

The Somatic Double—a key role in Psychodramatic Bodywork®

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### Abstract

This article explores the role of somatic double as an innovation that developed from Psychodramatic Bodywork®. Unlike other forms of doubling, a major component of the role of somatic double is the use of informed touch, which is based on some aspects of Traditional Chinese Medicine, meridians and somatically based intuition.

The somatic double is consistently used for auxiliary egos as well as protagonists.

The ability to sense information through the body is a common and pervasive experience but often exists below the level of consciousness. By making this experience conscious, many people discover they can be more effective in their lives and in the role of somatic double during a psychodrama.

*Keywords:* double, psychodrama, bodywork, touch, meridians, somatic,

## The Somatic Double—a key role in Psychodramatic Bodywork®

The method Psychodramatic Bodywork® combines classical psychodrama with some aspects of Traditional Chinese Medicine and its wisdom about meridians. The integration of these two practices has led to a unique way of expanding the role of the double. I have called this the somatic double to distinguish it from other forms of doubling now in existence.

As in classical psychodrama, somatic doubles position themselves in the standard doubling position—to the side and slightly behind their protagonists. They offer “I” statements for the protagonist to accept, change or ignore. “It is imperative that the director establish the norm in which the protagonist is free to disagree with, modify, or expand on the double’s statement” (Blatner, 1988, p.29).

However, in Psychodramatic Bodywork®, somatic doubles remain constantly with the person they are doubling even when in role reversal. More significantly, the somatic double keeps one or both hands on the protagonist during the entire drama. This is always done with permission and remains as long as the protagonist is comfortable with the touch. Zur and Nordmarken (2011) stress that touch

remains a potent and some would say the most powerful form of communication throughout the course of one’s life, holding immense potential for use and misuses, for healing and for harm....Because of this, touch in psychotherapy has long been held to be dangerous and taboo or at the very least, legally risky, or a threat to the integrity of the therapeutic process. Risk however is not a valid reason to avoid an important therapeutic modality. Not touching has powerful effects as well...(para.7)

As a safeguard to the misuses and dangers of inappropriate touch the somatic double is obliged to follow the *Guidelines for Safe Touch in a Therapeutic Environment*. (See appendices A and B.). Somatic doubles will touch in specific places, based both on their knowledge of the meridians and on their somatically based intuitions.

The somatic double supports the physical body to help with grounding, increasing the protagonist's connection to his/her own body, assisting with the maximization of the catharsis of abreaction and generally providing comfort and support.

Somatic doubles are regularly assigned to auxiliary egos as well as to the protagonist. This under appreciated and potentially very valuable option exists in classical psychodrama as indicated by Blatner (1988) “Not only can the protagonist have a double, but so may the others in the enactment... This technique helps those playing the other roles in the enactment to express their feelings more effectively” (p.34). However in practice, this technique is rarely employed outside of Psychodramatic Bodywork®.

In my examples, I have changed the names and identifying characteristics of clients in order to ensure confidentiality.

### **Psychodramatic Bodywork®**

This method teaches students to be more deeply connected to their own bodies, which results in them trusting their somatic-based intuition.

This sometimes-mysterious capacity may actually be our ability to pay attention to the messages of our viscera (i.e., stomach, intestines, heart and lungs). Our bodies' signals are intimately involved in affective experience, and often the first awareness we have of our emotions comes from a bodily response. When we suddenly 'know' something without a path of logic, it often comes directly from

the body into the right hemisphere, where the integrated map of the body is assembled and only then flows into the left hemisphere for understanding and expression in words. (Badenoch, 2008, p.31).

Students are also encouraged to release their emotions fully so that unexpressed emotions do not stay stored in the body as tension, pain, numbness or illness. At the Introductory level (Aaron, 1990, revised 2011), students learn about specific places in the body where each unexpressed emotion is stored. There are specific meridians that get blocked when a person has had to suppress the expression of emotions in order to survive an overwhelming situation. These blocks can remain in the body throughout a person's life. A classical psychodrama often addresses the protagonist's chronic blocking, dissociation and/or suppression through the content of the drama. That psychodrama however, doesn't necessarily facilitate the release of all the blocking energy on a body level. By adding touch to specific body areas where emotional pain has been blocked as a chronic survival pattern, we can help maximize the release of the held body memory at the same time as we address the content and repair experience within the psychodrama. The relationship between chronic blocking patterns and their related meridians is taught at the Intermediate level (Aaron, 1991, revised 2010). In the Advanced level (Aaron, 1995, revised 2009) students are encouraged, through their own personal therapeutic work and through the work of others, to break free of these chronic blocking styles. Deep, emotional, abreactive catharsis, within the context of a psychodrama helps move out the deeply-held tensions from muscles, cells, tissues, organs, and meridians and this enables new behaviors to emerge.

The role of somatic double is a major component of Psychodramatic Bodywork®. It assures protagonists that they receive the deep level of support necessary to change chronic patterns of behavior that are held in the body. When people are ignored, neglected, abused or hurt and cannot express these feelings or be heard, they tend to dissociate to varying degrees. As Scarf (2004) states “for a dependent child, dissociating, spacing out, and not feeling too much would be the most natural ways of protecting the self from unbearable pain in situations where no action is possible” (p.87).

Psychodramatic re-enactment has the potential to trigger this same dissociative response from a protagonist. But as Levine (1997) writes, “Traumatic symptoms are not caused by the ‘triggering’ event itself. They stem from the frozen residue of energy that has not been resolved and discharged... it can wreak havoc on our bodies and spirits” (p. 19).

By addressing the moment-by-moment needs of the body during the enactment of a psychodrama, the protagonist is supported to stay present in each and every moment to his/her own somatic experience thus re-experiencing the pain and trauma that have been held in the body since the original experience of the incident being explored. This process frees the body from trauma’s long held pain and leads to protagonists more fully absorbing and integrating repair experiences offered in surplus reality scenes.

Conversely, if a protagonist enacts a psychodrama in a semi-dissociated state he/she will not fully release the body-held emotions and the repair is not as fully experienced.

For example Hilda as protagonist wanted to revisit a scene that haunted her life. She was the one who, as a teenager, found her father after he committed suicide by hanging himself. Her body was still holding the shock and unexpressed terror from that trauma and it needed to be released.

We know that trauma has profound effects on the body and nervous system and that many symptoms of traumatized individuals are somatically driven (Nijenhuis & Van der Hart, 1999; Van der Hart, Nijenhuis, Steele, & Brown, 2004; van der Kolk, 1994; van der Kolk, McFarlane, & Weisaeth, 1996). Clients suffering from unresolved trauma nearly always report unregulated body experience; an uncontrollable cascade of strong emotions and physical sensations, triggered by reminders of the trauma, replays endlessly in the body. This chronic physiological arousal often is at the root of the recurring posttraumatic symptoms... (Ogden, 2006, p.xxviii)

As a teenager she had no support. In fact she was the one who protected her younger siblings from witnessing that horror. From the moment she stated the theme of the drama she struggled with dissociation. Her somatic double Lana skillfully assisted Hilda, helping her stay present. This time when Hilda became terrified, witnessing the recreated scene, she had the support of a reformed mother and her grandmother as well as Lana supporting her body. Because there were now responsible adults at the scene and she was supported somatically, Hilda was finally able to experience her own terror. She proceeded to shake and scream and move that long held shock out of her body. This is similar to the body response that Levine (1997) describes his client Nancy experiencing - “her legs started trembling...she let out a bloodcurdling scream...she began to tremble, shake and sob in full-bodied convulsive waves” (p.29).

Kristie was a pregnant protagonist who had chosen Jack as her somatic double. Because of the upcoming birth she was understandably experiencing a great deal of fear. She wanted to be able to approach the birth experience without absorbing the upset that

accompanied the worst-case scenarios that friends and family were keen to share with her. She began reflecting on her unsafe childhood and remembering her first boyfriend and his family. They represented her first experience of a safe home environment, something that she lost when he broke up with her. In order to re-gain a sense of safety we returned to the past and had a conversation with her boyfriend. During this entire time Jack was extremely helpful in signaling each time Kristie drifted off. He would say things like, “This is way too scary. I think I’ll change the topic now.” or “I don’t want to feel this pain”. He was so connected to her fear and the fluctuations in her feeling of safety that he made it possible for Kristie to become conscious of the process that her body was reflecting. He also supported the direction of the psychodrama since the tangents that Kristie suggested from her place of fear seemed like they were reasonable directions to pursue. The clear, confident, connected somatic doubling made the drama proceed clearly and safely in the direction that was most needed for Kristie’s sense of safety. Badenoch (2006) explains this using neurobiology terminology.

When we are feeling empathy for another, a strong resonance develops between the two of us, beginning with mirror neurons and echoing throughout all of these pathways, completing the chord...we can use Siegel’s (2007) term, *resonance circuits*, to think about the way energy and information coming to us from another’s actions continually link us. (Badenoch, 2006, p.39)

As director I oversee the nature of the somatic double’s touch...its quality, location and pressure. If the somatic doubles are not trained in Psychodramatic Bodywork® they will be guided by me to touch specific locations that will support the protagonists or auxiliary egos. If they are trained in Psychodramatic Bodywork®, I will



watch to see where, when and how touch is offered and move in with suggestions, corrections or limitations as I would with verbal doubling. I also receive information directly from the somatic doubles by noticing where and when they are offering touch. The location of the touch gives me clues about what the somatic double is sensing from the person. For example if a skilled somatic double starts applying pressure to the triple warmer meridian, I get the direct message that the protagonist is struggling to stay present and not dissociate or drift away.

### **Specific meridians and their useful applications**

The heart meridian (HT) as one might suspect is very helpful in matters of the heart. If someone needs help to stay vulnerable, the somatic double will often apply pressure or holding to the heart meridian. The lung meridian (LU) is directly connected to the emotion sadness. If someone is exploring or repressing grief, then contact with the lung meridian offers comfort and support in this direction. The liver (LV) and gall bladder (G.B.) meridians have a direct relationship with anger, assertiveness and entitlement. If someone needs help to access his/her frustration or assertiveness in a scene, then direct pressure on these meridians will help move the anger closer to the surface and make it easier to access. The kidney (KI) and bladder (BL) meridians have a direct relationship with the emotion fear. Pressure or holding on these meridians is extremely helpful in two ways. It can help centre and ground a person who is afraid, or it can help him/her connect more with the fear so that it can be released in the scene where it is being experienced. The triple warmer (T.W.) meridian is instrumental in helping the body deal with dissociation. The gall bladder (G.B.) meridian helps deal with matters of

control. The small intestine meridian helps deal with matters of suppression and compliance. (Masunaga, 1977; Hammer, 1990; Juhan, 1998; Teegarden, 1984)

This is a very oversimplified version of how to work with a few of the more useful meridians. Each of these meridians has many functions and it takes skill, training and supervision to employ these meridians successfully. It is also true that anyone can be directed to apply appropriate pressure to a specific location. This doesn't require a great deal of skill. The presence of skilled supervision makes it possible for anyone to be a safe somatic double.

For example, Estelle was a somatic double chosen by Mary the protagonist. Estelle had no previous training in touch or psychodrama. What she did have was a connection to Mary and a willingness to help. She eagerly followed all of the directions given and was able to effectively support her friend Mary through a very painful psychodramatic re-enactment of a childhood trauma, keeping Mary grounded and present during a scene that was not easy for Mary to witness. The support of her friend and the body support through somatic doubling were both essential to Mary's experience of the psychodrama.

Because Estelle was not familiar with the *Guidelines for Safe Touch in a Therapeutic Environment*, it became the director's responsibility to carefully oversee the touch to be sure that Mary was comfortable with offered touch at all times.

### **Somatic Double for the Auxiliary Ego**

When auxiliary egos are provided with somatic doubles, they are often able to stay more present and embodied in their roles. This adds a level of depth to protagonists' experience as well as providing a healing opportunity for the auxiliary egos while they

are in role. Auxiliary egos do not necessarily wait for the sharing part of the psychodrama in order to experience their connection to the drama. They might well have emotional catharsis and catharsis of insight in the role during the drama, adding authenticity to the experience. They would still keep their own unique content for sharing, but their emotional connection with the psychodrama would be shared in the very moment that the connection is felt.

Moreno teaches us that the choices made by the protagonist are based on tele and therefore have intuitive wisdom inherent in them.

A protagonist may choose a group member to play a certain role, and afterwards, during the sharing phase, it turns out that the auxiliary in his or her actual life experience had a similar situation happen. This seemingly telepathic connection also arises out of the telic sensitivity of the protagonist who made that choice (usually unknowingly)...(Blatner, 1994, p.296)

By totally trusting this choice and supporting the auxiliary ego to be as fully embodied as possible in the role, we can deepen the experience for the protagonist and offer the auxiliary ego a transformative experience within the role.

For example Allan's mother died when he was seven years old and he had never been able to cry and grieve the loss. David was chosen to play Allan's Dad. David's own daughter had died one year ago and he was very aware of the anniversary of this loss. In the role of father, David began by taking the role (as the protagonist had shown him in role reversal) as an emotionally unavailable father. As he moved through role-playing into role creating, I encouraged David to express his own grief at the same time as he authentically played the deeply sad aspect of father. I carefully checked in with my

protagonist to make sure that David's role creating felt relevant. Allan had never seen his father's vulnerability before and he was deeply touched and moved to see his father in a feeling state. Because of this he was able to find some of his own grief and break through the inhibiting messages that it wasn't appropriate to cry.

Allan didn't know about David's painful loss. Nevertheless he did choose David for the role of father. On some level his telic choice indicated that he wanted and needed David's authentic role creation. He didn't need David to suppress his true feeling. I was able to direct David into his grief and have his somatic double support him fully in that place. The somatic double was able to press specific locations on the heart and lung meridians. These meridians supported David's expression of sadness and therefore helped him continue to express the grief fully and completely. It was not too great a challenge for him to use the words that were appropriate for the role with Allan and at the same time bring his personal grief into the scene.

In the rare cases when the auxiliary's personal work distracts from the protagonist's work, I invite the auxiliary to return to the group and continue his/her emotional release with group support and invite the protagonist to choose someone else to play the role.

Another example involves Cathy's drama and her choice of Edna as an auxiliary ego. Her grandmother raised Cathy after her alcoholic mother gave her up when she was a baby. Cathy's grandmother was very loving in many ways but because she was a survivor of sexual abuse she was emotionally unable to physically hold and physically comfort her granddaughter. Cathy was craving this form of healing. Coincidentally, Edna was a new grandmother who was terrified of holding her grandson because she was

irrationally afraid that she would harm him. Cathy chose Edna to be her grandmother in the psychodrama. Edna wanted to be there in the role for her friend Cathy but was afraid. I encouraged Edna to do a fear release first so that she could move the fear that was connected to her own story out of her body. Edna's somatic double supported her during the fear release to be sure that she moved the fear fully out of her body. She pressed the kidney and bladder meridian areas that support the release of fear (Aaron, 2003). During that expression of fear Edna had a flashback to her childhood sexual abuse and got more clarity about her unrealistic fear of harming her grandson. When she had completed her release she was overjoyed to have the opportunity to be in the role of a grandmother holding her grandchild. Her somatic double supported her and helped her stay grounded and loving. She was able to hold and rock and comfort her grandchild as she sang to her in the role. At the same time she was experiencing a deep personal repair. It had been so painful to her that she was unable to hold her grandson. This drama gave both of them deep somatic healing. Edna trusted her own spontaneity in the role and was able to comfort Cathy in her baby state and give her exactly what she intuitively needed. During the holding the entire audience was in tears of joy at the amazing synchronicity of the experience.

In another psychodrama there were many auxiliary egos that found themselves with somatic doubles, expressing deep emotions that were in keeping with the theme of the drama and with their own personal histories as well as the history of their country. This drama took place in a country with a long history of war and war's legacy. Henrietta as protagonist explored her great-grandmother's experience of being gang raped in the forest during wartime. The women who were asked to gather round and offer healing and

tenderness after the rape were all deeply touched by this experience that resonated with the traumas of their ancestors as well. With the support of somatic doubles all of the women cried and screamed along with the protagonist as she released the fear and grief that had been held in the bodies of generations of women as a result of the bitter traumas of war-time rape. By having the many auxiliaries release the collective and personal pain simultaneously during that scene, the experience of the protagonist was validated. Henrietta heard the sounds of the women and felt supported by being part of a community expression of fear and grief. The depth of expression made Henrietta feel profoundly understood and supported and this encouraged her to heal herself fully from carrying on this ancestral pain.

### **Two types of touch used by the somatic double**

There are two types of touch. One is gentle holding and this touch is often used when someone needs support and comfort. It provides a constant gentle reassurance that helps a protagonist or auxiliary ego stay fully present in the situation. It provides a sense of being backed up when in the original trauma support was not available. The gentle holding provides comfort and reassurance that is often needed during emotional catharsis. The other form of touch includes a certain amount of pressure and is often used to help move blocked energy with specific results. For example, unexpressed anger will live as blocked and congested energy in the liver and gall bladder meridians and organs, until it is safe to be released. This held energy sometimes needs encouragement to move. Pressure along the meridian will often help dislodge this chronically-held emotion and help release the long held anger (Masunaga, 1977).

For example, Alice had been bullied by other children in nursery school. At the time she reacted by employing her core survival blocking styles of being dissociated and/or pleasing. These were her entrenched methods of handling trauma from a very young age. As Gong Shu (2003) states “Children who suffer from prolonged trauma and neglect often grow up with psychological difficulties....their self esteem depends on others. For fear of rejection, they become pleasers in spite of themselves” (p.87). During the course of the psychodrama, her somatic double Tom used a variety of body related techniques to help her stay present and experience the psychodrama from a place of empowerment. He used a combination of gentle and firm touch, employing each appropriately.

Tom began by using firm pressure on Alice’s triple warmer meridian in the area of her arm. This pressure was incredibly helpful in keeping Alice present during the re-enactment. When we had re-created the trauma scene Alice came outside of the scene into the mirror position to watch what had happened to her four year old part of self. Her somatic double again helped her stay present with gentle holding support to her kidney area to help address the building fear. By giving support to the kidneys, Tom helped give comfort to the part of the body holding the fear and this enabled Alice to stay grounded and not overwhelmed by the fear.

After looking at the scene Alice started to feel angry that no one intervened on her behalf. Tom encouraged her to experience her anger more fully by squeezing her right shoulder in an area that holds chronic unexpressed anger. This squeezing pressure helped Alice experience and express more fully the anger that she normally suppressed because it was so scary (Aaron, 2000).

**The unconscious/conscious, spontaneous somatic double ‘at large’**

I have found that many people are spontaneous, unconscious somatic doubles. They pick up body symptoms from others in their vicinity on a regular basis. They often need help to become aware of the fact that the sudden appearance of body symptoms that they are experiencing may not always be their own (Aaron 1990, revised 2011 p.13). I work with this in a variety of ways. I might encourage them to give themselves the silent message “not mine”. Often this is enough for the symptom to disappear if it was truly originating from someone else. If they have a sense of whom they are spontaneously doubling, I encourage them to go into the doubling position and offer their words. Nausea, headaches, organ and muscle pain/aches are common spontaneous somatic double experiences. It is often a great relief for these people to realize what pains belong to them and what pains they are picking up unconsciously. The challenge for these people is to make the experience fully conscious. When they are able to do that, they can help protagonists and auxiliary egos by becoming effective somatic doubles.

Camilla was attending a workshop where I taught this theory. She announced that she had a headache that she suspected was not hers, since it came on suddenly after she sat in the group. The person beside her had a headache exactly matching Camilla’s own. The ‘not mine’ process didn’t work for her, so she moved to a different part of the room to get away from the vicinity of that headache. Five minutes later Camilla once again reported that she had a body symptom. This time it was a stomach ache and again the person next to her identified a stomach ache exactly as described. I encouraged her to sit beside me since I knew that I was in excellent shape that day and by staying close to me, she was able to focus on the workshop and not continue her very familiar experience of



picking up the pain of others. This experience was a turning point for Camilla. She hadn't realized the extent to which she absorbed other people's emotions and physical symptoms.

When there is a psychodrama taking place and someone is spontaneously doubling a body symptom I will often invite them to step in as a somatic double so that they can not only release the pain from themselves, but also contribute this knowing to the psychodrama. This was dramatically experienced during Margaret's psychodrama. She was looking at all of her barriers to weight loss, which was a lifetime struggle of hers. As the drama proceeded, each time she introduced a new barrier, someone in the audience spontaneously experienced a pain in a certain part of the body. I encouraged each person to become a somatic double for that specific body part. By the end of the psychodrama Margaret had several somatic doubles, each expressing pain in various parts of her body. This was extremely helpful to Margaret who hadn't realized to what degree the barriers to her goal were living within her body as unexpressed emotion and physical pain.

Sometimes a psychodrama will be so central to a group and its themes that several spontaneous somatic doubles will emerge in the group. This happened with Ken during his psychodrama at the Intermediate workshop. In the surplus reality scene Ken was being held by one of his female ancestors. We had searched through time to find a mother in his lineage, capable of offering nurturing energy and love to a son. Ken as a young self was experiencing this love in the warm nurturing arms of this ancestor. He was sobbing and taking in the love in a way that had never been possible before. Several audience members had become spontaneous somatic doubles and were also crying. Rather than

have them join Ken on stage, I encouraged them to express their sadness more completely and if possible to find another audience member willing to hold them. In this way they could somatically double the full repair experience that was taking place on stage while staying in the audience. As a result those somatic doubles began to cry more deeply. This in turn helped the protagonist experience his grief more completely. He had not realized that so many people could identify with his pain. When he glanced up he saw pairs of nurtured, sobbing audience members all around the room. What was even more remarkable was that they were magically aligned on the same path we had previously used to show the many generations of mothers incapable of offering nurturing. So, in fact these audience members had inadvertently entered the stage and become a major surplus reality repair of the many generations of men who were now being held and loved through the generations because of the courageous step that Ken had taken for his own healing.

Recently during group, several group members reported feeling body symptoms that were related to anger. One had a tight jaw, another had pain in the right shoulder and another was feeling a general sense of irritability. A group member, Frank, was able to identify those symptoms as belonging to him. The statements by the three spontaneous somatic doubles were a powerful validation for him. It helped him realize that he was broadcasting his anger, indicating that he was ready to explore his frustration with his father. Anger is a very scary emotion for Frank and without the somatic doubling he might not have found the courage to move directly towards his suppressed anger in the psychodrama that followed.

I find that by adding touch to the equation we dramatically increase the frequency of somatic doubling in the spontaneous conscious or unconscious form. When I was teaching at the massage school I met several students who were struggling with this phenomenon in the unconscious form. For example Rachel was an excellent massage student and her clients in the clinic regularly felt their symptoms melt away under her expert hands. Unfortunately for Rachel, she would pick up their symptoms and be experiencing them long after the massage was over. I taught her about saying “not mine” silently to herself. By making the process conscious and by declaring to herself that these symptoms were not indeed hers, she was able to stay in the profession and not be in constant pain. Because so many people experience unconscious spontaneous somatic doubling in their lives, it has proven helpful to educate people on this phenomenon. Once the unconscious has become conscious this ability to double somatically can become a benefit rather than a personal hardship.

These examples show the prevalence of this phenomenon. What I have done is incorporate this naturally occurring experience into the enactment of a psychodrama in a way that benefits everyone involved. By adding touch to the doubling role the somatic doubles have access to information that they might not otherwise have access to. The spontaneous somatic doubles have a way of contributing directly to the psychodrama and releasing unwanted symptoms that are not their own.

The element of touch has not always been associated with positive and supportive experiences for all. Therefore touch must always be within the control of the person receiving the touch and under the supervision of a director who is knowledgeable about the meridians and how to engage them appropriately.

The inclusion of touch based on Traditional Chinese Medicine and its meridians is a powerful agent of change. With the constant attention to and recognition of the body, every role in the psychodramatic process as practiced in Psychodramatic Bodywork® has experienced change. The expansion of the role of the double to somatic double is one of the most significant. By providing somatic doubles with their informed touch to both protagonists and auxiliary egos, psychodramas are deepened.

## References

- Aaron, S. (1990, revised 2011). *Psychodramatic Bodywork® introductory manual*, Toronto, Canada, Susan Aaron Workshops, self-published,
- Aaron, S. (1991, revised 2010). *Psychodramatic Bodywork® intermediate manual* Toronto, Canada, Susan Aaron Workshops, self-published,
- Aaron, S. (1995, revised 2009). *Psychodramatic Bodywork® advanced manual*, Toronto, Canada, Susan Aaron Workshops, self-published,
- Aaron, S. (2000). *Understanding and releasing anger DVD*, Toronto, Canada, Susan Aaron Workshops, self-published,
- Aaron, S. (2003). *Understanding and releasing fear DVD*, Toronto, Canada, Susan Aaron Workshops, self-published,
- Badenoch, B. (2008). *Being a brain-wise therapist: A practical guide to interpersonal neurobiology*, New York, W.W. Norton & Co. Inc.
- Blatner, A. (1994). The dynamics of interpersonal preference: Tele. In P. Holmes, M. Karp, M. Watson (Ed) *Psychodrama since moreno: Innovations in theory and practice* (pp. 283-299). London & NY: Routledge.
- Blatner, A. (1998). *Acting-In: Practical applications of psychodramatic methods (2<sup>nd</sup> edition)*, New York, Springer Publishing Company.
- Hammer, L. (1990). *Dragon rises, red bird flies - psychology, energy, and Chinese medicine*, Barrytown, NY: Station Hill Press Inc.
- Juhan, D. (1998). *Job's body: A handbook for bodywork*, Barrytown, NY: Station Hill.

Levine, P. (1997). *Waking the tiger — Healing trauma*, Berkley, CA: North Atlantic Books

Masunaga, S. (1977). *Zen Shiatsu - How to harmonize yin and yang for better health*, Tokyo: Japan Publications, Inc.

Ogden, P. (2006). *Trauma and the body – A sensorimotor approach to psychotherapy*, New York, W.W. Norton & Co.

Scarf, M. (2004). *Secrets, lies, betrayals: The body/mind connection*, New York, Random House.

Shu, G. (2003). *Yi Shu—The art of living with change: Integrating traditional Chinese medicine, psychodrama and the creative arts*, St. Louis, MO: F.E. Robbins & Sons Press.

Teegarden, I. M. (1987). *The joy of feeling – bodymind acupressure, jin shin do*, Tokyo & NY: Japan Publications, Inc.

Zur, O. and Nordmarken, N. (2011). *To touch or not to touch: Exploring the myth of prohibition on touch in psychotherapy and counseling*. Retrieved 11/16/11 from <http://www.zurinstitute.com/touchintherapy.html>.

## Appendix A

Guidelines for safe touch in a therapeutic context (Aaron, 1990, revised 2011, p.8)

1. Have a contract that includes issues of touch.
2. Educate your clients on their rights regarding boundaries and touch.
3. Encourage and empower clients to notice and speak up about touch boundaries, preferences (regarding body parts, types of touch, etc.) and related feelings.
4. Check each time verbally until trust has built to such a point that checking can become nonverbal or assumed.
5. With new issues: go back to the contract and check for permission.
6. Establish verbal and nonverbal signals to stop touch.
7. Timing needs to be within the client's control (e.g., how long will the touching last; how long before client is ready to be touched).
8. Touch needs to be consistent with the environmental setting in which you are planning to use it.
9. Develop your own and your clients' awareness that there are different norms regarding touch (e.g., cultural). Check out your (and their) assumptions.
10. Learn to read your clients' body signals that indicate touch preferences /discomfort.

11. As therapists, we must be ever mindful that we could have unconscious or conscious agendas (e.g. sexual). We are committed to being vigilant about such motives and not acting upon them.
12. Learn about and listen to your own body signals. Don't push past your own boundaries to accommodate a client's need. Clients could be hurt by your not attending to your own signals and limits. Educate your clients on your rights regarding boundaries and touch. Be able to speak to any conflict of needs between client and therapist.
13. Apologize for and acknowledge all touch mistakes.
14. Respect the client in all stages: not wanting touch; shifting to wanting touch; and away from wanting touch.
15. Learn to bracket your own emotions. (Bracketing is a process whereby we put our own feelings on hold so that we may attend to a client's needs—with the understanding that we will set aside time in the future, in a space that is safe for us, to have these feelings and look at these issues.)
16. Develop a working knowledge of doubling, transference, and projection. Learn how to identify when you or your clients are unconsciously seeing the ghost of another or a projection of part of self. Learn how to deal with these ghosts for yourself and for your clients. Learn to recognize when you are unconsciously feeling the same emotions as your client.



17. Educate the client regarding natural body sounds and functions and emotions arising from touch (e.g. passing gas, crying, shaking, and belching).
18. Educate the client regarding quality of touch vs. quantity of touch.

### Appendix B

Essential tools to ensure compliance with guidelines, (Aaron, 1990, revised 2011, p.9)

1. Regular personal therapy that includes touch is an absolute necessity for any therapist using bodywork in her or his own practice with clients. This helps the therapist keep clear of his or her own issues while working with clients. It also keeps the therapist in regular contact with the method she or he is using so that the power of the technique is in constant view.
2. Therapists need regular client supervision sessions to get clarity on clients who are challenging. Supervision provides an arena for challenge to or confirmation of your therapeutic approach. It is very normal to find our own unfinished business intruding on our work with clients. Supervision increases safety for all concerned, so that this normal occurrence does not lead to harm. Touch supervision is essential when doing touch therapies.