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## Touch in Drama Therapy: A Literature Review

Sara Hood

shood2@lesley.edu

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**Touch in Drama Therapy: A Literature Review**

Capstone Thesis

Lesley University

05/05/2022

Sara Hood

Drama Therapy

Dr. Angelle Cook PhD, RDT/BCT

## Abstract

This article is a cursory look at how touch is perceived in the field of drama therapy. Touch is integral to our experience as humans and can be present in drama therapy sessions. Ethical guidelines for touch in the literature are identified and relevant drama therapy texts and articles describing touch are discussed. While drama therapy has a clear voice when it comes to ethically engaging in touch with a client, very little research was found exploring the intention and outcome of touch in a drama therapy session. Other therapeutic modalities, specifically Developmental Transformations and dance/movement therapy, are identified as potential models for future drama therapy research.

*Keywords: Developmental Transformations, Psychodrama, Drama Therapy, literature review, touch in therapy.*

*The author identifies as a cisgender white woman living in Chicago of Scottish and German ancestry.*

## **Touch in Drama Therapy**

Physical contact, or more simply, touch, remains an integral part of our experience as humans. Researchers in the humanities and surrounding fields continue to explore the value and impact that touch has in our lives. Receiving a hug from a loved one can reduce a person's anxiety and simultaneously creates a sense of calm and well-being (Murphy et al., 2019). Not only can touch calm, but touch can enable the expression of selfhood and play (Jaaniste, 2016). The impact of touch extends to strangers, with touch "communicating at least eight emotions: anger, fear, happiness, sadness, disgust, love, gratitude, and sympathy...with 50-70% accuracy" (Hernstein et al., 2009, p. 569).

The necessity for positive touch occurs at birth. Tactile Kinesthetic Stimulation (TKS) helped a group of preterm infants gain significantly more weight than the control group, which received no TKS (Ahmed et al., 2015). These infants were also released from the hospital sooner than their counterparts. Another study found that the same kind of stimulation improved the neurobehavioral state of preterm infants (Kausalya et al., 2019). The understanding that touch is necessary for proper development has not been lost in the field of psychotherapy.

British psychologist John Bowlby (1982) emphasized the importance of touch, and considered it, a fundamental way caregivers express love for their infants. He calls physical contact with an attachment figure a tangible indication of safety. Bowlby's attachment theory exists foundationally alongside Freudian psychoanalysis, Piaget's cognitive model, and Maslow's humanistic theory in academic institutions offering degrees in counseling and psychology. Each of these theories has their own interpretation of the role touch plays (or doesn't play) in a therapeutic encounter.

In their 1993 article discussing the use of touch in psychotherapy, Kertay and Reviere recommend touch being used, “when a patient is in need of reality contact and a sense of containment” (p. 32). This reality contact and containment echoes Bowlby’s (1982) sentiment that infants feel securely attached through physical contact with caregivers. Unlike in drama therapy where touch can be integrated into intervention, in psychotherapy touch may happen for comfort or connection and has only recently become an accepted addition to traditional psychotherapy. More often, the urge to touch or hold will be seen as a form of countertransference, worked out through supervision, rather than in real time with a client. There is a certain richness that can develop from three dimensional and multifaceted relationships. With friends and loved ones the facets are memories and moments shared, storms weathered, and often, a hug, kiss, or pat on the back to greet one another or to say goodbye after an encounter. Removing the dimension of touch from any relationship flattens and degrades its value. I believe this applies to the therapeutic relationship as well. Those in the expressive arts therapies, specifically dance/movement and drama therapy, understand the potential benefits of not only naming the desire to touch, but to engage in physical contact with a client (Matherly, 2014).

This understanding deserves evidence-based support. Of the expressive therapies, dance/movement therapy has explored the phenomenon of touch in therapy the most deeply. Drama therapy has explored embodiment (the use of the body to enact emotion or a state of being) and offered guidelines on how to approach touch in sessions with clients but lacks empirical research clearly demonstrating the function and benefits of touch in the therapeutic space. This lack of research belies the thoughtfulness and intention drama therapists use when choosing to engage in physical contact with a client. This literature review will describe the

current perspective drama therapists have on touch in their work and identify specific areas where more research is needed.

I first identified the historical context for touch in psychotherapy by addressing the perspective and theoretical orientations of some of the most prominent psychologists and psychiatrists in the field. This proved fruitful and established how clearly drama therapy lies outside of the considered norm when considering physical contact with a client. Touch in psychotherapy has evolved from touch appearing as a form of transference (Hunter, 1998) to being explored as a form of comfort (, 1998, Murphy et al., 2019, Westland, 2011) rather than therapeutic intervention, as it can occur in drama therapy. I then identified the ethical codes and guidelines that influence both the decisions of psychotherapists and those of expressive arts therapists, namely drama therapy. This helps to establish the context for which touch is being considered by each profession. Here, drama therapy stands apart from other psychotherapies as it directly addresses how a drama therapist should engage a client in physical contact.

For those practicing in North America, this Registered Drama Therapy (RDT) credential can only be given by the North American Drama Therapy Association (NADTA). This creates a clear voice for the ethical practice of drama therapy. With this ethical and historical foundation established, I built an understanding of drama therapy in relation to touch by pulling from the seminal texts that influence drama therapy training. *Current Approaches in Drama Therapy* (Emunah & Johnson, 2021) addresses touch from this professional and ethical perspective, outlining guidelines on obtaining consent, and demonstrating the need for drama therapists to be trauma informed.

I referred to the *Drama Therapy Review* as a resource for drama therapy specific articles. This part of my research proved incredibly enlightening. My research began to bump up against

the pandemic and its implications on embodiment. Several drama therapists authored articles that explored an internal, personal encounter with embodiment and being without it. I chose to include this perspective, as it helps more clearly define the impact that isolation had on drama therapists as individuals. These drama therapist's perspectives, while valuable, highlight the research gap that exists for drama therapy as a field. What is our narrative around touch?

### **Touch as Taboo**

In the field of psychotherapy, touch has become a more widely discussed topic. For some psychotherapy practitioners, touch can be an integral part of the therapeutic experience and process. According to Durana (1998), a psychotherapist,

Touch may help the patient tolerate pain and alleviate the shame that interferes with working through issues at a deeper level. The sense of safety and trust in self and others may help in the reinterpretation of a fragmented ego. (p. 272)

Here, Durana (1998) echoes Bowlby's (1982) previously mentioned premise that secure attachment and safety for infants is built on positive physical contact with a caregiver (Takeuchi, 2010). I believe this carries into the therapeutic relationship. Creating safety through touch is possible and serves to benefit the client by modeling secure attachment as well as increasing positive self-regard in the client themselves.

This concept contradicts the more traditional and well-accepted theory that with touch there is transference, and the only way to prevent this is for there to be no physical contact, and for the therapist to act as a "blank screen" or a metaphorical backdrop for clients to project their feelings onto (Hunter, 1998). This "blank screen" approach was developed by Freud in the later part of the development of psychoanalysis, emphasizing that physical contact gratifies a patient's desire, therefor impeding the patients desire to improve. Freud (1915) noted, "It [is] a

fundamental principle that the patient's need and longing should be allowed to persist, in order that they may serve as forces impelling her to do work and make changes" (p. 165). Hunter (1997) elaborates on Freud's notion that the therapeutic work was the transference the client had toward the therapist and that physical touch, along with engaging the client at all, outside of free association, would contaminate the client's treatment.

However, Freud *did* use touch in his early work with patients who were diagnosed with hysteria by touching or massaging them to relieve their more somatic symptoms (Hunter, 1998). Freud's initial instincts to touch, proved to help his clients better verbalize their inner turmoil. While it is true that Freud's theories hold less stock in the 21<sup>st</sup> century than they did in the 19<sup>th</sup> and 20<sup>th</sup>, we cannot ignore his narrative. Freud's initial instinct to touch was then trumped by his notion that touch impedes client progress. History often repeats itself, and for drama therapy, our history is just beginning. We can see here that the psychotherapy community exploring their own history of touch with clients, identifying what may be outdated and introducing new concepts and ideas into the field.

As drama therapists, we have a similar responsibility to explore and demonstrate the positive impact that touch in a drama therapy session can have, to help preserve and deepen our narrative for the future. Drama therapy exists alongside other modalities in appreciating touch and its use in the therapeutic space.

### **Touch in Other Therapeutic Modalities**

Play therapy and dance/movement therapy also have the potential for physical contact, either between the practitioner and client, or, in group settings, clients with one another. Each modality supplies limited but insightful research on touch and how it functions in the therapeutic space.

Courtney and Gray (2014), two practitioners of developmental play therapy (DPT) conducted an arts-based phenomenological study to explore how mental health practitioners understanding of their individual attachment experiences can influence their work with children. The DPT model is relationship-based and rooted in attachment theory, with touch as a “core principle [for] effecting change in a child client” (p. 115). The researchers took the participants through several exercises from DPT. Some with touch and some without. The researchers found the exercises involving touch brought polarizing responses from the group; from, “I like to be touched” to “feelings of discomfort” (p. 123). It is important to note that the participants in this study, while experienced social workers and therapists, were not themselves DPT trained therapists. The researchers provide a demographic background for the clinicians, but do not mention the relationship each clinician has with touch. An assumption for drama therapists could be that they are comfortable with touch, or at least comfortable with the possibility that touch could occur in a session. Currently, this is an assumption, as we lack research expressing clearly how drama therapists feel about the use of touch in session.

While we do not have studies expressly conveying the feelings of drama therapists on touch, Matherly (2014), a dance/movement therapist offers the viewpoint of three dance movement therapists with at least 13-years of experience that were interviewed about the applications of touch in dance/movement therapy. Though the sample size is small, it exists. Matherly identified several themes throughout the course of her interviews. She notes that all began with the “intelligent” and discriminating motivation” (p. 82) of the therapist to touch a client. Matherly does not define intelligent, but expands on this motivation, noting that the relational function of touch influenced the motivation to touch. The themes that emerged for Matherly included social motivation to facilitate caring and acceptance, physiological motivation

to support processes like breathing, or facilitating movement, emotional/psychological processing to challenge resistance, and finally, instructional motivation to help build skills and body awareness. This small study lays out in a clear way the thought process behind touch for three dance/movement therapists. And although the study is small, the categories for motivation feel broadly applicable to other therapies that involve touch. As a drama therapist, I can apply the concept of motivation. Why do I want to touch this client in this moment? Is it a social, physiological, emotional or instructional motivation? This study could serve as a blueprint for drama therapists. How do drama therapists understand and interpret touch in their work with clients?

### **Ethical Foundations for Touch**

The idea that touch in the therapeutic relationship harms rather than helps a psychotherapy client has perpetuated into the 21<sup>st</sup> century. The American Counseling Association (ACA), the American Psychological Association (APA) and the American Mental Health Counselors Association (AMHCA) Code of Ethics do not mention touch or how to use touch appropriately with clients at all. Generally, touch is simply not spoken about because it is rarely, if ever, done. This is an unfortunate oversight, for several reasons. By neglecting to address touch in the code of ethics, the ACA, the APA and the AMHCA leave clinicians in a legal and ethical gray area (ACA, 2014; AMHCA, 2020; APA, 2017) This proves problematic for clinicians interested in psychotherapeutic interventions that may involve client contact.

The ACA Codes 5 and 6 both discuss prohibited roles and relationships as well as managing and maintaining boundaries. In summation, Code 5 prohibits counselors from having sexual relationships or dual relationships with clients and Code 6 addresses the need to define boundaries with clients (ACA, 2014). The AMHCA provides similar guidance, focused on

avoiding dual relationships and emphasizing proper boundaries (AMHCA, 2020). It seems here, these psychotherapeutic associations are solely focused on the legal implications of what could go wrong if touch was used inappropriately. What this perspective fails to do is offer guidance and support for clinicians seeking to work relationally, and from a more holistic perspective. The literature shows that touch is inherently valuable in infancy. It stands to reason that touch would play an equally important role later in life. To divorce the therapist from the ability to provide nonverbal empathy for a client in crisis seems an unfortunate mistake.

Fortunately, for those practicing as dance/movement or drama therapists, there are several explicit guidelines to ground the use of touch in ethical practice. The organizations that have added appropriate use of touch into their code of ethics are the North American Drama Therapy Association (NADTA), the British Association of Drama Therapists (BADth) and the American Dance Therapy Association (ADTA).

The NADTA Code 7 section A states, “A drama therapist uses physical contact in the context of therapeutic goals with the individual’s consent and in a safe and respectful manner” (2019, p. 2). BADth Code 2.8.3.5 states, “The nature and purpose of touch must be explained and informed consent sought prior to any initiating physical contact” (2022, p. 12). The ADTA has the most comprehensive code for touch with fourteen separate bylines that define how touch should be considered and engaged in. ADTA code 1.5 states, “Dance/movement therapists make intentional, informed decisions and consider how contextual and client variables inform the risks and benefits of touch” (2015, p. 6).

Similar to drama therapy and dance/movement therapy, psychodrama can involve touch between a clinician and a client. Unlike these modalities, however, the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy which governs the American

Society of Group Psychotherapy and Psychodrama, has simply adopted the APA Code of Ethics, which provides no guidelines for appropriate touch.

The BADth, NADTA and ADTA codes all echo similar sentiments; think before considering touching a client, ask for consent to touch them, and repeat these steps throughout a session and therapeutic relationship. These ethical considerations surrounding touch are necessary for drama therapists and dance/movement therapists due to the possibility that touch will occur. They provide drama therapists and dance/movement therapists with the beginnings of concrete, actionable guidelines for how to interact with a client in a safe enough and ethical enough way while in session. In contrast, because few psychotherapy interventions require a therapist to touch a client, the ACA, AMHCA, and APA have little need for a dedicated code for ethical touch. Even with the lack of concrete interventions that expressly use touch, the field of psychotherapy is talking about touch and its potential application (Durana, 1998, Murphy et al., 2019, Westland, 2011).

Westland (2011), a body psychotherapist, conducted a meta-analysis of psychotherapy literature that discusses touch with clients. She names the difficulty psychotherapists can have when discussing touch when because it has been taboo for so long and the motivation to touch can vary widely. She offers possibilities for touch, as a nurturing symbol, an aide for developmental deficit, a tool for calming anxiety, or to gratify a client desire. Westland then distilled the research into separate populations and demonstrated how touch benefited each population. The populations range from traumatized clients, for whom touch provides, “containment...safety and reorienting,” to simply creating “real relationship,” which “convey[s] a sense of self-worth and...acceptance” (p. 23) for a client. She then offers examples of clients reflecting on receiving positive touch from their therapist, “gently, he places his hand on my

back, he is a witness to my grief...there are no words, there is contact” (p. 24). She continues, “I am alone but with...a benign someone, and it all feels a little more bearable” (p.24). Hearing a clients perspective feels like finding light in a dark cave. Westland’s analysis demonstrates a similar breaking down of motivation and intention as Matherly’s (2014) exploration of motivation to touch in dance/movement therapy. There is room for more literature, more research that allows us to hear this perspective in a full and rich way. While drama therapy gives clear, ethical guidelines for engaging in touch with a client, both in its codes of ethics and in academic literature, the field specifically lacks robust, peer-reviewed research expressly advocating for or expressing why and how touch enhances therapy.

### **Drama Therapy and Touch: North America**

In this section, seminal theories will be reviewed as they pertain to and address touch. In the third and most current edition of *Current Approaches in Drama Therapy*, Emunah and Johnson (2021) address issues of debate that had occurred amongst drama therapists, as of the publishing of the second edition in 2009, which included, “the use of touch and physical proximity” in therapy (p. 23). They continue by recognizing over the last decade, drama therapists have incorporated this issue into their identity. From my experience, I do feel drama therapists have internalized the issue of the use of touch and physical proximity. The global pandemic and subsequent quarantine forced drama therapy as a field to both address how important physical proximity and touch are to the work we do, and how drama therapy exists over a screen. Tele-therapy has become a more common practice that the field will need to integrate into the work. Even with this new layer, I believe drama therapy still functions most completely as “an embodied practice that is active and experiential” (NADTA, 2022).

Dickinson and Bailey (2021) address touch in their new textbook, *The Drama Therapy Decision Tree* in a similarly ethical way to its mention in *Current Approaches*, “participants who have been sexually abused might not feel comfortable with games involving touch” she continues, “for...different diagnoses, touch in games...could help connect group members” (p. 106). Dickinson and Bailey echo the thoughtfulness that the NADTA require from drama therapists when deciding how and when to engage in touch with a client. The message so far is clear, drama therapists must always be mindful of when and how they touch their clients. The question remains, why is touch so important for drama therapy interventions?

### **Touch in Drama Therapy Approaches**

Renée Emunah’s Integrative Five Phase Model (IFPM) is “emotionally and relationally based” (Emunah & Ronning, 2021, p. 39). IFPM is practiced both individually and in groups. The focus on relationship allows the therapist to work slowly and over time. Building a strong therapeutic relationship built on trust in the therapist and the group members. Emunah discusses physical contact with clients and group members in specific exercises, shaking hands, holding hands in a group, or sculpting one another’s bodies. More often, the potential for touch occurs between group members rather than a IFPM practitioner and a client, “[Larina] began speaking to Maria in Spanish and hugged her” (Emunah, 2021, p. 64). Emunah offers alternatives to touch when discussing sculpting (placing one’s body, or another’s body into shapes to convey emotion) If a client is opposed to touch, Emunah offers alternatives like verbal or visual instruction.

After a peripheral search of the literature there are very few mentions of touch, and touch most often occurred between clients, rather than clinician to client. For IFPM, we can conclude from the preliminary research, that touch does not occur often enough for it to be mentioned in a

consistent and significant way. Or, it is occurring, and the literature to support it is difficult to find, or nonexistent.

Role Theory was developed by Robert Landy and functions under several assumptions, the most important being that humans are, “role takers and role players by nature” (Ramsden & Landy, 2021, p. 85). Role Method begins by identifying roles that a client plays in their life, and throughout the course of exploration, embodies and enacts these roles. Role Theory does not specifically involve physical contact, but often focuses on “getting in touch” with a role.

Similar to the Five Phase Model, practitioners utilizing the Rehearsals for Growth (RfG) method, will not engage in touch with their clients as often as the clients themselves will engage in touching one another during an embodied exercise. RfG highlights relationship and “first establishes conditions that ensure both physical and psychological safety for clients as a precondition to their venturing into the territory of unfamiliar roles and novel interactive behaviors” (Wiener et al., 2021, p. 399). Again, in each of these long-standing and well-practiced theories we see touch mentioned almost purely from a perspective focused on ethics and the potential for harm, which, while important, omits the benefits of touch for clients. We’re missing the full three-dimensional narrative of drama therapeutic work if we don’t acknowledge the reason for placing a hand on a client’s shoulder during a doubling moment, or the reason we physically move a client’s arm in a sculpt rather than just verbally asking for a change. Is moving a client’s arm easier than explaining where to place it? Or, as I suspect, physically connecting with a client in a positive way can recall secure attachment from infancy.

## **Psychodrama**

Psychodrama exists alongside drama therapy and as its predecessor. Moreno, a psychoanalyst, developed psychodrama in the early 20<sup>th</sup> century (Moreno, 1987). Drama

therapists who are not psychodramatists, also consider Moreno a founding father of drama therapy. This distinction is important, as psychodramatists adhere to their own codes of ethics, and have different training requirements than drama therapists but still hold theoretical ties to Moreno. Traditionally, psychodrama is a group practice. It “is an active form of group psychotherapy where an individual’s life situations are presented on stage with support from group members” (Đurić et al., 2006, p. 9). It is separated into three sections, the warmup, the action (or drama) and sharing. Within the action, the Psychodramatist (Director) will walk with the protagonist (group member whose story is being told) around the space and hold their hand. This moment of contact occurs for each group member when they are the protagonist. Physical touch often occurs before this moment, in the sociogram.

A useful diagnostic for the Director, the sociogram serves as a barometer for the emotional and psychological state of the group members. The sociogram occurs at the beginning of a psychodrama session, is embodied, and is used to identify which drama (an individual’s story) the group wants to work on during a session. Members are invited by the practitioner (often called the Director) to place their hand on the shoulder of the person’s story they would like to help tell. This method is called the hands-on-shoulders sociogram. Giacomucci (2021) identifies that for certain participants and populations, this kind of physical contact may be unwanted or even harmful. He offers alternatives to the hands-on-shoulders method if physical touch is unwanted, “the process can be amended by having participants...[touch] their shoe to the shoe of another, standing next to one another, pointing at their choices, or holding a scarf or string to indicate their choice” (p. 229).

Giacomucci’s (2021) text, *Social Work, Sociometry, and Psychodrama*, is a manual of experiential psychodramatic and sociometric approaches and is meant for use by professionals,

and as such has clauses and statements that identify and express the impact of touch and the importance of gaining and maintain consent. This professional perspective is straight forward and direct. This narrative is similar to the academic texts noted above.

The nuances of navigating touch are felt more acutely in a narrative excerpt from a fictional depiction of Psychodrama group experiences. Landis, a psychodramatist, and Skolnik, a Social Worker share a depiction of composite experiences in psychodramas that they have both had. Though this piece is fiction, its themes are surprising. Concerning touch, Landis and Skolnik (2021) write:

She takes his hand and they start to walk clockwise in a circle around the space. I always think it's a little weird to hold hands with the director, but apparently, it's just how it's done. I do understand it's about connecting, but it's uncomfortable to me, I guess. (p. 222)

In their narrative, Alex, the fictional narrator, does not elaborate on whether she addressed this discomfort with the Director, or even felt comfortable sharing her feelings. To create a fictional client who is uncomfortable with holding hands feels meaningful. Neither author identifies whether these composite experiences are as the client themselves or experiences shared with them by clients they have had. This leaves room for speculation by the reader. If this is a composite piece of multiple clients, then it could be interpreted that many clients feel discomfort when asked to hold hands and walk with the director.

Touch occurs most consistently for the protagonist and Director during the “walk and talk” with other instances of touch between Director and protagonist possibly occurring throughout a session to offer support to the protagonist. Psychodrama also has the potential for group member contact due to the embodied and enacted nature of the practice. In a systematic

literature review of psychodramatic texts, Cruz et al. (2018), did not identify the director/protagonist walk and talk as a core technique in psychodrama. In fact, the article does not mention the walk and talk or that touch occurs at all during a session. It seems here, as with drama therapy, touch becomes omitted. Touch is spoken of most completely in how it should be done, not how it is happening in the therapeutic space. Giaomucci (2021) provides guidelines for those using touch in psychodrama, but the modality lacks centralized and specific ethical codes that apply to all psychodramatists as well as research specifically identifying the benefits of touch in a psychodrama session.

### **Developmental Transformations**

Developmental Transformations (DvT) has the most potential for physical contact in drama therapy. It falls under the umbrella of drama therapy but has its own structure and training curriculum, as it is with psychodrama. DvT explores intimacy through therapeutic free play (Johnson & Pitre, 2021). DvT describes intimacy as “being in relationship with others” (p. 137). Each DvT session occurs in the *playspace*. The playspace is a frame of mind more than a physical space. It is a mutual agreement among the participants that everything that occurs within this space is *representational* and “stands apart from *real space*” (p. 130). Mutuality builds upon this representation, with all who enter the playspace mutually agreeing that what happens in the playspace is representational. “The goal [of DvT] is to help our players (clients) feel more comfortable in unstable situations” (p. 136).

When touch occurs in the playspace, it is most often initiated by the client. In a case study presented in the most recent edition of *Current Approaches in Drama Therapy* Johnson and Pitre (2021) describes, “It is important to note that K is acting as if she is pressing hard, but

the actual pressure is gradual and very soft” (p. 134) as her client presses on her back. This kind of mutual play and contact are echoed in other DvT case studies.

In an article focused on Trauma Centered DvT as exposure treatment for young children, Pitre et al. (2015) describes two sessions in the case of a young boy who suffered several traumas, including physical and emotional abuse. In their eighth session, Pitre and the client, Frankie, engage in chasing one another. Frankie ends up hitting Pitre, “Oooo you’re hitting me for real” (p. 46). Pitre narrates the child’s actions, without passing judgement or completely preventing them. She recognizes that there is an element of the attack that is more real and not entirely playful. Pitre then “holds the child’s hands and arms gently to stop the hitting” (p. 46). Pitre then offers an excerpt from the twentieth session, where “the therapist carries Frankie into the room; his legs and arms wrapped around the therapist’s waist and neck” (p. 48). This closeness developed over time, and the ability for Pitre to have physical contact with this client may have contributed to the child’s appropriate treatment and ultimate desensitization to his trauma. DvT gives us the clearest voice for how touch happens, why it happens, and how the clinician interprets that touch.

### ***DvT: A Chest of Broken Toys***

Along with these peer-reviewed examples of DvT utilizing touch to stabilize and hopefully heal, is a journal written by DvT practitioners. *The Chest of Broken Toys* is a publicly accessible non-peer-reviewed journal found on the DvT website (Johnson & Landers, 2015). This journal exemplifies the voice of DvT practitioners and their own understanding of their work, including how touch functions for them with clients. This perspective is invaluable, as it truly opens the conversation about how a therapeutic style understands itself. It emphasizes the humanness of the practitioner and allows for a wider audience to understand them as individuals

who have intentionally and thoughtfully considered their practice. It also encourages an understanding of DvT as an outlook on life, rather than a hyper-focused therapy practice.

In a 2015 article, Dintino et al. discuss three separate case studies of individual DvT clients from three separate and distinctly distanced settings. Embodiment occurs in each and physical contact in two. The most meaningful expression of touch and its connection to healing occurred with the therapist, identified as KCG and their client of two years, a formerly unhoused man with schizophrenia. During the documented session, KCG becomes “stuck” and in response their client begins to massage their arms and shoulders to unstick them. Here, their client physically walks them around the room, still with no movement from the therapist’s arms or body. By allowing the client to dictate when physical contact happens, KCG enhances the mutuality of the space. This invitation to touch is reciprocated later in the session by KCG when the client asks “am I alive?” (p. 27). KCG responds by “touch[ing] his shoulders, head and face, to make sure he was alive” (p. 28). KCG then describes the client’s difficulty with abstract concepts like love, but that “He is able to engage his emotional life through physical play” (p. 29). This is the true magic of touch and embodiment. For those who feel out of touch with their emotions, physical playing in metaphor and imaginal spaces can flex those emotional muscles in a safe and contained way. Here, DvT practitioners have offered examples of how touch functions in session and how it can benefit clients.

### **Dramatherapy and Touch: The United Kingdom**

Dramatherapy research on touch in the United Kingdom exists most commonly as case studies of individuals or small groups, similar to their counterparts in the United States. Most commonly, descriptions of touch occur as passing anecdotal phrases in narrative descriptions of sessions. This aligns with the understanding that drama therapy is experiential. Experience is

most easily and most fully captured in narrative, rather than quantitative data points. As a note, for this section dramatherapy will appear as one word, as this section is focused on its use in the United Kingdom and the accepted interpretation is as one word rather than two.

### ***Movement with Touch and Sound***

Movement with Touch and Sound (MTS) born of the Sesame approach, serves as a foundational part of dramatherapy training. Developed by Marian “Billy” Lindkvist over the course of several decades, Movement with Touch and Sound emphasizes nonverbal communication and physical contact as integral components of therapeutic practice. MTS “comes into its own when it isn’t possible to work with movement unless the therapist physically holds and guides the limbs and body of the client” (Pearson, 1996, p. 55). This nonverbal narrative continues in more current Sesame literature. This focus on touch reminds me of dance/movement therapy and its focus on somatic interpretation of emotion.

Rachel Porter (2013) interviewed an unspecified number of dramatherapists who utilize MTS with their clients to determine how they describe its use in relation to the theory itself. This approach, while the most direct way to share information with a broader audience, feels paradoxical. This paradox is echoed in the descriptions given by the dramatherapists interviewed. Touch for those practicing MTS, “is shown to be a necessary tool to calm, reassure, hold, contain and make contact with clients” (p. 33). Porter further elaborates on touch at a “meta-level...as having its own dimension of communication and relationship...[where] touch can happen without physical contact, but with the intention of being *‘in touch’* with a client” (p. 33). Porter illuminates this distinction, clarifying that, for dramatherapists who practice MTS, touch is not limited to physical contact. This valuable perspective demonstrates the nuance of interpretation in the field of dramatherapy as well as language.

Russo (2018), a dramatherapist practicing in the United Kingdom, gives detailed descriptions of his intentional use of Movement with Touch and Sound (MTS) with a single client, Nora, with dementia living in a palliative care setting. “I can feel the pulse of her heart through her palm,” (p. 115) Russo says in a reflective journal of his first session with Nora. Russo’s work with Nora gives us a glimpse into how one dramatherapist interpreted how his touch impacted a client. Nora’s dementia prevented her from verbally communicating in a meaningful way. Russo offered Nora the opportunity to connect on a nonverbal level. Touch connects us where words can fail. Russo’s findings deserve expansion.

### **Reconnecting with Touch**

The global pandemic that began in early 2020 brought conversations of embodiment to the forefront of discussion in drama therapy. In the time before the pandemic, drama therapy occurred most often in person. Reynolds (2011) shares, “DvT is best practiced within an open space that allows for free and safe movement” (p. 298). We now contend with the definition of “best practice.” Can the work still be practiced without an open space that allows for movement? Drama therapists in the second decade of the 21<sup>st</sup> century are contending with this question. Here, we consider the impact of losing not only the open space to “best practice,” but also the loss of being with in an unobstructed way. Considering if and how to engage a client in contact holds new meaning. Drama therapist Meaghen Buckley (2020) describes exhaling with her group of older adults at the beginning of the pandemic, “On this day, 13 March, it is still natural to be close to each other. We have not yet learned to fear each other’s breathing” (p. 53). Buckley continues to describe her sense of loss at the embodied encounter, “I miss bodily intuition, I miss being able to join people” (p. 53).

This sentiment is echoed, in another way, by Jason Butler (2020), a second drama therapist expressing his need for encounter. Butler begins by emphasizing his appreciation of living alone as, “something I relish – my space, my privacy” (p. 65). “I miss bodies” (p. 66) he continues, acknowledging a longing for crowded spaces full of humans. Butler ultimately comes to what he calls “an uncomfortable truth...[the] need for embodied encounter” (p. 67). These drama therapists offer similar descriptions of longing for contact. The importance of contact cannot be understated. Butler emphasizes that, “ours is a practice firmly situated as a dynamic embodied encounter between people” (p. 67). I wonder if this deep yearning would have been expressed in a public way, if not for the quarantine? The work is most assuredly shifting. What hasn’t changed is the need to be near enough to offer a hand to hold.

### **Discussion**

Touch is integral to our experience as humans. Psychotherapeutic research demonstrates the power of positive touch (Durana, 1998, Murphy et al., 2019, Westland, 2011). Bowlby (1982) pioneered early research on how touch influences secure attachment between caregiver and child. This research only strengthens our own felt experience that touch cannot be removed from our lives.

The quarantine heightened this need. Drama therapy isn’t separate from this belief. Among other articles, this literature review offered the perspective of two drama therapists and their need to be in the same space as others and to have an embodied experience (Buckley, 2020, Butler, 2020). Reading these perspectives felt rich and real and deep. Drama therapy is rich and real and deep because it combines body and word. This combination is truly three-dimensional. I feel a tension in my chest as I realize I miss you then I tell you I do, and I ask to hold your hand. Touch is a part of our lived experience, and so we cannot divorce it from the therapy space.

Whether drama therapy or dramatherapy, the field honors the safety of clients and excels in identifying the need for consent to touch (BADth, 2022, NADTA, 2019). It offers explicit actionable guidelines that aide drama therapists in approaching touch with a client in a safe enough and informed way. The academic literature provided for those studying drama therapy encourage caution around touch when engaging with specific populations and offers alternatives to touch where necessary (Dickinson & Bailey, 2021, Emunah & Ronning, 2021). This ethical foundation begins to prepares drama therapists to approach touch in a session from a place of ethical confidence.

What the field lacks are the voices of drama therapists and their clients discussing touch and its benefits in an explicit and well-defined way. We know that touch can occur. We are prepared to gain consent and to avoid harm, but we cannot say we know why we are touching a client from a drama therapy perspective.

We look to other modalities to guide. Developmental play therapy offers the perspectives of clinicians on what touch felt like for them in a workshop for DPT (Courtney & Gray, 2014). It illuminates how important the clinicians bias can be when considering touch. Matherly (2014) offers the perspective of dance/movement therapists and concludes that touch comes first from identifying the motivation. Westland (2011) similarly offers a breaking down of potential therapeutic intent. DvT guides in offering a freely accessible journal of the thoughts, feelings, perceptions, and research of DvT practitioners (2022).

I feel there are three important steps we can take as a field to further the discussion and begin to fill the gaps when it comes to how drama therapists talk about touch. We can revive and enliven the Dramascope blog. It has similarities to the *Chest of Broken Toys* in that it contains the thoughts and musings of drama therapists. The most recent post is from May 15<sup>th</sup>, 2017. This

blog is accessible to anyone with an internet connection. This would be an incredibly valuable forum to initiate the conversation of touch and how it functions, especially after the shift we have had over the last two years.

Second, I feel training for students in drama therapy should include a more focused touch component beyond gaining and maintaining consent. I think exploring touch in a classroom environment could prove beneficial. I imagine simple changes, for example, when doubling, checking in with the person being doubled about the feeling of a hand on their back. Did it shift their mood? Did it help them feel calmer? We are consistently encouraged to notice what is going on in our bodies at any given moment, I think adding this component to verbalize internal felt sensations of touch could prove useful.

Finally, I believe the field would benefit from a large survey style inquiry of the field on how drama therapists use touch in their work, what motivates the touch and how they feel it impacts their work. This could improve the field's self-concept and give more credence to the benefits we know exist in drama therapeutic work. I was grateful to find such ethically sound guidelines from the field. I trust that drama therapists have a deep and clear understanding of how touch can benefit a client and how touch can cause potential harm. I am eager to continue my journey with touch as a drama therapist, and to share what I am learning with a larger audience. Thanks to the researchers and therapists that preceded me, there is room at the table for the conversation.

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