HELPING THROUGH TOUCH: THE EMBODIMENT OF CARING

By Suzanne M. Peloquin

Suzanne M. Peloquin, M.A., O.T.R., is an assistant professor of occupational therapy in the School of Allied Health Sciences at the University of Texas Medical Branch in Galveston, Texas. This article first appeared in the Journal of Religion and Health, Vol. 8, No. 4, Winter 1989, pp. 299-322 and is used with the permission of Human Sciences Press as well as the author. It is a well referenced article that brings together a wealth of information on the use of touch in therapy.

ABSTRACT: There is a power to touch, and a magic. Some call it mystery. The purpose of this paper is to reflect on the various meanings and uses of touch, particularly within the context of relationship and helping. There will be no attempt to formulate a protocol for touch or to lay claim to a definitive meaning for touch. Reflection about touch may instead clarify some of its meanings and dynamics while encouraging care providers to embrace the experience of helping-through-touch. This paper supports a considered use of empathic touch because of its power and its ability to embody care.

Martin Buber shares a personal story that is highly relevant to any discussion of touch:

When I was eleven years of age, spending the summer on my grandparent’s estate, I used, as often as I could do it unobserved, to steal into the stable and gently stroke the neck of my darling, a broad dapple-grey horse. It was not a casual delight but a great, certainly friendly, but also deeply stirring happening.... When I stroked the mighty mane . . . and felt the life beneath my hand . . . something that was not I . . . placed itself elementally in the relation of Thou with me.... But once ... it struck me about the stroking, what fun it gave me, and suddenly I became conscious of my hand. The game went on as before but something had changed, it was no longer the same thing.(1)

Buber reflects: “A few years later, when I thought back to the incident, I no longer supposed that the animal had noticed my defection. But at the time I considered myself judged.”(2) Self-conscious reflection about his pleasure in touching the horse abruptly dispelled the magic that Buber had experienced in touch. One ought not, in reflecting about touch, dispel its magic.

The purpose of this paper is to reflect on the various meanings and uses of touch, particularly within the context of helping. There will be no attempt to reduce the act of “touching another” to a procedure, to formulate a protocol for touch, or to lay claim to an ultimate or definitive meaning to touch. There will be no attempt, then, to dispel its magic. Instead, this paper aims to support a considered use of touching the other in the helping process precisely because of its magic. There is a power to touch. The touch encounter can be a stirring and inspiring event. Reflection about touch may clarify some of its dynamics while encouraging an embrace of the lived experience of helping-through-touch.

The metaphorical language of touch

One indicator of the powerfully human significance of touch is its function in language. “Touch” refers to tactile sensation while also associating with human emotion. Montagu claims that “touch is not experienced as a single physical modality, as sensation, but affectively, as emotion.”(3) If length of entry in the dictionary communicates the importance of a word’s function, then the fourteen full columns on “touch” in the Oxford English Dictionary affirm the significance ascribed to touch. Montagu describes the definition of touch:
The operative word is feeling. Although touch is not itself an emotion, its sensory elements induce those neural, glandular, muscular and mental changes which in combination we call an emotion. When we speak of being touched, especially by some act of beauty or sympathy, it is the state of being emotionally moved that we wish to describe. And when we describe someone as being: “touched to the quick,” it is another kind of emotion we have in mind. The verb “to touch” comes to mean to be sensitive to human feeling. To be “touchy” means to be oversensitive.

Wyschogrod perceives in touch-language a link between touch, empathy, and sympathy:

When “I am touched by Y’s kindness,” I mean that Y has compelled me to let down my guard, has drawn close so that I cannot remain indifferent to him. To remain untouched by another is to refuse to engage in a feeling-act which brings to light the other’s plight, to refuse to empathize with the other. The active deployment of tactility is expressed in such colloquialisms as “I feel for you,” by which we mean my body substitutes for yours, I take on your pain.

Huss sees multiple references to touch in vocabulary as indicators of a sustained need for meaningful tactual input throughout life. Even a cursory consideration yields numerous touch references signifying connectedness with human emotion. We try to “touch base,” and to “stay in touch,” but we often “lose touch” or “get out of touch” with others. We are moved by “touching situations.” We “reach out” or “lend a hand,” and we are warmed when someone reciprocates and “handles us well.” We can “boost” or “uplift” one another. In turn, we can be “tickled by someone” and pleased to “get a good stroke.” We resent being “manipulated,” or “brushed off.” We are “chafed” by “abrasive” people who “rub the wrong way.” We resent being “pawed” or “manhandled” or being otherwise treated in a “tactless” manner by those others who are “heavy-handed” and “thick-skinned.” Touch-affect associations in the English language are many. Jourard finds this irony since actual touching in Western culture is hemmed in by strict social taboos.

Both language and literature.

Images of touch in literature

If touch is taboo, constraints on touch may associate with a power clearly imaged in literature. Weber sees touch as the denouncement in The Death of Ivan Ilyich. Struggling with pain on his lonely deathbed, Ivan is touched by the gesture of his son; the transformation brings Ivan a final peace:

Just then his son crept quietly into the room and went up to his bed. The dying man was still screaming desperately and flailing his arms. One hand fell on the boy’s head. The boy grasped it, pressed it to his lips, and began to cry. At that very moment Ivan Ilyich fell through and saw a light, and it was revealed to him that his life had not been what it should have but that he could still rectify the situation.

Ivan then regards his family for the first time with empathy; he seeks their forgiveness. He dies in peace, transformed by a caring gesture on his deathbed - by the power of touch.

The natural urge man has to reach out and touch another during emotional times is clearly imaged in One Flew Over the Cuckoo’s Nest. The Chief, a chronic schizophrenic patient who is psychotic, electively mute, and American Indian, approaches wellness as his contacts increase with the boisterous, spontaneous, and freely-touching patient named McMurphy. One night the Chief speaks for the first time in years; he speaks to McMurphy lying in the next bed. After the conversation the Chief thinks:

I ought to touch him to see if he’s still alive.... That’s a lie. I know he’s still alive. That ain’t the reason I want to touch him. I want to touch him because he’s a man. That’s a lie too. There’s other men around. I could touch them. I want to touch him because I’m one of these queers! But that’s a lie too. That’s one fear hiding behind another. If I was one of these queers, I’d want to do other things with him. I just want to touch him because he’s who he is.
The passage speaks to a commingled yearning, reluctance, fear, and taboo associated with touching. In *I Never Promised You a Rose Garden*, the fear of power perhaps grounding taboo is even more clearly articulated. Dr. Freid touches her schizophrenic sixteen-year-old patient on the arm:

> The doctor touched her arm, “You set the price yourself...” Deborah pulled her arm from the doctor's hand because of some obscure fear of touching. She was right, for the place where the hand had paused on her arm began to smoke and the flesh under the sweater sleeve seared and bubbled with the burning. “I'm sorry,” the doctor said, seeing Deborah's face so pale. “I didn’t mean to touch you before you were ready.”

From that moment on, Deborah calls Dr. Fried “Dr. Furi,” a name that means Fire-Touch in the language of Yr, her fantasy-world. The power of touch is great and frightening because it can be felt as pain. Imaged here is one of the powerful tensions associated with touch; although the effects are powerful, the meaning of touch is not universal. Not everyone feels touch positively. Touch can harm as well as help.

Literature from the traditions of religion and medicine communicates not just a helping power but a transcending, healing power. A representative example from the literature of each tradition recalls the laying on of hands commonly associated with the practice of religion and medicine. Describing an Egyptian case in which the doctor touches the wound, Maino says “we should read deeper meaning into the gesture of touching the wound. It recurs so often... that it suggests an intrinsic value.... Physical contact is reassuring; when a doctor touches the patient, both parties have the feeling that something is being done.” In the *Interpreter's Dictionary of the Bible* the entry on “touch” clarifies its biblical meaning as different from handling or feeling, and as much more than the brush of casual contact. Touch implies instead a tendency to hold and even cling. One passage describing Jesus’ healing touch is Matthew 8:14-15, the healing of Peter’s mother-in-law:

> And when Jesus entered Peter’s house, he saw his mother-in-law lying sick with a fever; he touched her, and the fever left her, and she rose and served him. (15)

Contemporary literature, while not perpetuating the tradition of a higher power, or framing the laying on of hands in a religious or medical context, nonetheless reflects contemporary belief in the profound power of touch.

A closer look at various characterizations of touch may clarify its continued identification with power. Various meanings ascribed to touch associate the functions of tactile experiences with human growth, development, and health, and establish the relevance of touch to personal well-being. These meanings ground the potential that touch has for helping.

*The meanings of touch*

Burton and Heller offer a philosophical grounding for touch: “Touch is the fundament of being-in-the-world, for it is the vehicle *par excellence* by which the person locates himself in space-time.” Touch reminds Gadow “that objectivity is not even skin deep....subjectivity exists at the surface of the body.” Touch implies a subjective self, embodied; touch affirms the self. Wyschogrod agrees; she maintains that “tactility is the sense which enables us to attain the feeling of a unified self.” She further believes that “the body through which objects arise for [her] is not any body at all but [her] body.” There is an “I” implicit in touch. The person, touching, affirms a basic reality: “Touch never lets me forget that I am my body.” Montagu describes the body as “the ‘I’ that each man is.” Both the hand and the skin of the body factor importantly in the experience of touch. The skin, says Montagu, is “the self’s organ of embrace and contact.” And the hand, according to Wolfe, “both a tool of learning about the outside world and [as] an organ of spatial sensibility can be considered the fundamental vehicle of the structure of thought.” Touch, then, transcends being an activity or a gesture; touch is an essential function of selves who are being, learning, embodied, and therefore feeling-in-the-world. It is not surprising that touch is so widely used in
language and so poignantly imaged in literature. Touch is a manifestation of ourselves.

Touch fulfills several functions of the self. Through touch one communicates, tests the reality of the world, affirms connectedness and comfort with others, and manifests the self as a person. It might be helpful first to overview briefly each of these functions. As a more in-depth discussion of helping-through-touch unfolds, each function can then be more fully elucidated.

Many writers affirm the communicative value of touch. Hall calls touch the “silent language.” (24) Geldard believes that “the simplest and most straightforward of all messages ... should be delivered cutaneously.” (25) Lomranz characterizes touch as man’s initial form of communication. (26) To Knable touch is primitive but very basic nonverbal communication. (27) When man is unable to express himself on a conceptual verbal level, McCorkle believes that he attempts to reestablish contact by more primitive methods such as touch. (28) Frank regards tactual sensitivity as primary; in interpersonal relations tactile language communicates more fully than vocal language. (29) One dynamic function of touch, then, is that it enables the self to communicate.

Another function of touch is its facilitation of reality testing. Through touch one grasps the reality and meaning of ones world. Wyschogrod says that touch enables one to “distinguish alterity and to recognize in the body schema the foundation of oriented space.” (30) Touch is a mode of object manipulation. (31) Jonas claims that in touch one can pass over from suffering to acting: “mere touch-impact changes into the act of feeling.” (32) Wyschogrod defines the process as active manipulation, an intercourse with things. (33)

Montagu elaborates on the process: “What we perceive through the other senses as reality we actually take to be nothing more than a good hypothesis, subject to the confirmation of touch.” (34) Touch confirms a reality that the self may doubt.

Touch can also affirm connectedness and comfort with others, enabling the self to feel a person. Touch triggers awareness. Jouard says that “when part of your body is touched, you can’t ignore that part of your body.” (35) He uses the metaphor of being “turned on” to describe the sensation. The turning on can help the person maintain contact. Touching the self of another, say Gadow, can prevent that other’s retreat back into self. (36) Touch elicits a personal response. Jouard calls touch “an action which bridges the gulf many people develop between themselves and others.” (37) Touch reduces distance between people. (38) Physical contact is a mode of knowing the person in the Biblical sense; it requires permission to be touched. (39) To Frank, touch is a transactional process that involves “reciprocal, circular reactions, like a feed back [sic], with the participating persons tuned or prepared for such circular, reciprocal communication.” (40) Tactile experience is reciprocal in that what a person touches also touches him. (41) Between persons, touch enables the sharing of feelings and of self. (42) Touch is intimate behavior (43) and intimate sense. (44) There is always a risk in touch that one person’s subjectivity will flow into another’s. (45) Despite the risk, there seems to be, in man, a biological need for touch, for this human contact and comfort of cutaneous stimulation, that persists throughout a lifetime. (46)

Morris movingly describes the roots of human intimacy anchored in early childhood experiences; he then describes the various forms of touch-related intimacies that continue over the life-span. (47) He writes: “To study human social intimacy is . . . to observe the restraint of cautious, inhibited contact, as the conflicting demands of closeness and privacy, of dependence and independence, do battle inside our brains.” (48) He claims that despite the battle, the urge to touch one another remains. Adults satisfy the urge by formalizing it. One takes uninhibited modes of infant intimacy, and by fragmenting and stylizing them transforms them into socially acceptable forms.

Morris uses back-patting as an example - a gesture humans share with primate relatives. In infancy one gets patted within the context of the mother’s embrace. Later on the contact is made with the
hand and arm alone, the beginning of a process of formalization. Another change also occurs. While the infant receives patting mainly on the back, an older child is patted almost anywhere: on the back, shoulder, arm, hand, cheek, or back of the head, buttocks, thighs, knees, or legs. The message of infancy which was, “All is well . . . I will cling to you like this if necessary, but at the moment it is not, so relax . . .” changes to, “All is very well,” or, “You have done well.” Other changes occur as the pat moves from the adult-pat-child to the adult-pat-adult context. Patting on the hand, cheek, knee, thigh, or buttocks assumes a sexual flavor. Patting on the head communicates condescension. Patting on the back, shoulder, and arm remains unhampered.

Adults use primary patting on the back to signify condolence or congratulation. They use gentle patting to communicate comfort or concern when another is in need. Trivial acts of human intimacy most often stem from powerful and basic early bodily contact of extreme intimacy. (49) Morris similarly traces the evolution and formalization of hand waving, hand shaking, hand holding, and arm-around-the-shoulder gestures back to their highly intimate roots.

Writing within the context of Western culture, Morris notes that the need that adults have to make body contact is rarely fully expressed, often owing to the fear of sending sexual messages. (50) Formalization seems to be one response to taboos that is shaped by cultural differences. Frank writes extensively about culture’s patterning of tactile experiences. (51) Cultures differ in the kind, amount, and duration of experiences provided in infancy. Cultures also define social inviolabilities; they place constraints on particular forms of touching and approaching. (52) The individual within a particular culture learns to “transform these parental prohibitions into self-administered inhibitions.” (53) Cultural inhibitions can often be articulated. Among Americans, for example, Hall identifies four distinct distances or zones for human interaction: intimate (1.5 feet), personal (1.5-4 feet), social (12 feet), and public (12 feet or more). (54) There are contact cultures and non-contact cultures. (55) To illustrate this point, Jourard watched pairs of people engaged in conversation in coffee shops in Puerto Rico, London, Paris, and Florida, recording the number of times that one person touched another during a one-hour sitting. The scores were Puerto Rico: 180, Paris: 110, London: 0, and Florida: 2. (56) North Americans are clearly nontactual. Many other cultures expect individuals to relinquish early tactile practices in favor of symbolic substitutes at different periods of life. (57) Mintz deplores the practice, feeling that “taboo implies a prohibition which is maintained on the basis of tradition rather than rationality.” (58) Regardless of its intent, the climate created by any culture shapes the development of attitudes about touch, and defends against the abuse of touch.

In spite of the formalizations required within a culture, each infant develops unique associations with and individualized responses to touch. Attempts to help-through-touch must acknowledge a variety of individual differences within the range of acceptable cultural responses. Much has been written about early childhood development and about those biological underpinnings for tactile experiences that shape personality development and health. (59) Since it is impossible to provide an adequate statement of this development here, focus will rest instead on two broad developmental concepts germane to the issue of helping-through-touch. The first is Montagu’s statement about the effects of early tactile experiences:

Since tactile communication is essentially an interactional process, from the first contact with the hands of the person who has delivered the baby to the contact with the mother’s body, any significant failure in the experiences of such contacts may lead to a profound failure or disorder to later interactional relationships . . . as well as in a variety of other behavioral disorders. (60)

Positive experiences associate with a healthy individual. Montagu proposes a normative indicator: “. . . to a very significant extent, a measure of the individual’s development as a healthy human being is the extent to which he or she is freely able to embrace another and enjoy the embraces of others . . . to get, in a very real sense, into touch with others.” (61)

The second developmental concept is that within the boundaries of one’s cultural context, and along
a continuum of possible touch encounters shaped by gender differences, individual differences, and life experiences with touch, there emerges an individual response. There will be a range of tactile expressions, of comfort with and response to touch, and of meanings associated with touch. Those needing help and those helping may differ markedly along these parameters. Shaping touch to meet needs will require sustained awareness that needs and responses are subjective. The attempt will require an engagement of self, an awareness of the other, and a willingness to allow the subjective need of the other to shape the character of helping.

The nature of relationship and helping

To understand better the dynamics of including touch in the helping process, it seems best to consider the nature of helping and the broader context of relationship within which helping occurs. Jourard finds dialogue a prerequisite to helping. In dialogue there is “mutual unveiling, where each seeks to be experienced and confirmed by the other as the one he is for himself.”(62) Such dialogue, he says, is apt to occur when each believes the other is trustworthy and of good will. Helping, to Jourard, constitutes commitment as opposed to technique.(63) Any particular technique should reflect the commitment to dialogue.

Purtilo argues that relationships do not simply happen. She invokes caring in a helping relationship as “a kind of energy that one is willing to expend on another because one can remember, or vividly imagine, what it feels like not to be cared for.”(64) Purtilo believes that helping occurs within the broad relational context called friendship.(65) If it can be said that a self helps by becoming a person to another, then Buber’s formula is powerful: “... a person makes his appearance by entering into relationship with other persons.”(66) Buber characterizes relationship as mutual:

The elementary impressions and emotional stirrings that waken in the spirit of the "natural man" proceed from incidents - experience of a being confronting him - and from situations - life with a being confronting him - that are relational in character.(67)

Buber summarizes the situation: “... he who takes his stand in relation shares in a reality.”(68) The concept of relationship, briefly considered here, includes dialogue, unveiling, mutuality, caring, friendship, and shared reality. Relationship seems an event into which the introduction of touch would seem natural.

Need the concept of helping alter the sense of relationship presented here? To what extent does helping extend the invitation to touch? These questions are best answered with a closer look at the process of healing. When filtered through the sense of relationship described here, particular views about helping will suggest a form and quality of interpersonal interaction that will permeate its content.

Purtilo first identifies attitudes integral to helping. She feels that the instinct to help must accompany a deep belief in the ability to help.(69) Together these ground the helping process. Next, one ought to assume the basic psychological posture of sensitivity, defined as “attitude of receptiveness.”(70) The attitude is born of respect: respect for unique otherness.(71) A helper’s attitude, Purtilo says, must have labored through a moment of terror, that moment in which a recognition of what cannot be done for the other gives birth to a profound respect. (72) Because unique, the other always holds a sense of mystery. No helper can presume to understand fully. There is respect for what cannot be known, what cannot be understood. This profound respect, fused with an equal belief in the potential for helping, shapes a view of the person being helped as that of a vital collaborator.(73) Jourard encourages helpers to recognize the person, the fellow seeker, the collaborator in the helping enterprise.(74) Embracing this attitude constitutes taking the precise risk that Gadow describes that “one person’s subjectivity will flow into another’s.”(75) Taking the risk also means breaking what Collins calls “encapsulation,” or the protective self-covering/shield of values and concepts that he person can use to remain secure and intact.(76) The breaking of this capsule yields an empathetic response; it also gives a “sense of awe, wonder and grace toward the human predicament.”(77) Helping becomes an interpersonal process, because each person, as
interpercollaborator, stands to receive this unique gift of awe, grace, and wonder.

Helper optimism that is needed often comes with confidence in therapeutic skills. Purtilo identifies interpersonal relations and communication as primary, but identifies technical competence in one’s particular helping field as equally important. Technical competence hones the specific and well-defined professional tools that distinguish therapeutic from social helping. When holding tools, a helper needs to recognize their power; they can suggest helper “omnipercipience,” omniscience, and ‘omniompetence.’ The moment, however, that one clings to the view of helper omnipotence, one trades an interpersonal helping process for a subject-object procedure. The subject of the other is lost. The mutual exchange of gifts is lost. The relational component essential to collaborative helping is forfeited. One reduces the concept of help to that of acting upon.

Helping, filtered through the view of relationship described here, needs to be collaborative. Commitment to collaboration will then direct interpersonal helping behaviors. A helper will commit him- or herself to personal awareness as a way of ensuring empathy and respect. Collins says of therapy:

If we dare do therapy with people we had better be aware of our own internal process, drives, needs, and styles of relating to others. Unless we have dealt with our own issues, we may be tempted to focus on our own unmet needs [for power and control].

One always brings a self, both giving and needing, to the helping process. Exclusive gratification of unmet personal needs would rob the helping relationship of its mutuality. A helper needs to reach out beyond self to communicate “I’m with you.” That movement away from self and toward another is called empathy, the merging process in which an I can approach a Thou. In empathy, Collins says, one “stays in touch with the personhood of the other.” Wyschogrod describes empathy as a “feeling-act” that opens unique modes of access to other persons.

Empathy presumes another like oneself.

Wyschogrod writes:

Thus, when I see weeping, an act of a physical body, I also perceive sadness within the unity of a single apprehension. This sadness is included in my grasp of the other’s gestures.... It is a single feeling in two different bodies.

The feeling-act of empathy forces the helper into a two-way rather than one-way vulnerability. Purtilo feels that genuine help comes from sharing vulnerability - the process of human suffering. Empathy is a feeling-act, in other words, a touching-act. Through empathy one is metaphorically touched while touching another. The empathic encounter seems a suitable context for real touch.

The kinds of touch

Wyschogrod reminds us that “not all tactile contact resembles empathy.” Describing nursing interventions, Goodykoontz distinguishes between procedural touch used in the discharge of certain duties and nonprocedural touch used when nurses spontaneously touch patients. LeMay makes a similar distinction:

Instrumental touch is deliberate physical contact needed to perform a specific task, for example, dressing a wound. Expressive touch is a relatively spontaneous and affective contact which is not necessarily an essential component of a physical task.

Gadow contrasts instrumental touch with empathic touch:

... empathic touch affirms rather than ignores the subjective significance of the body for the patient. Its purpose is not palpation or manipulation but expression - an expression of the caregiver’s participation in the patient’s experience.

She describes instrumental touch as part of technological touch “in which nothing is expressed from one person to another, patients are not reduced to objects, but neither is their subjectivity engaged.” Another form of touch is philanthropic, one in which Gadow says “touch represents a gift from one who is whole to one

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who is not.”(96) Philanthropic touch precludes empathy because it prohibits the mutuality upon which empathy is based.

Weber proposes three models of touch parallel ing three meanings of touch. Touch can mean “to be in contact with”; “to reach out and communicate”; or “to lay the hand or hands on.”(97) From these three definitions Weber extrapolates three models of touch. The physical-sensory model relates to the first “contact” definition and resembles procedural and instrumental touch. The psychological-humanistic model “explores touch as a way of reaching and communicating with a self or inner person.” (98) This model corresponds to the expressive and empathic meaning of touch. The field model sees touch as a laying-on-of-hands that harmonizes with Eastern philosophy and a holistic view of a world permeated with healing energy.(99) This last model proposes to include all expressive/affective aspects of the psychological-humanistic model while adding a healing dimension.

Since discussion here has concentrated on the helping process (as distinct from healing) and the empathic attitude that suffuses it, it seems appropriate to elaborate exclusively on empathic touch, or the psychological-humanistic model. The extent to which instrumental/technological touch (the physical-sensory model), or the laying-on-of-hands/healing touch (the field model), also called “therapeutic touch,” might also function within the context of relationship and helping as defined here is a significant question reaching beyond the scope of this particular paper.(100)

The need for empathic touch

Jourard believes that “illness begins when a person’s life begins to lose zest, a sense of future, meaning, and love.”(101) Morris strongly agrees, affirming that illness also signals a need for increased physical intimacy, for touch:

It is important, not only to be sick, but to be seen to be sick... if the stress of life demands that we shall obtain increased comfort and intimacy from our closest companions, and forces us once again to sink into the warm embrace of the soft

bedding of our “cots,” then this is a valuable social mechanism and must not be sneered at.”(102)

Morris calls this mechanism the “instant-baby” syndrome; people can get physically or emotionally ill, or have accidents when life stressors lower body defenses.(103) Those in need in this way receive intimate body contact with another human being.(104) What a tragedy, in light of this need for touch, if illness were to be treated in the following manner:

Each patient lies in his own cubicle, and there is attached to him all kinds of wires, connected to his brain, his muscles, his viscera. Every time these wires, which are actually electronic pick-up, transmit signals to a computer indicating that the bladder is too full, a bowel stuffed, the patient hungry or in pain, before you could blink an eye, the computer sends signals to different kinds of apparatus which empty the bladder and bowel, fill the stomach, scratch the itch, massage the back, and so on. We could even mount each bed on a slowly moving belt; the patient gets in bed at one end, and four or six days later his bed reaches the exit and the patient is healed - we hope.... And what would patients be like?(105)

Such machines could not provide human warmth, love, and responsive care - the human touch.(106) Jourard suggests that people get sick when their lives become impersonal and they “feel like nobodies.”(107) Closely communicative relationships can be “inspiriting” events during these times, events signaling that somebody cares, and events doing something to the body that enables it to throw off illness.(108) Jourard writes: “I think that body-contact has the function of confronting one’s body being... I believe that the experience of being touched enlivens our bodies, and brings us back into them.”(109)

Touch can also reduce stress associated with illness. Menninger offers a list of fourteen coping behaviors to handle stress, one of which is touching.”(110) Montagu feels that “taking almost anyone’s hand under conditions of stress is likely to exert a soothing effect, and by reducing anxiety give both the taken and the taker a feeling of
greater security.”(111) Helping others during times of illness and stress represents a basic starting point when asking, “Whom shall I help through touch?”

The literature suggests, however, that helping-touch can be particularly effective with certain people in particular circumstances. Remembering that the effectiveness of touch lies in three primary areas of communication, reality orientation, and establishing a connection/comfort link between persons, it is not surprising that most for whom empathic-touch seems appropriate are needy in one or another of these three areas. Conversely, it can also be said that a helper will use empathic touch to communicate, to connect and comfort a person, and to share the reality of his world.

**Particular needs for touch**

Those writing about touch articulate circumstances more specific than “illness” or “stress” in which touch can mediate help. Bowlby writes that in danger, incapacity, and sickness, adults’ needs for touch increase.(112) Jouard feels that “one of the first things that ought to be done in any state mental hospital is to train a group of masseurs in the art of coping with terrified people who are being turned on.”(113) Many feel that elderly patients are particularly in need of touch when depressed or in environments depriving them of social intimacies and personal care.(114) Berry identifies three groups of patients particularly sensitive to touch: (1) patients in stressful areas such as intensive care units; (2) patients suffering from pain, trauma, or a change in body image; and (3) elderly patients.(115) Huss feels that those experiencing an increase in stress of any kind tend to regress, they have an increased need for comfort, reassurance, and security that can be communicated through touch.(116) McCorkle sees the seriously ill as needing emotional support communicated through touch.(117) Physical touch, according to Dominian, provides special comfort and reassurance when the body suffers pain and trauma.(118) Barnett emphasizes the increased need for touch among hospitalized patients often depersonalized, sensorily deprived, or repressed owing to the experience.(119) Mintz finds touch appropriate for a patient with infantile needs.(120) Hollender describes the need/wish to be held among anxious, depressed, and schizophrenic patients.(121) Berry affirms the need for touch in those suffering a major change in their body image; touch reassures them that the disfigurements will not deprive them of human care.(122) Those who support touch for persons in need suggest an attitude toward touch consistent with that found in discussions of dialogue, friendship, mutuality, and shared reality. The attitude shapes touch into an empathic transaction.

**Keeping touch empathic**

Empathic touch springs from the sensitivity, respect, and awareness that ground empathy-in-relationship. Jouard describes the risk in the self-disclosure of touch: “People who reveal themselves in simple honesty are sometimes seen as childish, crazy, or naive.”(123) Goodykoontz acknowledges the “risk involved in bringing a more human element to patients”; she nonetheless advocates taking the risk and using an ever-present human tool - the hand.(124) If the helper risks in self disclosing, so does his collaborator in touch. Awareness and sensitivity must extend to recognizing the meaning of touch for the other.

Weiss describes several qualitative dimensions that convey the meaning of touch: its duration, location, sensation, and intensity. She asks that one reflect on these dimensions when using tactile language.(125) She translates these qualitative dimensions into the message given to touch:

> You are a likeable physical and social being, whom I enjoy being close to frequently (frequency) and for long periods of time (duration). I like all of your body, not just some of it (location). I want you to feel good about yourself (sensation) because you are capable of experiencing a variety of feelings in an often powerful and intense way (action, intensity).(126)

Weiss’s analysis of the message of touch may call to mind the earlier literary image in *I Never Promised You a Rose Garden*. To Deborah, the psychotic sixteen-year-old, the sensation of touch is painful; the intensity is too much. The doctor
immediately feels Deborah’s response. She says, “I’m sorry.... I didn’t mean to touch you before you were ready.”(127) If touch is to be sensitive, its potential for painful response needs to be considered. Purtilo identifies touch, with its power and potential for pain, as a privilege granted professionals; in health care practice licensure protects against the charge of unconsented touching. (128) Because of individual meanings that it can have, Mercer asks that touch be careful and that the decision to touch be made on an individual basis.(129) Cashar and Dixon agree: “The therapeutic use of touch is basically a thoughtful use of touch.”(130) Considered use of touch is important because there are individual thresholds for intimacy similar to pain thresholds.(131) To Aguilera these individual differences warrant touching that is judicious and done with care.(132) With some patients for whom touch is threatening, or for whom privacy and space are strong needs, the empathic response might be to refrain from touch and to maintain distance.(133) Fisher merely proposes a common-sense caution against not imposing a greater level of intimacy than the recipient desires.(134)

Jourard nonetheless encourages a readiness to enter into touching.(135) He is reassuring. “You can know when you are offering the truth and reality of your experiencing to the person.”(136) And if one is aware of and sensitive to the other as a vital collaborator, one can know his or her level of comfort or threat with touch as well. One can always ask the other. Personal dialogue can then shape the qualitative dimensions of empathic touch. After all, empathic touch considers that a unique, subjective other enters each new relationship. And while that other’s circumstances may suggest the appropriateness of empathic touch, only the encounter can confirm it.

Much of keeping touch empathic relates, for the helper, to retaining a sense of self as person. A helper needs to acknowledge in himself or herself any presence of discomfort associated with touch, whether personal or professional. Jourard considers empathic touch an essential tool; a helper needs to struggle beyond his or her own “touching taboo” in order to be ready to touch.(137) He cautions against touching when uncomfortable with it, but simultaneously insists that a helper needs to grow in comfort with touch.(138)

Discomfort sometimes associates with the mutuality of touch; if one touches another, one gives the right to touch back.(139) Discomfort also reflects the Chief’s worry in One Flew Over the Cuckoo’s Nest about whether his urge to touch had sexual underpinnings. Certainly touch, understood as a powerful form of intercourse with another, can be misconstrued as sexual. The possibility of this misconstrual can threaten empathic touch.

Mintz finds “physical contact involving either the promise or the actuality of direct genital fulfillment invariably inappropriate” in the helping relationship.(140) This is so, she says, because “the essential nature of a helping relationship seems incompatible with the full mutuality of a healthy sexual relationship.”(141) Jourard reminds helpers that “fortunately or unfortunately, to do so [climb into bed with a patient] is against the law” and against professional ethics.(142) He says, “It is probably wise we are restrained from acting out a sexual wish, but there is nothing to stop us from saying we would like to.”(143) Corey and his co-authors phrase the dilemma well:

Although we contend that erotic contact with clients is unethical, we do think that nonerotic contact is often appropriate and can have significant therapeutic value. It’s important to stress this point, because there is a taboo against touching clients. Sometimes therapists hold back when they feel like touching their clients affectively and compassionately. They may feel that touching can be misinterpreted as exploitative; they may be afraid of their impulses or feelings toward clients; they may be afraid of intimacy; or they may believe that to physically express closeness is unprofessional.(144)

It seems that in a helping relationship keeping touch empathic means placing restrictions on the location, duration, and intensity of touch (its qualitative dimensions identified by Weiss) in order to minimize extensive sexual fear. Many helpers would never use empathic touch if they felt its essential communication included the
promise of sexual touch. Re-articulating the primary attitude of respect that grounds empathy seems important here. Profound respect for the uniqueness of the other issues from the profound realization of what one person cannot do for another. Respect precludes ascribing omnipotence to a helper because it compromises the helping relationship. Sexual touch in helping can be viewed in this context as a power-move beyond empathy, a step not to be taken as part of empathy. To keep touch empathic means to keep it in its respectful place. Keeping touch empathic means aligning it with the sensitivity, awareness, and respect inherent in the helping relationship.

Personal stories of powerful touch

Empathetic touch has been imaged powerfully in contemporary fictional literature. It has also been powerfully presented in the behavioral science literature. A number of personal stories painstakingly gleaned from descriptions of studies can help to recapture the sense of magic, the power and human significance of touch. The stories affirm the power of empathic touch to communicate with an “other,” to orient one to the shared reality of a world, and to make comforting connections as and with a person. Each story speaks in its own way to the need for and power of touch.

Irene Smith, an assistant to Elisabeth Kubler-Ross in San Francisco, writes of several experiences she has had touching patients with AIDS. One experience follows:

He was very close to dying and I sat down and asked Edward if he would like anything in the way of “touch” and he said he would; he didn’t really know how he could move but he would like for me to massage his back. And so I told him not to worry, that I would find a way . . . and while I was stroking his back from underneath, I was running my other hand very gently across his chest. . . . All of a sudden he looked at me and said . . . this is the way you always hear that love feels, and you never get to experience it. These are true loving feelings and I’m experiencing them now.(145)

Joy Huss tells of her own hospitalization of one month during which time she felt anxiety and depersonalization:

My salvation was one aide and the occupational therapist who were comfortable within the intimate and personal zones and whose hands conveyed a caring touch. They were the only two I perceived as caring for me as a total person and not just another problem occupying a bed.(146)

Dr. James Linden tells of his initial ambivalence in touching a patient that he thought needed some expression of affection during psychotherapy:

I asked her, ‘How would you feel if I held your hand now?’ She was sitting about two feet away from me with her hands on her lap and her feet crossed. When I asked her this question she again turned her head away, closed her eyes and pulled her right hand back, all in one motion. I sat still . . . looking at her hand resting on her lap . . . I slowly reached out my hand and put it on top of hers, lightly at first, then more firmly, then actually taking it in my hand and holding it . . . Colleen began to weep for the first time since I had seen her.(147)

Linden writes that from this point on her therapy really began.(148)

Irene Burnside describes a small group project she tried with six elderly patients in a light mental facility. The youngest member of her group was 64, the eldest 86. All were diagnosed with chronic brain syndrome. Although her initial goals were to provide reality testing and increase stimuli for these patients, the following incident modified her plan:

I went around the circle and shook hands, holding each person’s hand tightly. . . . I came to the last frail little lady. She was babbling . . . But then a shutter moved in this tiny woman. As I held her hand with its tissue-paper skin, she pulled my head down to her and kissed me tenderly on the cheek . . . This was the best example of “touch hunger” I had seen in a long while.(149)
Burnside then increased her touching behaviors. She saw group members begin to touch one another. Though she admits her work lacks a scientific or sophisticated approach, she asks, "How much more in their 'here and now' could I be than by standing close, with both my hands on their hands, patiently trying to teach?"(150)

Jackie Knable used a case study approach to observe responses to nonprocedural hand-holding with fifteen critically ill adults.(151) Nurses selected two occasions within four hours when they believed hand-holding would be helpful to each patient. During one interaction the researcher saw the nurse terminate the hand-holding only to have the patient initiate it again. In response to the question, "Do you enjoy it when the nurse holds your hand?" one patient replied that "they don't do it very often."(152)

Sidney Jourard tells of one experience in psychotherapy:

During one session, when the chit chat died out, there was a period of silence and the patient sat there, with a look of desperation of his face. I felt an impulse to take his hand and hold it. In a split second, I pondered about the "countertransference" implications of such an act and debated whether I should do such a thing. I did it. I took his hand and gave it a firm squeeze. He grimaced; and with much effort not to do so, he burst into deep, racking sobs. The dialogue proceeded from there.(153)

Marita De Thomaso tells of an encounter with an extremely lonely and distanced young patient named Sandra:

One day she told me she had tried a new shampoo rinse and asked me if her hair looked softer. As I spontaneously reached out to touch it, she promptly withdrew. I waited a moment and said, "It looks soft; let me feel if it really is." Then she smiled, and I touched her hair....this seemingly trivial incident proved to be a turning point in our relationship and a step forward for Sandra.(154)

De Thomaso speaks here to the importance of not forcing touch on the lonely but allowing loneliness to be penetrated "from the inside."(155) Asking permission to touch can be part of a freeing dialogue.

Ashley Montagu describes the successes, through touch, of a physical therapist working with schizophrenics who had for years been inaccessible to other therapeutic approaches:

In May, 1955, the successes with catatonic schizophrenics with Paul Roland, a physical therapist at Veterans Administration Mental Hospital, Chillicothe, Ohio, were reported in the press. Roland began by sitting with the patient and then after a time touching his arm. Before long Roland was able to give the patient a rubdown. Once that occurred rehabilitation proceeded rapidly.(156)

John Warkeintin and Edward Taylor also describe the successful use of touch with a catatonic schizophrenic in a three-way relationship:

In the seventh interview . . . Dr. A. took one of the patient's hands in a rather tender affectionate manner, and Dr. B. took the other. They stood silently through the interview, holding and caressing the patient's hands. The patient's manner was at first very fearful, then much less hostile, and almost grateful.(157)

The need for care in using the power of touch in working with schizophrenics is perhaps no better illustrated than by Dr. Arthur Seagull:

The patient, Mrs. S., is a 23-year-old, fairly attractive, bright, well-kempt psychotic with suicidal and homicidal ideation.... At the initial interview I reinforced her delusions that she would make anyone who touched her sick by being ill that day, and having to leave the initial session. I touched her as I left and she became catatonic. She was hospitalized for five days.(158)

Lynne Goodykoontz used touch to communicate powerfully with the wife of a 78-year-old patient just pronounced dying of malignancy:

I waited for a while, then went to the room. His wife reported what the doctors had said. Then she began to cry, saying she didn't
know if she could stand to watch him die. I sat down beside her and put my arm around her. I could feel her tense muscles relax. We just sat together for a while... that is all she seemed to want. It seemed to me that we were talking a lot, but not out loud.(159)

This next story poignantly illustrates how patients can help one another sometimes even inadvertently, through touch. It happens at night in a nursing home:

A patient calls endlessly for Tom, her husband who died many years ago. Reassurance quiets her for only a moment; as the nurse’s hand moves away, the patient starts to call again.... Suddenly, as the night nurse prayed for sleep to comfort her, silence ascended Too suddenly? Another woman, unable to sleep had been pacing for hours. She wandered into the room from which the cries for Tom emanated. She lay down in bed next to the aching soul and the cries stopped. Both patients fell asleep.(160)

The studies go on, suggesting increased self-exploration associated with touch,(161) better patient-staff rapport and communication through touch,(162) rapid patient-nurse rapport established with touch,(163) therapies evaluated more positively when including touch.(164)

Whether reflecting the hazards or the benefits of touch, the literature speaks to its power. In her book *Health Professional/Patient Interaction* Purtilo includes an apt poem on touch by Shelby Clayson:

**The Language of Touch**

An appendage of man-designed for dexterity, fine movement, adeptness.

Four Fingers and a thumb-working in concert as an orchestra with precision.

An instrument of function-directed by man’s great mind, to create, to work.

But more-
The ears and tongue of the inner self-through the language of touch, listening, speaking.

Speaking of precious feelings-that words cannot express, gently, with meaning.

Hearing the feelings of another-never asking for clarification, accepting, caring.

-the hand!(165)

**Conclusion**

The purpose of this paper has been to reflect on the various meanings and uses of touch, particularly within the context of helping. There has been no attempt to reduce the act of “touching another” to a procedure, to formulate a protocol for touch, or to lay claim to one definitive meaning for touch. Rather, this has been an attempt to support the use of empathic touch in helping relationships. It has been an attempt, also, to communicate the power of touch, and its magic. The magic of touch comes perhaps from the possibility for a larger magic, that of relationships between persons—that which Buber calls the “deeply stirring happening.” Some call it mystery. And from that magical possibility comes another, perhaps even more magical: that one person, standing in relation to another, can communicate, can care, can connect, and can share a reality.

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