

The Ethics of Touch

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What constitutes ethics in a helping relationship? What is ethical touch? These are questions that have accompanied me for thirty years, first as a recipient of Rolwing®, later as a Rolfer and still later as a teacher of Rolwing. In this time I have seen, experienced, heard of and done many things that I now believe were unethical — a violation of body and psyche.

I have also experienced, witnessed and given that quality of respectful touch and presence that I now believe to be the single most important factor in how deeply our work affects our clients. When I speak of ethics, I am not referring to the more obvious behaviors such as professional confidentiality, maintaining appropriate sexual boundaries with clients, etc. I am addressing something that is far more subtle and difficult to define — the underlying set of attitudes, conscious or unconscious, that inform the way we touch.

THE SELF-REGULATING CORE VERSUS THE PRACTITIONER'S IDEA OF WHAT THE CLIENT NEEDS.

In struggling to understand the nature of ethical touch, I have been helped by the concept of what Dr. Peter Levine refers to as the self-regulating core, which is the body's deep instinctive knowledge and capability for self-healing. In the innate wisdom of the self-regulating core lies the knowledge to release

chronic tension and allows the body to lengthen, open and embody more grace and less dis-ease.

Each one of us has this knowledge, far deeper and infinitely wiser than anything that our intellect could imagine. There is a rhyme and a reason to why we are the way we are, in sickness and in health, that our conscious mind frequently does not understand. Even less can it be understood by an "objective observer" — doctor, therapist or Rolfer.

For instance, a set of elevated, hunched shoulders may not be structurally efficient, but they represent the best way that once upon a time our organism had at one time to defend itself in a difficult situation. The self-regulating core best knows how to let the shoulders relax, rest down and become the "easy yoke" on the supporting ribcage. For us as Rolfers, to impose our vision, timing or the pathway that we believe is right upon another, is to violate their uniqueness. More often than not, this violation occurs with the best of intentions on the part of the practitioner, and is not consciously noticed by the client. That does not, however, mean that it didn't happen or that we don't deal with the effects of that interaction every time we touch the client.

TOUCH AS DIALOGUE VERSUS TOUCH AS MONOLOGUE

Since the client's body/mind contains all the information we could ever

need about how to help him or her, when we put our touch at the service of the client's self-regulating core, we become the willing aids of the body's deepest wisdom. To do this, however, we have to be able to listen, and listening requires that we put aside preconceived ideas.

At the beginning of a Rolwing session we have a brief interview with the client and do a body reading to assess what areas we wish to address in the session. As the client lies down on the table, we already have an idea of where to work and what we would like to see happen. This is both our greatest strength and our greatest weakness. A strength, because we use our vision and our knowledge of the body to figure out places that may be the most fruitful to work with, and a weakness because it predisposes us to thinking we know, when we don't.

Ultimately, it is the client's body that tells us what is needed, and to receive this message our minds must be open and our hands receptive. When we touch, thinking we know what needs to be done, we can not receive this information.

How does the body say yes to a given direction or touch? The tissue flows and melts and dances with our hands. The touch may be deep, but the movement is easy. How does the body say no to a given direction or touch? The tissue resists, pushes back and closes before our hands. If you are sweating and straining when you are Rolwing, it is almost certain that

you are not listening to the body, that you are overwhelming and violating its defense systems.

To be ethical, every time we touch someone we must remember that all our skill can take us no further than the doorway of the client's world, where we must stop and knock and wait for the invitation to come in.

EXERCISE— TOUCH AS A DIALOGUE #1

Do an entire Rolfing session where each touch, each intervention, starts with putting your hands on the part of the client's body you're thinking of affecting, and doing absolutely nothing but listening until you can feel the various types of movement that already exist in this place: pulse, response to breathing, motility etc. You make the intervention in rhythm and in dialogue with these already existing movements. How does this change your work? The way you relate to your client? The way your client relates to you? The response of the client's tissue to your hands?

LANGUAGE AND THE OBJECTIFICATION OF THE CLIENT

The words we use to ourselves, our clients and our colleagues to describe what we are doing when we are Rolfing, define the way we do it, the parameters of the relationship between Rolfer and client, and the quality of our touch. For example, the goals of the third session, straight from the recipe that I assiduously copied and studied as a Rolfing student: "Establish a lateral line." "Build the space for the 12th rib to function and it will" [IPR]. Or the fourth session: "Create span in the floor of the pelvis."

What is the tacit assumption that is carried in these words? We are saying that we are the builder, the creator. What does that make the client? An object; raw building material, at best.

This pattern of speech/thought is unfortunately very common in our community. How often do we hear things like "I opened up her ribcage" or "...after I unwound the diaphragms and straightened out his legs he looked just great"? Any time we use language that cast us as sculptors, builders or being the cause of the client's change we, by omission, objectify our clients and reduce them to less than human status. And this reflects in our touch and in our relationship to the client.

EXERCISE: EXPERIMENTING WITH THE WAY YOU TALK ABOUT YOUR WORK

Try changing your pronouns from "I" to "We" when you talk about the work. (The other half of the "We" is your client). So instead of, "I opened up that ribcage," say, "We opened up your ribcage." If you were the client, how would this change of pronoun effect the way you feel about yourself? Your Rolfer? Your capacity to change?

When you are working listen to the words you use as you think about what you are going to do. If you find yourself thinking, "I'm going to unwind this, release that, straighten this out" change the words to, "I'm going to help this unwind, help that release, help this to straighten out." How does this effect your touch? Your view of the client? The response of the client's tissue to your hands?

CLIENT AS MYSTERY VERSUS CLIENT AS OBJECT

Some years ago I attended the European Annual Meeting and, in an impassioned discussion on whether the effects of Rolfing last or not, heard a Rolfer there likening Rolfing to plumbing. He said something to the effect of, "A plumber goes to plumbing school and learns how to fix the pipes. Rolfing should be that way too. After going through Rolfing

school I should know how to fix it and it should work all the time." Thank goodness that it isn't like plumbing school! I, for one, would have long ago found another kind of work. We work with human beings, who are rich, complex entities and not pieces of pipe!

Consider the client who for some reason is not available for the change we propose. Our idea is to "open up their ribcage" but their body has very different ideas. It may be that inside that "shut down" ribcage are memories and emotions of some past abuse the person does not have the support or resources in their life to face. Or maybe their spouse or parent sent them to get Rolfing, and they resist the change due to an underlying power conflict with that family member. The reason doesn't matter. When the person, consciously or unconsciously, is not available for the change, they don't change. We can Rolf them until our knuckles fall off, we can do the latest biomechanical technology, we can do a headstand at the end of the Rolfing table, they won't change.

Our clients are beyond our ken. And paradoxically, when we remember this we are far more capable of honoring the essential mystery that they are.

We do not have the power to change another person. What we do have within our power is to use our knowledge and our hands to act as catalysts for the change that the client desires. We do have the capacity to help the client clarify the often tangled threads of want and not want in their being, and become available for a change that they want to make.

Change occurs because the client wills change. We are the tools they use. Our role as tools, or catalysts, is best served when we place our knowledge at the disposal of the self-

regulating core, and learn to listen to the tissues' way of saying yes and no, and then respect what it tells us.

THE DIFFERENCE BETWEEN BEING A HELPER AND BEING A SAVIOR

Many of us (myself included) came to Rolfing with high ideals to help alleviate suffering and bring the integrative, transformative potential of Rolfing to others. So what is wrong with that? In my experience, the desire to help others is always a double-edged sword. The altruistic, humanitarian side is present and real, but behind that often lurk far less noble motivations. Being able to "alleviate" some one else's pain is an enormous power trip and a boost for the practitioner's self image. The savior personality draws much of its sense of self worth from the positive effect that it is able to "produce" on others.

Empowerment is a word that we hear a lot in the Rolf Institute. We hope that our work with our clients not only helps them to have a more integrated, balanced structure, but that in the process of the work they learn enough about themselves that they can fine tune on their own, and not be dependent on us to maintain their contact with their new-found well-being. The way we, as professionals, relate to our clients has a lot to do with how much they will take responsibility for their own changes and how much they will project that responsibility onto us. When the tacit contract of the relationship is that the Rolfer is saving the client (or fixing him, or taking away his pain), the roles polarize into all-powerful, hero Rolfer and helpless, object client. Whether it is the Rolfer, the client, or both together that initiate this interaction, the client is not being served.

Another way of saying this is that in

a relationship where the Rolfer is acting in the role of helper, the client is the primary focus. The Rolfer is the faithful companion on the client's heroic journey (I thank Tom Wing and Heather Starsong for this metaphor). When the Rolfer identifies with the role of savior the Rolfer's great skill and brilliance, or mission to save the world, become the focus of the session, and the client is relegated to the role of companion on the Rolfer's heroic journey. (See comparisons below.)

FEAR OF DEATH — THE HEALER'S SHADOW

Playing the role of savior is a defense that is frequently found in the "healing" professions. When we feel that we are the cause for the client's cure, it gives us the illusion that we have power over another person. It's a small and slippery step when we are in the realm of our own unconscious denial, from having power to make the client better to having the power to outwit old age, injury or decrepitude in our own body.

The end of our journey on this physical plane is the end of our physical body. We all die. Sooner or later, this body that is the medium of our work, and with which we identify ourselves, will fail us. Or, as my friend and colleague, Bill Smythe, once said, "No matter how straight you get, you're still going to die."

THE SAVIOR

- The practitioner is the hero
- You do it to the client
- The practitioner's vision guides the session/intervention
- The practitioner's identity hinges on fixing the client
- The practitioner needs the client to get better

This knowledge is inherent in our flesh and although many of us don't entertain it consciously, it lives within us. It is always there.

For those of us that have spiritual beliefs or who have had the privilege of being present for some luminous deaths, the immortality of the soul may be an article of faith. But our bodies fear death. Show me a person who says they're not afraid to die and I'll show you someone who is living in illusion.

Another defense, found widely in New Age circles, is an oversimplified belief that "you create your own reality." Thus, if you are sick or injured there is a very rigid cause/effect relationship between some inner attitude that is in need of correction and the outer physical condition. Healing is a simple matter of finding the belief system that needs changing or the emotion that needs expressing, doing so, and the physical body will conform by returning to health.

It is a tempting, easy solution to adopt the belief that we are completely responsible for the state of our physical bodies and to perpetrate this belief on our clients. To be confronted with disease and loss of physical capacity in another person is a frightening thing because it puts us in touch with our own impotence. Some part of us knows that tomorrow it

THE HELPER

- The client is the hero
- You do it with the client
- The self-regulating core of the client guides the session
- The practitioner's self-esteem is intact independent of effect on client
- The practitioner has space inside his/herself for the client not to get better

could be me or some one I love, who has a car accident and is paralyzed from the neck down, or is diagnosed with metastatic cancer. The belief that we are the sole creators of our own reality gives us the illusion of being able to control things that we do not. It pushes the ever-present shadow of death a little further into the darkness of the unconscious.

This is not to say that there is no correlation between that which ails us and the way we live our lives, use our bodies and hold our belief systems and emotions. In my work with Rolfing, Rolfing Movement, and Somatic Experiencing, I have had the honor of being present with people as they touch the places in themselves where thought, emotion, symbol and physical reality are intertwined. Yet, to say that we can vanquish disease and pain by changing the way we think, is a vast oversimplification and does no justice to the mystery that we are. The deeper layers of our being where mind and body flow together and are indistinguishable one from the other are not accessible via the cerebral cortex.

We do not reach the place where we can make a change in the order of our physical being by willing or controlling. We reach it by surrender and acceptance. When we penetrate the deep knots of our being and witness with compassion what we find there, a new alchemy emerges. In the moment that we observe without judgment the structure of our holding places, different options become available and the self-regulating core can and frequently does, bring forth a spontaneous new solution. By the same analysis, preconceived ideas and a willful desire to change are two qualities that bar our access to the levels of body/mind/spirit where the transformation can occur. It is a paradox that the moment that we think to "create our own reality," is

the very moment that we have locked ourselves into it.

To be embodied means that we are vulnerable to "the slings and arrows of outrageous fortune" and that one day we will cease to be embodied. This is true, not only for our clients, but for ourselves. It takes courage and an ongoing relationship with our own mortality to be truly and deeply present with another person's pain. And it is from this state of compassionate presence (com-*passion*, from the Latin "to suffer together") that real healing can emerge, a healing I might add, that effects both practitioner and client.

BOUNDARIES AND TRAUMA

One of the foundations of the ethics of touch is respect for another's boundaries. And the topic of boundaries is invariably intertwined with the topic of trauma.

Healthy boundaries resemble a cell membrane. They are selectively permeable. They keep out that which is toxic to us and let in that which is nourishing.

Trauma effects our boundaries. Freud's definition of trauma is "a breach in the barrier against stimulation leading to overwhelming feelings of helplessness." Drs. Peter Levine and Anngwyn St. Just define trauma as an overwhelming life event. By either definition, trauma is part of the human condition.

In the aftermath of trauma our boundaries change. The place where the trauma breached our protective membrane becomes like a hole in our sense of ourselves and our own integrity. We may defend this breach so vigorously that life and other people can no longer enter to touch us (rigid boundaries) or this hole may become an unconscious open door, where we have no choice and no

control over who and what comes in (diffuse boundaries). In either case our selectively permeable cell membrane no longer functions as it should, and this causes immense pain at the emotional level and at a purely instinctive, physiological level, where we know that something is wrong with our survival skills.

How do breached boundaries get repaired? From the inside. Once again, this is the work of the self-regulating core—the natural sense of wholeness and health that is intrinsic to all living beings.

We, as Rolfers, can stimulate our client's self-regulating core or we can repress it. Often, without ever meaning to, we end up running it over and further driving it into hiding. Our attention to our clients' boundaries is a fundamental in deciding which way the scale tips.

Many times, when a person's boundaries are not intact he or she will encourage others to further rupture them. This encouragement may be tacit, or quite explicit. In Rolfing, it frequently comes in the form of suffering silently while the Rolfer works deeply in an area that causes the client emotional or physical discomfort. It may also show up as the client asking us to press harder and deeper into an area of the body where the tissue locks against us or where they experience pain. When we respect the "no" that our clients' bodies give us, we create a condition where their self-regulating core is stimulated to begin its work to repair the rupture. Likewise, when we ignore this message the tendency that this creates is for our clients to further dissociate from their body and their sense of themselves as a whole.

BOUNDARIES AND PAIN

Pain is a boundary. It is the body's way of saying "too fast," "too deep," "too soon," etc. Sometimes it means

straight out "no." In response to the theory that the Rolfer does not cause the pain, it is pain that is already there in the client's body, I think that it is important to note that if we are working in an area where there is pain it doesn't matter whether it was already there, or whether we are the cause of it. Pain means we have come to the boundary. Respect it.

In the 1960's when I received Rolfing for the first time, my Rolfer handed me a blanket to bite when the work got to be too painful. I bit more than one hole in that blanket. Yes, my legs straightened out, and at the time, I thought that that was worth what I experienced as a violation. Now, in the 1990's, I think that what I perceived as a clear cut choice at the time—no pain, no gain—was in truth a simple lack of options. If I could have chosen change with respect for my limitations that is what I would have chosen. Indeed, I have noticed time and again in my own body when I am receiving Rolfing, and in my clients' bodies when I am Rolfing them, that when pain is perceived as a boundary and respected as such, the change is deeper and the client participates more in that change.

EXERCISE: BOUNDARIES AND PAIN

What happens when you do an entire Rolfing session without once pushing into the client's pain threshold? Does it challenge your belief system about the effectiveness of the work? The client's? How does it change your work?

BOUNDARIES AND TOUCH

In the 25 years that I have been in the Rolfing community I have heard a lot about working with intention or, in other words, imagining that our energy is flowing out through our fingers and into the client's body to effect a desired structural change. I worked this way for years and never thought to question it until, in my

studies of Somatic Experiencing, I started to receive some very specific information about the importance of respecting boundaries.

The boundaries of the physical body are very clear. At the place where our fingers meet the client's skin we discover where we end and they begin. What happens then, when we project our energy through the skin, down through layers of muscle and tissues and organs to attain a specific target structure? We have put our energy into the client. We are no longer stimulating them to self regulate, we have invaded their boundaries and are objectifying them.

Another myth that floats around in some alternative healing circles and makes its way into the Rolfing community now and again, is the idea that "becoming one with one's client" is a desirable state. Peter Levine, in recent years has offered a distinction between what he calls merging and joining. Merging is a state where we lose our energetic boundaries and sense of ourselves as separate from the client. When I am teaching Rolfing, I can always tell when a student is merging with their client, because even from across the room, I will see their chest collapse, their head disconnect from the rest of the spine and it looks as if their body falls slightly towards their client. When I catch myself merging with my client (it still happens!) I usually know because I begin to feel dizzy and disoriented. Joining, on the other hand, is a state in which we are simultaneously present with ourselves, and our own bodies, and with our clients; we know where we end and they begin.

We can never underestimate the effect that we have on our clients when we project our intention into their bodies or allow ourselves to merge with them. A number of years ago, a psychotherapist named Nan Narboe came to the Annual Meeting and gave a talk on boundaries in the

psychotherapeutic context and how they related to Rolfing. One of the many interesting points she made was that in a Rolfing session we have one person who is unclothed and lying down, and another person who is clothed and standing up, and that this set-up, in and of itself, is already very charged with emotion and with meaning. It is a situation in which the horizontal, unclothed person is both vulnerable (in the animal kingdom exposing one's belly is frequently an act of submission) and very likely to create a parental or authority projection onto the Rolfer. It is a situation where any lapse on the Rolfer's part will have a magnified effect on the client and where the position of the Rolfer as expert, and as the clothed vertical figure may make it difficult for the client to articulate any sense of violation they may feel. Indeed, if the Rolfing brings other benefits, as it frequently does, the client may disregard other, less tangible feelings of something that wasn't quite right.

The state of what Bill Smythe calls somatic resonance is the energetic foundation of maintaining our integrity when we work with another person. Somatic resonance is a little bit like the phenomena of sympathetic vibration in a stringed instrument whose string vibrates when the same note is played on another instrument. Likewise, when we are working and suddenly we find ourselves sighing in perfect time with our client who just had a spontaneous release in their body, we are usually in a state of somatic resonance with them. Somatic resonance is not to be confused with merging. Resonance, by definition, requires two.

When we work with a boundaried touch we are outside our clients' systems. Our touch may set a change in motion, but it will be their body that orchestrates it. The relationship formed is one of therapeutic alliance. Both Rolfer and client are energized

and empowered.

When we touch and remain at the edges, layers of movement and information will rise to the surface to speak with our hands. If we can bear to wait, the information presents itself; we don't have to go diving in after it. Touching the skin, we can feel the shapes and structures beneath it, and our pressure can find the one we want to work with. When the structure we hope to affect is contacted by pressure from the outside, we are still working deeply in the body, but we are doing so without entering in with our own energy. The client's body stimulates itself, in response to our impulse from the skin.

The difference that this kind of touch can make is enormous. Suddenly, instead of pushing our way in to make a change, we find ourselves witnessing a change that we catalyzed—a change that is frequently much farther reaching than any we could have planned. At this point, our Rolfer's vision and understanding of structure becomes the aid that tells us where to touch to stimulate the client's self-regulating core in the most efficient way. Indeed, I have found time and again, that just contacting the person from outside and staying there, without penetrating them energetically, is such an unusual interaction that their system will mobilize huge changes, from the most energetic levels to the most structural levels. How often are any of us simply met by another person without hidden agendas, or conditions, or invasion? Just met. There is something ultimately powerful and transformative in this meeting.

EXERCISE: BOUNDARIES AND TOUCH

The Place Where We End and They Begin:

Do a Rolwing session with a friend or colleague, or somebody you feel comfortable experimenting with. When you touch them feel your skin at the point of contact. This tends to

keep your energy/intention in your own container. Then, try the contrast. Feel their skin at the point of contact. This tends to open a "leak" where your energy/intention spills into their body. What difference do you notice? What difference do they notice?

CONCLUSION

Ethics is a many-layered subject. To be an ethical practitioner of Rolwing, or any other helping profession is an ongoing and ever-deepening practice. Just at the moment that we think we have it all figured out, we invariably come across another layer of our own contradictions and lack of ethical behavior. This is not a sign of failure, but rather an indication that we continue to grow and become aware at subtler levels.

When we touch another person, we have our hands on the Living Mys-

tery. We cannot ever know, and that is the infinite joy and fascination of our work. I have done my best in this article to share the questions and surprises that have shaped my journey these last twenty years. I hope that all my coming years with the work will only serve to deepen my capacity to fall into the not-knowing that is the basis of what allows us to truly meet another person.

ACKNOWLEDGMENTS

Many of the ideas I have shared in this article and many of the insights that I have had have been a direct result of my studies of Somatic Experiencing and Somatic Traumatology, with Drs. Peter Levine and Anngwyn St. Just. I have done my best to credit them when quoting directly, but their influence goes far deeper than the few times they are quoted in this article. □

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