Kathy Kain

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Kathy Kain, M.Ed. has been practicing and teaching bodywork and trauma recovery skills for nearly 30 years. She teaches in Europe, Australia, Canada, and throughout the U.S., and maintains a private practice in Albany, California. She is a senior trainer in the Somatic Experiencing training program and is currently Director of Training and Education for the Foundation for Human Enrichment. Kathy is also an adjunct faculty member of the Santa Barbara Graduate Institute and was a senior trainer for 12 years in the Somatic Psychotherapy training program based in Sydney Australia, where she developed the *Touch Training for Psychotherapists* that she now teaches in the U.S. She co-authored the book *Ortho-Bionomy; A Practical Manual* (North Atlantic Books).

Serge Prengel, LMHC is the editor the *Relational Implicit* project (http://relationalimplicit.com).

For better or worse, this transcript retains the spontaneous, spoken-language quality of the podcast conversation.

Serge Prengel: Hi, I'm with Kathy Kain.

Kathy Kain: Hi.

S P: So Kathy, your expertise is in the use of touch, you come from a background of bodywork and these days you teach touch, the use of touch, to psychotherapists. So what's with that?

K K: Well I think that there is sometimes this presumption that the touch skills you need in the context of counseling and psychotherapy are the same skills that you need in the context of body work, which isn't actually the case. And sometimes people are a little bit concerned about integrating touch, not about only from the ethical side, but also from that perspective of I'm not sure how it is I'm going to understand what I need to do with touch, thinking that I need to understand it from an anatomical, technically correct level. And really the skills that you need to integrate touch in a psychotherapeutic context are more about how the touch deports the process in which engage with the client.

S P: OK so in other words, as a psychotherapist when we hear the word touch we kind of tense up, because we are thinking of becoming something we are not. But when you have in mind is using touch to support the process that we are familiar with and skillful about.

K K: Yeah, because you can think of it as another form of positive communication. So you have your body language, you have your verbal language, you have your eye contact, you have your therapeutic alliance. All of those things are supporting the process in which you are engaged with the client and touch is just another potential tool to facilitate something that you're already underway with. Or if you have a specific idea that you want to enhance the process that's taking place.

S P: So is it possible maybe to have some examples of how it works as another form of communication, another tool.

K K: Well one of the things we could talk about are the different types of touch that you might use in a therapeutic/psychotherapeutic context would be in many cases quite different than the type of touch you might use say in a more bodywork or physical therapy, repair oriented context. So just some possible examples would be you could be using touch for what you might call containment where the client is feeling at the ability of their limit to manage the process that has somehow been initiated. And you might be doing something like a gentle contact on their shoulder or your foot touching their foot, or something that kind of helps them kind of ground and contain the process that's underway. You might be using touch as a way, you might call it listening touch where you're actually gathering information about systematic expression of the process that's underway.

S P: So maybe we can go a little more slowly, just to make sure it sinks in for people who are not that accustomed to it. The first one you mentioned is a sense of containment. So you're sensing the client's activation, agitation, and something as simple as a hand on the shoulder, touching the client to calm down.

K K: It could be calming but also in a way assurance and reassurance that they have the capacity to do what they're trying to do in that process. So if you for example are working with someone who is engaged in a fairly dramatic change process and they're beginning to lose that sense of interconnection within themselves and what you're trying to do is to help them understand where their boundary is that helps them provide something that's resilient with the integration process. So it's not necessarily only to calm them, but sometimes that quality of touch is an encouragement to say that they're up to the job ahead of them. It has have that quality to it as well.

S P: And as you said, this touch is not something that is a technical touch, it is something that each of us has, a kind of instinctive thing that we can use and feel free to apply in this setting.

K K: Yes, and generally, you're doing that kind of touch in a part of the body that can be very socially acceptable, that you might find that you have that kind of contact with people you don't know well. So the shoulder is kind of a classical place where even in an elevator someone touches your shoulder to move you out of the way, to give you a little subtle indicator that they need to get past you. Most people would find that to be an acceptable form of contact. A very low risk version of physical contact generally.

S P: OK, so in other words for somebody who is listening and might want to remember how to use this very low risk way, is thinking of touching on the shoulder. Just a very simple basic human contact helps containment.

K K: Yes, it could even be something like the back of the hand if the client is resting with their arm on the chair, the arm of the chair you might just touch the back of the hand. Usually it's an area of the body we wouldn't typically have objections to someone touching it we don't know very well.

S P: Then you mentioned another one.

K K: Listening. And that is typically a quality of contact that has something you might call invitation or a curiosity where you're using the contact to gather information about the state generally that the client is in. Perhaps inviting that state to arrive a little bit more has the quality of being rather quiet; really focused on what is happening within the client that you are attempting to gather

information about. So it's a little like the equivalent of that weighty tension filled silence that happens when you're waiting for a client to speak something. It's got a little bit of that same kind of quality that is translated into physical contact.

S P: So in a practical way, what would be an example of that?

K K: If I'm really trying to get a sense of maybe the layering beneath that the client has given perhaps what seems like a simple sign which seems like a simplified superficial explanation of what's happening. A very undifferentiated, "I'm feeling like I'm buzzing". And I want to get a little bit more information about what might be underlying that quality, then having, again, my hands in an area that's acceptable to the client, where he can learn a little more about the nuances about that state. And then perhaps invite a little bit more is in the complexity of it to come to the surface. For the client to be more aware of it, for me to be more aware of it, to perhaps even verbally ask questions about what else they're noticing. That would be typically a way I would be using that kind of contact.

S P: So you're gently touching the client, again, in a place that's very acceptable, not a risk, and you say its invitational. So there's something in the attitude of the therapist as the therapist does that's a different intention or a different attitude.

K K: Yes, and very often that's all that's making the difference. The physical hand placement may not vary much at all from the outside. It might look as if you're doing the same thing, but again, there's a difference between a practitioner sitting quietly just enjoying a peaceful moment with the client as compared to the client being just about to reveal some very deep piece of information with a kind of expectancy in that field between the therapist and the client and that listening contact has a little more of that quality. It's not static we aren't going anywhere form of contact. It's got a little bit of a feeling of activity within it because there's a quality of "I'm inquiring about something", and there's likely to be some sort of response from the client.

S P: Yeah so there's a two-way communication there.

K K: Yeah, yeah.

S P: So you mentioned another form of content?

K K: So another common version might be what's often referred to as inhibitory and that would be the kind of contact that you might use when you're trying to slow a process. And that would be something where you maybe have the feeling that the client is about to exceed their limit of ability to manage the process either way. And there's often this little sense of maybe dragging back a little bit, not so much pulling the client back. The contact itself has this quality of dampening or inhibiting further escalation of what's happening is slowed. And that's often where the practitioner is feeling like there needs to be a little more external management of what's underway. And very typically it's when you're seeing that the client is looking like they're right at the edge of their capacity.

S P: So the client is at the edge of their capacity and the therapist does something as a form of contact. What would be an example of that?

K K: Well one of the common forms would be, especially if they're beginning to escalate up into a physical movement, to move out of control, maybe if their being flooded by flashback images or

something like that, that it starts to feel like they can't even physically contain the memory or the rush of feelings that happen. Very commonly there will be a little bit of pressure, even a little sense of a movement back away from the direction the person might be escalating into, if it looks like they might be moving up out of their chair for example, you might be doing something for example, not that presses them into the chair but something that gives them that sense of being a little bit slowed. Very commonly with this kind of physical contact there's also language going with it. Saying: slowly, slowly, that's it, easy, its okay. You're reassuring and slowing the process both verbally and physically.

S P: So in all these cases the touching is almost you can think of it as a continuation of language.

S P: Yes, it is. Sometimes it's a substitute for language. Sometimes it's a support where verbal language is the primary communication and you're just offering accompaniment by a physical form of communication. It's doing really the same thing; it's an extension of the verbal language.

S P: You mention in this case a state when a client is starting to get activated, starting to, you know there is a lot of energy going on. So one of the fears that people who are not accustomed to touch have is what if the touching itself is actually something that the client cannot tolerate.

K K: Well obviously that is something that has to be taken into account ideally from the very beginning of the process where there's a clear contract about how touch might be used and the purpose of it. I prefer that there be an explanation of the different kinds of touch that might be used. Typically once the client is used to the physical content, then the careful screening of the touch can drop a little bit more into the background. Certainly at the front end of the process I think there needs to be clear informed consent by the client and you might talk as using examples of the different ways that touch might be incorporated. And even in the moment there may be again sort of an announcement that touch is going to happen, that I'm going to put my hand here or I think we need to slow this process down a little bit, I'd like to bring a little physical contact in that will help. So you're really doing a sort of continual informed consent and explanation for why the touch is needed.

S P: Yeah and so as you actually do this maybe that's an added benefit that it might slow down the process of the therapist as well.

K K: Yeah and clarity because really you should be understanding as the therapist why you're using the touch. Maybe not to every tiny detail, because at a certain point of course your going to be responding somewhat instinctively. But you should have some basic idea of why you're using the intervention you're using. And touch is the same way, some sense of it so that if a client asked you, "Why are you doing that?" you would have an answer for that question to some degree. At least the beginning part of the process. "I'm doing this now because we need to slow this process down. I'm hoping this will be helpful and please let me know if it isn't and we can do something else."

S P: Yes so in other words it contributes to making the process deeper and slower?

K K: Yes

S P: So we have an option, should we continue with the other types of touches that you mention or do you feel this is a good introduction to what touch does for therapists?

K K: Well I think that we might talk about one other version of touch just because its one that speaks to the question you just had about whether or not touch itself is going to be a little too much for the client. And that's working with touch that's stimulating. And really what I want to do is differentiate between touch that's stimulating versus touch that might be calming or supportive. Again, there's the assumption sometimes that touch in and of itself might be inherently stimulating for the client or over stimulating. And again, getting proficient in the vocabulary of touch, in terms of understanding the impact of your touch is one of the ways you learn to not be afraid of over stimulating the client with just basic contact because for most people there's a difference between a calming kind of gentle contact and something that's inherently stimulating. Stimulating touch usually has movement to it and you might do it for example if the client has dropped under-response. One of the common ways you might see it when you're working with people with trauma is that they move into early developmental state where the method of coping was to shut down and sort of go into this under responsive state. And what you might do would be just gently moving, hardly moving fingertips, for example, to kind of wake up the process that's happening and get the persons attention, bring them out of that more shut down state. And that kind of touch is stimulating but you're doing it for a very particular purpose.

S P: Right but also when you talk about stimulating, it's stimulating within the context of the client being in a freeze state as opposed to something in an alert person that might be stimulating.

K K: Right, exactly. Or over stimulating because it becomes irritating when they want to be still and there's this constantly moving stimulus from your hand. Of course most people are going to move into feeling irritated and that's not the context in which you would use it. Really, again it goes back to making a clear contract with the client. Having, over time, developed proficiency with different kinds of touch gives you a pretty good idea of the effect that they're going to have, because language can also be overwhelming and over stimulating. Of course one of the things you have to learn as a psychotherapist is when to be quiet, to use certain kinds of words and not other kinds of words. Touch is exactly the same way, when not to touch, when to use certain types of contact, when to use a different sort because of the circumstances. And that, in fact helps you modulate whether or not the client will be over stimulated by the touch itself. And there would be some clients when you might never be able to use touch, or maybe even some practice settings. But certainly there are some people where touch is not going to be on the list with things you would do with them. And there might be people where touch is on the list of things you would do with them very commonly, almost every time you see them. There's a whole spectrum available.

S P: So in a way this brings some elements of answer to the question, "Why as a therapist would you want to use touch with clients? And I think one of the things I said earlier was integrate. There's something integrating about touch. Do you want to talk a little bit more about that?

K K: Well there is first of all a form of touch that has the tendency to be integrating and there's that element of it. So I think there is a process of integration that you might say is integration through all aspects of self-including the physical self. And in our culture, in my personal view, I think that we've created a split in the culture that doesn't inherently exist as if the psyche and the body are separate. And somatic psychotherapy is trying to join that and to move past the splitting that's happened in the culture at large as body and psyche being linked as they inherently are. And I think that touch gives us a further extension of that as a possibility. We really have a way to not leave the body out at all and I think that's particularly true when you're working with different types of early

developmental experiences where our tactile experience of the world was our primary form of information.

S P: So do you have an example in mind?

K K: Well if you take a person who has had early neglect and the process of learning to self-soothe perhaps is interrupted because they were isolated. You could have either someone who's either in a hospital situation especially further in the past when we didn't know that babies needed to be touched so perhaps they were isolated in an incubator or they had parents that were ill shortly after the birth process. Or they were separated from their parents; we see that in children in orphanages, particularly in countries where they don't have a good ratio between the number of children and the number of caregivers. And perhaps that little baby didn't get to have the tactile stimulation but also the calming influence of touch from caregivers. And so they have a system that is not properly regulating because they didn't get the early necessary input into the system about how to self-soothe. For someone like that you're bringing the physical aspect of that calming contact, its really essential for them to change the way they're responding to their adults in my experience.

S P: So it's an experience they haven't had at a young age. So whatever other touch they may have experienced in life, there is that basis of experience as a child that they don't have.

K K: Sometimes literally there can be a lack of vocabulary about the meaning of touch. So sometimes you have people who literally don't know how to differentiate different types of touch. So they might not be able to differentiate between a touch that's calming or over stimulating. They might be hypersensitive to touch so that all touch in the beginning feels like it's too much. They don't know what to do with that input.

S P: Yeah. So that's the case of people who have not had the experience of touch as infants. What about people for whom that experience has been there? In what way can touch help the integrative process of therapy?

K K: Well the way that I describe it is that it gives a sense of three-dimensionality.

S P: Hmm what do you mean by three-dimensionality?

K K: Well it happens for both the therapist and the client interestingly enough. That a lot of people don't have a very deep experience of their physical self., either they're living on the surface or they have certain aspects of their physical self that they really notice like their muscles because they exercise well or some version like that. But when you ask them to give any information about any other physical quality about how they identify themselves at the body level they can't, they don't really have access to it. And through touch sometimes you can invite them to bring presence and awareness and bring attention to, if you want to call them, layers of the self. And allow support of their attention and their gathering of information of all the qualities of the aspects of their physical self. And often what that does is it deepens their experience.

S P: So by being touched they're able to bring mindfulness, they're to bring their own inner awareness to something that has been touched.

K K: Yes. And that's the interesting thing. Again, when there's proficiency on the part of the practitioner certain types of touch end up making the client more aware of themselves and not of the practitioner and their own internal experience of self. And that deepening and the differentiation that they may notice for example that their experience of self is different when it's in their bones versus when it's in their muscle. They feel like a different person, so to speak. That's what I mean when by three-dimensionality. They begin to have a more defined and detailed experience about parts of their physicality.

S P: So it's no longer just a surface thing of touch. It's really a question of feeling everything that's inside.

K K: And very commonly they extrapolate from that experience to other aspects of their life as a whole or their behavior. They begin to see some similarities between these physical qualities and the way they are out in the world. And at the same time that process also happens for the therapist where they begin to have a sense of knowing other aspects of the client than they may have seen in the other interactions that they had that didn't include touch. So for me this is coming from what I hear back from therapists after they've learned to integrate either physical touch or what you might call touch awareness. They have some practice of the use of touch in a classroom setting. They may not be touching their client in their practice but they know what the client would feel like if they touched them because they learn to make the translation between what they're seeing and hearing and what they felt under their hands in a classroom setting, is that they move into that kind of touch awareness, they develop a greater proficiency at supporting that three-dimensionality.

S P: So you're saying that for the therapist having the experience of touching/being touched helps calibrate a way of looking at clients that is more sensitive to what happens inside?

K K: Yes, an example might be a person who came to one of the trainings that I did who was working within the prison system. And he was very clear when he came to the program that he was not going to be touching any of the prisoners that he was going to be counseling. But when he reported back that he was beginning to use the awareness that developed from the classroom is that his understanding of what was behind their surface presentation really changed. And he started to learn to respond to what he was seeing in their body postures and how they were managing their weight and their facial expression, the quality in their tissue was visible to him now in a different way. And he noticed that it caused him to respond to them differently which in turn caused them to respond differently to him. And he noticed this quality of deepening and connectedness in the relationship without actually using physical touch at all.

S P: So in a way this is an extreme form of touch that certainly people, even people who have either ethical problems or legal problems with touching in their state could use.

K K: Right, and sometimes the practice setting just doesn't allow it. There are times when the setting is going to be so problematic to try to incorporate it that it's easier not to. The other thing is there's this whole spectrum of ways to include the body that don't necessarily include touch. And again, having some proficiency in having different tools available can then be very helpful. So perhaps you have a good way to track the breath as it moves through the different tissues of the body, the different regions of the body, or how the client moves. There are other things certainly that you can do than touch. My preference is that we have more inclusion of touch in the psychotherapeutic setting because in culture we've gone too far in the other direction. We're prohibiting it, when really

it's sometimes the ideal tool. So there's really a balance of what's the appropriate setting and with the right client with the work that you're doing.

S P: So we've come to, you know, in this conversation, to looking about touch where you might not even physically touch people. I want to go back to maybe the touch that people are more accustomed to, the touch of bodywork and this sense of touch as something that helps alleviate pain. What would you say about that?

K K: Well again I think that there are different possible approaches to working to alleviate pain. One would be more on the bodywork side, which might be focused on repair, and making sure all the body structures are working as best as they can and all the different layers of the tissues have been addressed. And then I think that there's this other element which is very much in the realm of psychotherapeutic process, which is to alleviate pain that is partly arising because of bracing and gripping and the kind of reaction people have to life experiences that really so much get held at the body level. And I think whether it's the use of touch or otherwise at such an appropriate place that somatic psychotherapeutic intervention can be helpful because the reaction of our physical self to life challenges is sometimes what is producing pain. And again, both knowing the type of contact that you need, like calming contact so that you're not over stimulating the nerve endings for example, and also helping the client to differentiate, because one of the things we know with chronic pain is that you'd begin to have this confusion at a neurological level where the body is sending pain signals, eventually in lieu of other signals…like pressure or heat that, almost anything in the way of stimulation or contact or pressure can then end up being interpreted at the brain level as pain. And I think again having a proficiency in assisting the client in beginning to have really clear refined awareness at the body level can really help alter that miss-cueing that happens in chronic pain patterns.

S P: So in other words the touch in this kind of case is not something that is going to be doing what say, bodywork typically does. This is something about educating the client to a different interpretation of sensations.

K K: Not only that, but I think to inhabit their body in a different way. They learn to notice their habitual responses to the world that are not serving them very well. So if you have someone for example, if they have a dynamic where they feel like a life partner, for example, does not support them very well. Their habit then is to move into bracing themselves and gripping as a way to provide a sense of self-support. And that is creating a pain pattern. Having someone who is very skillful in helping them work both the dynamics that may be happening in a relationship and at the same time able to notice their habitual body responses can be so effective. That pain problem is arising from their response to their external environment, not a physical disorder so to speak. There's not something wrong with their body causing the pain. The way they're using their physical self is contributing to it.

S P: And that's something where using touch can go ever further than just Body Psychotherapy in general is that you have more of a contact with the body at that moment.

K K: Yes, and if you think about the therapist's touch as being a tool that helps the client maintain the clear focus of their attention then it begins to make sense because if the therapist is proficient at differentiating between different types of tissue or different types of responses in the tissue, they can guide the client in that same direction. And the client develops skillfulness at noticing their

response, noticing the most subtle cues that say they're beginning to brace and perhaps then have strategies for interrupting that so they don't go into the full blown physical pattern.

S P: Yeah, so the picture that's emerging from this conversation is of touch as a tool for mindfulness, for training, enhancing mindfulness. So Kathy, as were coming to the end of our conversation I want to see if there's anything you want to add, this cannot be all of what you could be saying about the topic, but just see how we can end this conversation.

K K: Well it seems to me we've covered a fair amount of topics here (Laughter). So I might ask you the same question, anything that you feel curious about that we didn't get to.

S P: No, I feel very good about that concept of thinking of putting touch away from the realm of the clichés about body work, to think of it as a tool for mindfulness, communication, and to think about all the subtleties that it can bring in the relationship.

K K: And just as another possible support for the therapeutic process that's already underway. That its not a separate thing, it's integrated into the overall treatment plan and the agreements that the therapist has made with the client about how they're going to engage the various purposes and topics of interest with the client.

S P: Thanks, Kathy.

K K: You're welcome.

This conversation was transcribed b by Corinne Bagish.