of the client to refuse or terminate any touch on the part of the therapist at any point, and they inform the client of this right.
6. Body psychotherapists recognize that, as with all aspects of the therapy, touch is only used when it can reasonably be predicted and/or determined to benefit the client. Touch may never be utilized to gratify the personal needs of the therapist, nor because it is seen as required by the therapist's theoretical viewpoint in disregard of the client's needs or wishes.
7. The application of touch techniques requires a high degree of internal clarity and integration on the part of the therapist. body psychotherapists prepare themselves for the use of therapeutic touch through thorough training and supervision in the use of touch, receiving therapy that includes touch, and appropriate supervision or consultation should any issues arise in the course of treatment.
8. Body psychotherapists do not engage in genital or other sexual touching nor do they knowingly use touch to sexually stimulate a client. Therapists are responsible to maintain clear sexual boundaries in terms of their own behavior and to set limits on the client's behavior towards them which prohibits any sexual touching. Information about the therapeutic value of clear sexual boundaries in the use of touch is conveyed to the client prior to and during the use of touch in a manner that is not shaming or derogatory.