

From Felt-Sense to Felt-Self: Neuroaffective Touch and the Relational Matrix

Aline LaPierre, Psy.D.

Editor's Note: Dr. Allan N. Schore is on the clinical faculty of the Department of Psychiatry and Biobehavioral Sciences, UCLA David Geffen School of Medicine, and at the UCLA Center for Culture, Brain, and Development. anschore@aol.com. He was asked to edit a number of papers for the *Psychologist-Psychoanalyst*, the official publication of Division 39 (Psychoanalysis) of the American Psychological Association. In what follows he introduces the series as well as the particular article by Aline LaPierre we are reprinting here that was originally published as "From Felt-Sense to Felt-Self: Neuroaffective Touch and the Relational Matrix," *Psychologist-Psychoanalyst* Vol. 23 No. 4 Fall 2003, and is used with permission.

I am again delighted to serve as editor of a series of short articles for the Psychologist Psychoanalyst. The goal of the series is to provide a medium for the rapid integration of very recent interdisciplinary data, research, and concepts into the currently dynamically expanding domain of psychoanalytic knowledge. The articles that will appear over a number of upcoming issues are offerings from members of my ongoing Study Groups in Developmental Affective Neuroscience & Clinical Practice. . . . A number of individual members are now applying and expanding this perspective to their own particular interests and over the upcoming issues will present very brief synopses of their ongoing work. . . . In the final contribution Aline LaPierre turns to the controversial topic of the role of touch in the therapeutic encounter. She cites the pioneering work of Wilhelm Reich, a student of Freud, and then updates the field of somatic psychology, an outgrowth of classical psychoanalysis. Whatever the nature of the clinical issues, there is now solid evidence for the critical role of touch in human psychology and biology. Recent neurobiological research indicating that critical levels of tactile input of a specific quality and emotional content in early postnatal life are important for normal brain maturation supports Harlow's classical research that early skin-to-skin contacts are essential for future socio-emotional and cognitive development and Taylor's assertion that the sensations impinging on the infant's skin regulate aspects of the infant's behavior and physiology (see Schore, 1994 for references). Furthermore, it is now clear that in cases of tactile-emotional violations of early relational trauma, a common element of borderline histories, "the body keeps the score" (van der Kolk, 1996). Now that psychoanalysis accepts the primacy of attachment and not Oedipal dynamics in the earliest development of the self, it is time to reappraise the central role of the operations of the bodily self in psychopathogenesis and treatment. A number of authors are now addressing the urgent need of bringing the body back into psychoanalysis (Aron & Anderson, 1998; Carroll, 2003; Schore, 2003b).

Dr. Aline LaPierre is in private practice in Los Angeles. She is a core faculty member in the Somatic Psychology program at Santa Barbara Graduate Institute and a Clinical Associate at the recently merged Los Angeles and Southern California Psychoanalytic Institutes. aline@cellularbalance.com.

ABSTRACT: Notes the rapprochement between older strictures against touch in light of new research on psychobiological unity that is now exploring neuroaffective touch and intersomatic dialogue for its potential to address attachment issues in the relational matrix and implicit-procedural memory in a way that goes beyond symbolized meaning. Explores palpatory literacy in therapeutic touch that encourages neural interconnectivity in the felt sense of bottom up processing and evoking preverbal experiences that can result in a felt-self reorganizing experience in the soma-psyche. Comments on the ethical contraindications of touch as well as the possibility that withholding touch can reenact the physical neglect of early object relations.

Introduction

As a result of the current interdisciplinary rapprochement, a new-found interest in the use of touch in clinical treatment is challenging the classical view that physical contact is an intrusive and detrimental violation of neutrality. Basic research conducted by Tiffany Field (1995), director of the Touch Research Institutes at the University Of Miami School Of Medicine, shows that touch is at the foundation of relational experience and, in parallel to facial play and dyadic gaze, is a fundamental mode of interaction in the infant-caregiver relationship.

There is now widespread evidence that the basic nonverbal mechanisms of the infant-caregiver relationship are activated in the patient-therapist transference-counter-transference relationship. This principle has been incorporated into somatically-oriented clinical contexts, and so touch as a therapeutic intervention is emerging as a valuable tool to address breaches in the development of the relational matrix which cannot be reached by verbal means alone. When we consider the somatic experiences of the preverbal infant for whom language links are yet unformed, or the neuronal and biochemical *infraverbal* processes that underlie verbal thought throughout the lifespan, we realize that tending to the inner life of the body—to the lifelong relationship

between bodily experience and mental states—is experiential territory only beginning to find its rightful status in our treatment approaches which have privileged reason over affect and somatic states (Harris, 1998).

Clinical interventions that favor psychobiological unity are being developed in Somatic Psychology, a field with innovative contributions to add to the soma-psyche dialogue (Aposhyan, 1999; Caldwell, 1997; Chaitow, 1997). The fundamental principles of Somatic Psychology were initiated by Freud who stated that the ego is first and foremost a body ego and believed that somatic processes located in organs or body parts were the source not only of instinctual drives, but of one's very sense of self (Aron, 1998). Freud's student and collaborator Wilhelm Reich went on to link the functional identity of the psychic level to its corresponding physical muscular attitude.

Since Reich, Somatic Psychology has evolved to address the perceptual experience of the sensory channels to prepare patients to self-regulate their own physiological activation. Somatic techniques guide a patient's attention inward to the *interoceptive sensations*—body heat, involuntary and voluntary muscular contractions, organ vibrations, skin sensitivity—to bring awareness to these invisible, usually unconscious, hard to perceive internal activities. As a patient learns to increase conscious receptivity to internal visceral-affective experiences, a somatically-trained psychotherapist often uses touch and/or movement to guide, stabilize, or stimulate impulses. The intent is to help a patient engage in a sensory dialogue that nurtures neurological deficits, encourages new neurological connections, elicits dormant impulses, stabilizes hyperactivation, and releases dysfunctional patterns in order to organize and facilitate neural interconnectivity and employ the body's regulatory mechanisms in new ways.

Touch and the Relational Matrix

Most authors who address issues of somatization agree that they are rooted in failures of infant-caregiver attunement that are imprinted into implicit-procedural memory (Schore, 2003; Levenson & Droga 1997). Lyons-Ruth (1999), Co-Director of Academic Training in Child Psychology at Cambridge Hospital and a leading attachment theorist, concludes that developmental change is based on unconscious, implicit representation rather than on symbolized meaning. She argues that "*procedural systems of relational knowing develop in parallel with symbolic systems, as separate systems with separate governing principles*" (p.579, italics added).

To assist the construction of new possibilities for adaptive regulation, Lyons-Ruth points out the need to extend the transactional space of treatment to include implicit forms of knowing and problem solving that become manifest in action, what Beatrice Beebe (2003) calls an *action-*

dialogue, rather than a symbolized conscious recall and recount. Touch interventions are such an action-dialogue. Touch uses highly developed palpation skills to contact sensory impulses as they arise bottom up to interact with top down cognitive and verbal narratives, forming a reciprocal, interpenetrating exchange between soma and psyche. Somatic innovator Bonnie Bainbridge Cohen (1993) articulates how, through placing attention within specific layers of the body, through varied qualities and rhythms of contact, and through following existing lines of force and suggesting new ones, the somatically-trained psychotherapist can synchronize to the patient's tissues in order to affect their harmony and associated qualities of mind.

Palpatory Literacy

I once read that Helen Keller's sense of touch was so finely tuned that if she put her hand to the radio to enjoy music, she could tell the difference between the cornets and the strings. Osteopathic pioneer Viola Fryman (1963) notes that by laying a hand on a muscle, it is possible in a few seconds to "tune in" to the inherent motion within, establishing a rapport of fluid continuity between the examiner and the examined. Beyond social interactions such as handshakes or hugs, there is a dimension to touch that leads deep into the *inner* experience of the body, into the *soma*, the terrain wherein perception, affect, and cognition take place.

The fine articulation of touch as a direct, intentional, therapeutic dialogue with the patient's *felt-sense* can lead to a *felt-self* organizing experience in the soma-psyche. Such use of touch requires a specific focus of intention and attention and this in-depth, therapeutic and psychologically significant touch could be referred to as *neuroaffective touch*. Through the use of neuroaffective touch, a therapist initiates a soma-to-soma conversation—an *intersomatic dialogue*—a direct, in-action, intersubjective communication that opens a window into unconscious, unrecognized, and unarticulated energy patterns and their representations, into the somatic substratum of conflicts, defenses, and resistances.

Neuroaffective touch relies on palpatory literacy—the ability within the psychotherapist to experience and make sense of the patient's fine neural signaling—the development and refinement of which should be a primary objective for anyone working therapeutically with touch (Chaitow, 1997). Informed by current neurobiological, emotional, and developmental theories, a psychotherapist using neuroaffective touch focuses on tracking signals in the different physiological systems (skeletal, ligamentous, muscular, visceral, endocrine, nervous, fluid, and fascial) as they operate to keep the soma-psyche in dynamic balance. Thus, a somatically-trained psychotherapist can become a new kind of partner in the therapeutic endeavor, "speaking"

directly with these physiological systems individually and/or addressing the relationships between them.

Ethical Considerations

Touch is a complex therapeutic intervention imbued with cultural and psychological meaning. Somatic Psychology is currently addressing concerns about the ethical use of touch and setting up guidelines for therapeutic advisability and contraindication (Caldwell, 1997; Phillips, 2002).

We must however be aware that some of our ethical fears and prohibitions reveal our illiteracy about touch as an *implicit language*. In truth, few of us have been well touched. Our fears speak to the pervasive dysfunctions of touch that make us suspicious of covert nonverbal messages which may be embedded within it. They speak to the untold suffering that physical and sexual abuse, both touch dysfunctions, have visited upon so many and to the deep yearnings and disappointments that the lack of loving touch leaves in our lives. Since it is known that parents who physically and sexually abuse their children were themselves victims of touch violations, the question arises whether we can afford to remain touch illiterate. For patients who require a real reparative object relationship to rework harmful internalized objects, it could be argued that avoiding contact could reenact the physical neglect or rejection these patients experienced as children.

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Schore (2003) writes: "There is an intense interest in non-conscious processes, fundamental operations of the brain-mind-body that occur rapidly and automatically, beneath levels of conscious awareness . . . and particularly emotional processes that mediate the fundamental capacity for self-regulation" (p. xiv). Because neuroaffective touch speaks to the sensory aspects of emotion, it can intervene at the physiological level in the unfolding and regulation of affective states and directly address neurological deficits, dissociation, dysregulation, and chronic bracing and collapse patterns present in states of self-fragmentation.

In the work of the repair of the self, which spans infant, child, and adult psychotherapy, neuroaffective touch can facilitate the emergence of the preverbal and infraverbal self (Shaw, 1996). By somatically encouraging and regulating the bodily-based self, experiences can be cognized, thereby assisting self-experience and promoting self-organization. Osteopath Nathan (1999) describes how "holding and rocking allows unconscious, preverbal healing events to occur . . . as if, in the containing hands of the manual practitioner, the body-self understands itself a little more and can relax and grow in such understanding"(p.139). From this perspective, the touch taboo and resulting touch illiteracy

limit our psychotherapeutic horizons and rob us of effective, perhaps critical, forms of clinical reparative interventions and interactive couple and caregiver education.

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