

Informed Consent Regarding Limited Physical Contact during Psychotherapy

I, _____, hereby grant permission to my therapist to engage in limited and token forms of physical contact with me as a part of our ongoing psychotherapy process.

I understand that the purpose of therapeutic touching is to actualize for study, in concrete physical forms, certain basic aspects of human contact that I may have been deprived of or that may have been distorted in my personal development.

I understand that the purpose of therapeutic touching is not for gratification of physical longings, nor for providing physical comfort or support. Rather, the specific forms and times of the limited physical therapeutic contact are aimed toward understanding issues around the approach to, the achievement of, the sustaining of, and/or the breaking off of human emotional contact.

I understand that limited forms of physical contact such as handshakes, "A.A. type" hugs (Alcoholics Anonymous bear hugs), occasional hand holding, and other token physical gestures are not uncommon as a part of the interpersonal process of psychotherapy. However, other forms of touching are more rare and need to be clearly understood by both parties and discussed in terms of their possible meanings.

I understand that many professional psychotherapists believe that physical contact of any sort is inappropriate because it fails to encourage verbalization and symbolization of exactly what meanings might be implicit in the physical touch.

I understand that sexual touching of any type is unethical, illegal, and **never** a part of professional psychotherapy.

I understand that many aspects of the psychotherapeutic process, including the possible value of limited physical contact, cannot be established as clearly beneficial on a scientific basis. But I also under-

—

stand that physical contact has many values in human relationships and that to categorically exclude it from the psychotherapeutic relationship may be detrimental to my therapeutic process when the critical focus for study needs to be around concrete and personal experiences of meaningful interpersonal contact.

I HEREBY AGREE THAT SHOULD I HAVE ANY MISGIVINGS, DOUBTS, OR NEGATIVE REACTIONS to therapeutic physical contact or to the anticipation of such, I will immediately discuss my concerns with my therapist.

If for any reason I experience concerns that I am reluctant to discuss directly with my therapist, or if I feel unsatisfied with our discussion, **I HEREBY AGREE TO SEEK IMMEDIATE THIRD-PARTY PROFESSIONAL CONSULTATION FROM A LICENSED PSYCHOTHERAPIST MUTUALLY AGREED UPON BY MY THERAPIST AND MYSELF.** This part of the agreement is to ensure that no misunderstandings or uncomfortable feelings arise as a result of physical contact or the anticipation of therapeutic physical touching.

I understand that I may at any time choose to discontinue this permission by a mutual exchange of written acknowledgments indicating that permission for therapeutic physical contact is revoked.

I HAVE CAREFULLY READ ALL OF THE ABOVE PROVISIONS AND HAVE DISCUSSED THEM WITH MY THERAPIST. ANY QUESTIONS OR MISGIVINGS I HAVE ARE WRITTEN IN THE SPACE PROVIDED BELOW. This agreement supplements previous informed consents.

Client

Date

Therapist

Date

ADDITIONAL REQUESTS:

Request	Initial	Date
---------	---------	------

Request	Initial	Date
---------	---------	------

SPECIFIC QUESTIONS, MISGIVINGS, AND CONCERNS:

[This form is adapted from Hedges, L. E., *Working the Organizing Experience*. Northvale, NJ: Jason Aronson, 1994]