ENCOUNTERING TOUCH: A PATH TO AFFINITY IN PSYCHIATRIC CARE

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The idea of physical contact and touching in psychiatric care has, in many instances, been considered inappropriate. Psychiatry is often perceived as a verbal process and it has been generally believed that touching can provoke both aggressiveness and destructive manifestations of sexuality. However, recent research has suggested that touching can play an important role in psychiatric treatment once a caring relationship has been established. The aim of this study is to investigate the meaning of physical contact for patients who have been treated for psychosis. Through four in-depth interviews and a life-world analysis the results show that touching means to be in need, to yearn, and to belong. Furthermore, touching also communicates feelings between bodies and, as such, it can be a path through which one feels acknowledged as a human being. The results indicate that a feeling of affinity can originate through physical contact, which can be regarded as a driving force in the search to feel a sense of belonging to the community.

Earlier research on physical touching has primarily focused on geriatric care. Kim and Buschmann (1999) have studied the effect of physical contact on patients with dementia. They concluded that physical contact, in connection to chats, resulted in lower pulse and reduced anxiety. Vaughan (1995) has studied the effect of therapeutic touching on patients with various health issues. His study found that after ten minutes...
of skin-to-skin contact the informants became more relaxed and experienced a higher degree of well-being, which in turn resulted in both lower blood-pressure and pulse. Edvardsson, Sandman and Rasmussen (2003) have investigated nurses’ experience of physical contact in geriatric care. Touching was considered to be a valuable tool for the staff because it enabled them to see a person in suffering rather than just another demanding patient with Alzheimer’s disease. Williams (2001) has studied conceptions and understandings of intimacy between health care workers and patients. She concludes that nurses regard physical contact as one dimension of intimacy. In short, touching is intimately linked to ideas about closeness and emotional devotion. Physical contact can appear in the day-to-day care, for example, when the caregiver bathes someone or washes a patient’s hair. It can, however, be embarrassing or unsettling to be physically intimate with a patient, for example, when the caregiver helps a patient to urinate or washes someone who is incontinent. Another interesting finding was that nurses considered intimacy between staff and patients to be inappropriate.

Kamel and Hajjar (2003) have investigated the sexual needs of people in geriatric care. Their study showed that nurses considered these needs to be problematic rather than as a disguised need for intimacy and physical contact. Caris-Verhallen, Kerkstra, and Bensing (1999) have studied those instances when touching is not necessary in order to perform a caring task for an elderly patient but when it is, rather, a reflection of the nurse’s personal style or an individual expression of compassion. Routasalo and Isola (1996) concluded in their study that patients experience physical contact from nurses as warm, affectionate, and comforting. Uvnäs-Moberg (2000) writes that touching and physical closeness make people feel relaxed, secure, and calm. Furthermore, physical contact does not have to take place within the context of a romantic relationship in order to have those effects, but it is the closeness, regardless of context, which gives rise to the feeling of security. Human beings create and sustain relationships through different types of physical contact. Routasalo (1996) conducted an observational study, noting that physical contact is closely connected with verbal communication. She observed that unnecessary touching was often used by nurses in order to catch the attention of elderly informants who suffered from reduced eyesight or hearing.

Carlsson, Dahlberg, and Drew (2000) have studied staff experiences of violence and aggressiveness within the mental health care services. Their results illustrate that physical contact can be a way to both avoid and handle violence. The informants had positive experiences from that kind of preventative touching and felt that touching helped create an
environment in which the patients could feel safe. The act of touching was symbolically described as putting a bandage on a wound. Carlsson (2003) views physical contact as a powerful tool that can be used to avoid and prevent the development of violent confrontations that are common in psychiatric care. Carlsson differentiates between touching that is nurturing and touching that is not nurturing, which ultimately depends on the underlying intention of the touch. Lindström (1995) and Sjöstedt (2001) assert that psychiatric patients have a strong need to feel acknowledged since they often suffer from loneliness and are alienated or cut-off from many social contexts. Sjöstedt (1999) argues that feeling acknowledged, in a very real and concrete way, often involves an exchange of physical contact. The line of argument that touching affects our emotions can be understood in relation to Eriksson’s (2001) theory on the inseparability of body, soul, and spirit.

As illustrated above, earlier research has studied the effects of touching in contexts other than psychiatric care. There is a lack of research about psychiatric patients’ experience of physical contact. Therefore the aim of this study is to investigate the meaning of touch for patients who have been hospitalized for psychosis.

THEORETICAL FRAMEWORK AND RESEARCH PROCEDURES

This study uses a life-world perspective and approach, which is inspired by the methodology outlined by Dahlberg, Drew, and Nyström (2001). They write that life-world research should be seen as a method to acquire knowledge by investigating and describing lived experiences that humans have of a phenomenon. A life-world approach takes as its departure point people’s spontaneous relationship to their life. Merleau-Ponty’s (1945/1962) thoughts on the relationship between the subjective body and the experience of the world are a central influence in life-world research. According to Merleau-Ponty the life-world is imprinted with previous experiences that actively create the meaning of a phenomenon as a subjective experience that is perceived through the body. Dahlberg et al. (2001) argue that there are phenomena that pass without reflection in the life-world, but they also argue that it is possible to capture them through observation of the individual’s spontaneous and unconscious attitudes, once our consciousness is drawn to them. In order to allow a phenomenon to show its natural context and content, emphasis is put on the researcher’s ability to control his or her preconceptions. Dahlberg et al. (2001) characterize and describe life-world research through a
number of key-concepts, such as openness, intersubjectivity, and control of prejudice and preconception. According to Dahlberg et al. the investigated phenomenon is allowed to present and manifest itself during the research process through the implementation of these notions.

**METHOD AND RESEARCH PROCEDURES**

Seven patients at an out-patient facility were asked to participate in this study after having received permission both from the research ethics committee at Mälardalens University and from the senior physician at the facility. In the selection procedure we consciously contacted patients who were individually different in terms of age and gender. We were not interested in any additional information regarding their personal circumstances, and we did not have access to their medical records. After receiving both verbal and written information about the project four patients agreed to participate, two men aged 25 and 55, and two women aged 32 and 41. The informants had all had been hospitalized for psychosis prior to becoming service-takers at the out-patient facility. The participants decided the location of the interview. Three of the interviews were conducted in the informants’ homes and one was conducted at the out-patient facility. The interviews lasted for approximately 60 minutes except for one that only lasted for 30 minutes. The interviews had the question “What does physical touching mean to you?” as their general starting point. Our aim was to get “in-depth” (Kvale, 1996) and put focus on the informants’ personal stories and experiences of touching. During the interviews we asked follow-up questions like; “Can you give an example?” and other confirmative questions that focused on the individual’s own lived experience of touching. The interviews were recorded and then transcribed verbatim.

The transcripts were thereafter analyzed by implementing the life-world perspective through four distinct steps (Dahlberg et al., 2001). The first step was to approach and analyze the entire text as openly and without prejudice as possible. The second step was to reduce the transcribed interviews to smaller units and identify those that carried meaning about touch for the informants. The third step was to observe and identify variations and patterns that emerged from this partial dimension and also to transform the informants’ experience of touching into our own language. Finally, the last step of analysis was to examine the patterns and find an essence, a core of meaning that was then referred back to a new whole on a more abstract level.
Limitations and Ethical Implications

The main focus of this article is the positive aspects of touching. However, some of the informants have hinted at the underlying complexities that are embedded in the act of touching. Some of the informants described that they, at times, have felt violated and oppressed when touched by someone whom they did not feel they had an established relationship with. In short, unwanted touching can trigger a feeling of being violated or disrespected. We therefore think it is necessary to explicitly acknowledge that touching can be a boundary violation, although this is not the main focus of our article. Furthermore, we argue that when touching is characterised by a lack of respect for the patient’s vulnerability, negative feelings are communicated. Touching in this context is an unethical and, ultimately, a non-caring activity that can result in increased suffering. On the contrary, when touching is wanted we understand it as an ethical caring activity that is closely connected to the relationship between the patient and the caregiver. In short, we are aware that touching is a problematic subject. However, in this article we have made a conscious decision to focus on the more transformative and healing aspects of touching since these are rarely discussed or described. The aim of this article is not to ignore or downplay other aspects and meanings of touch in psychiatric care, but rather to emphasise those instances when touching can be regarded as a caring activity.

FINDINGS

To Need and To Yearn

Physical contact is a central need, both physical and spiritual, for the people who participated. They describe their need for touching and indicate that the need becomes stronger when one’s mental health is in deterioration. They long to be touched by health care workers, partners, relatives, and friends.

Well, one kind of needs, when one has been ill and weak, then one needs someone who holds you and, you know, care . . . but I still think that there is too little touching and commitment, you know. Maybe one doesn’t sit down by the bedside and talk for three minutes. You know, to make this person feel better and support them.

The gentle touch from another human being has a comforting and supportive function. During the periods when the informants have been hospitalized they have missed being touched by their relatives. Furthermore,
they express a lack of physical contact from the mental health care workers. The yearning for physical contact can become so strong that they reach out and touch other people in order to fulfill their own needs.

If I put my arm around, and like, hold a hand, you know, then maybe that is what I want for myself. I think so.

Two informants shared that they, in order to fulfill that neglected need, seek out dance halls, massage parlours, and other social contexts were there are other people who can soothe their need to be touched.

**To Feel Connected and To Belong**

The informants recounted that they, in their day-to-day activities, receive touch from other people. Touching becomes a natural element in their interaction with others through which they can feel a sense of belonging and kinship. One informant describes:

Yeah, I have a second cousin who when she meets you, always, she hugs you. Then one feels a kind of friendship... Yes... you feel a friendship and a sense being connected to society... You feel as if you belong in the world and that you are liked by others.

The informant is describing a situation where she, through physical contact, can feel connected to another human being and through which she can also experience a connection on a deeper existential level. The touch confirms and reinforces the knowledge of an already existing and established relationship with the other person. The informants also talk about touching that has a higher degree of intimacy, which they feel is important in their romantic relationships. On informant describe:

Yeah, sometimes we have caresses, on each other, afterwards and then I feel calmer. How we are going to live together and then... oh... I feel his touch and then I feel that at least he likes me.

The touching also can be sexual and the informants mean that the exchange of physical contact confirms that they belong together in a relationship.

**To Communicate Feelings**

The informants described that feelings get communicated in the act of touching. They also describe that feelings are bound in and intertwined with the actual touching. Feelings have been transferred and mediated on occasions when participants have given or received physical contact. The
touch becomes an elucidatory and confirmative action of an emotional bond between two individuals. As illustrated below:

I can mention one example . . . a nurse on ward 45 who was very friendly, I liked her, she hugged me. It felt really good, it was real.

The feelings they experience vary and can be both positive and negative depending on how they are feeling and who it is that is touching them. The informants describe that when they have a good relationship with the other person the contact is perceived as warm, real, and compassionate, which ultimately mediates a sense of serenity and security. One informant says:

We usually cook together . . . when you have done that then . . . I am very fond of saying: “Well done of us” . . . and things like that. I hug and say. “Well done of us” [laughter] and it kind of rubs off, that too, on someone else.

When physical contact was unwanted or undesired, and if they didn’t know the other person, it gave rise to feelings of inferiority, fear, and annihilation, which were experienced as suffocating and oppressive.

To be Acknowledged

The informants described physical contact as of great importance for them in order to feel acknowledged as human beings. One informant describes how he feels when someone touches him.

Well, but physical touch, close contact and someone who likes you and that someone think you are ok as a person. Stuff like that is very important, I think, closeness.

Another informant depicted this acknowledgment as receiving confirmation of her capability as a human. The opposite situation is described by another informant who implies that when physical contact doesn’t occur he feels incapable of feeling fulfilled in his life.

Yes, there were several times when I was hospitalized. Daniel [fellow patient], for example, he, when I was crying, spontaneously came and sat next to me and held me. That is so wonderful that there are people who reach out and come close when you need it.

Several of the informants shared that they attend a day-centre facility where they work in groups and sometimes exchange touches. They acknowledge each other through this exchange, which helps release tension and pressure. In short, fellow patients can provide support to each
other and increase each other’s well-being through positive physical contact.

**ENCOUNTERING TOUCH—AFFINITY AND ACKNOWLEDGEMENT**

Those who participated in the study describe a need to gain access to other people’s bodies in order to feel connected. Furthermore, they describe a longing and a search for activities where this can be realized. When people interact with each other through touching, feelings such as acknowledgment become mediated.

**Analysis and Interpretation—Corporeal Contact and Spiritual Affinity**

The informants describe a yearning to gain access to other people’s bodies through physical contact. This mutual admission allows human beings to feel connected, which in turn can be understood as creating a sense of community. In order to achieve this deep-felt affinity, the informants actively search for everyday activities where inter-personal contact is regarded as natural, for example, socializing with friends or family or going to school. The search can be understood as a profound desire not to feel alone in the world but to share it with other human beings and feel acknowledged. Lindström (1995) has, in a previous study, shown that many who are mentally ill have been forced to control their feelings and their contact with other people in order to avoid suffering. When they find the courage to break this isolation and reach out for physical touch, in spite the risk of being hurt, it illustrates the power of this underlying need. We would like to interpret it as a driving force—as a search to feel connected with other human beings. In this context affinity can be understood as a situation in which people share, give, and sacrifice (cf. Fromm, 1976). The results of this study show that the informants are prepared to both share their bodies and allow an exchange of feelings in order to feel connectedness and kinship. In their answers the informants have focused on the subtle interplay in human relations.

The informants chose to describe situations in which they have been denied physical touch and equate that with a feeling of incapacity to feel fulfilled as human beings. We interpret it as a suffering that stems from being denied or not having access to a collective solidarity and a human context which they yearn and search for in their daily lives.

Furthermore, perceived isolation and loneliness can eventually result in spiritual disintegration (cf. Fromm, 1990). We argue that the
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experience of kinship, community, and affinity is strongly connected to and bound within the concrete act of touching, which should be regarded as a central element in the multitude of processes that have a continuous presence in a caring relationship. In psychiatric care the contact between the patient and the caregiver can often be the only point of interaction that the patient has with the surrounding world, and this makes the significance of this dimension even more important.

Touching can be a path through which a feeling of collective solidarity can be achieved. Therefore, using this study as a departure point, touching can be perceived as a way to establish a human bond or link between those who are involved in the exchange and opens individuals up to the possibility of becoming part of a larger human context. Touching can therefore be regarded as a link not only between oneself and the other human, but more importantly as a way to feel a sense of togetherness with the world. Our interpretation of the informants’ stories is that it is concrete, corporeal, contact that creates these positive feelings of solidarity and affinity. Human beings live in a constant struggle between needs that are often contradictory. On the one hand, there is a desire to be an independent and unique individual and, on the other hand, there is a simultaneous desire to feel kinship and become part of a larger human context (cf. Eriksson, Bondas-Salonen, Herberts, Lindholm, Matilainen, 1995). The result of this study illustrates that the informant’s experience of touch can be understood on a deeper existential level, which we argue is connected with spiritual affinity. Physical contact creates a sense of community and can therefore result in a higher degree of mental health by feeling acknowledged as a human being. It is our belief that mental suffering can be reduced through this acknowledgment.

REFERENCES


