

Touch in Therapeutic Setting with the Application of IPR Theory

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1. Introduction

Workplace ethics and behavior are a crucial part of employment, as both are aspects that can assist a company in its efforts to be profitable. In fact, ethics and behavior are just as important to most companies as performance as high morale and teamwork are two ingredients for success. A key component to workplace ethics and behavior is **integrity**, or being **honest** and doing the **right** thing at all times. For example, health care employees who work with mentally or physically challenged patients must possess a high degree of **integrity**, as those who manage and work primarily with money.¹

Touch in Therapeutic Communication & in Therapeutic Relation

Touch is one of a nurse's most powerful forms of nonverbal communication. Touch can convey many messages, such as affection, emotional support, encouragement, tenderness, and personal attention. A comforting touch, such as holding a hand, is especially important for vulnerable clients who are experiencing severe illness with its accompanying physical and emotional losses. For older people, touch increases a sense of safety, increases self-confidence, and decreases anxiety.^{2,3}

Therapeutically, touch is the major part of communication and perhaps has major role in therapeutic relationship. The human being in an open energy system, it is composed of layers of energy that are in constant interaction with self, others, and the environment. Health is the balance between individual & environment. Clearing of negative energy and healing within is the ability in promoting healing. Curing and promoting health is possible through **touch**, so it can even said to be **Therapeutic touch**.^{2,3}

Touch has the power to heal, to ventilate, to share, to reduce pain, to ease tense in the muscles, and improve sleep, it may reduce stress and thereby improve one's well-beingness. Touching individual therapeutically by assessing their need always remains safe. May be touch, will be the primary tool **"Not to Cure the Disease"** but it is the primary factor to ensure that **"Cure is Possible"**.^{2,3}

Touch in Counselling

Counselling always involves decisions and/or challenges to do with boundaries and making clear boundaries. When considering the area of touch, within atherapeutic relationship, the responsibility lies with the counsellor to continually be aware of what is appropriate and what is inappropriate.⁴

There are numerous ways of using touch to communicate understanding and empathy, such as holding a client's hand or giving them a hug. Guidelines exist with regard to physical touch between client and therapist, ensuring client safety. But they are not clear matters of right and wrong. Appropriate touch may indicate that a positive rapport incorporating trust and safety has been established. Similarly, the ability to be tactile could be an indication of healing. Touch is a way of demonstrating affection, the formation of a connection and positive feeling toward another person. It is important to specify, that the therapist need to be vigilant and avoid violating boundaries and be careful before engaging in any tactile contact with a client. The use of supervision, by the counsellor, is essential to ensure the monitoring of appropriate behaviour and prevention of these issues.⁴

1) Abuses of Touch

Touch is an amazing method of conveying message. It has its own value both professionally & therapeutically. There are various ways to misuse this touch, that are discussed below,

a) Therapist abuse

The abusive type of touch, as in the abusive therapeutic relationship, is not just self-gratifying. The client is being 'used' in some way, or objectivized, or not seen fully as a person, because of the lack of awareness of the therapist about their own abuse issues. This for of 'use' or 'abuse' of touch can often be unconscious, but, in a therapist, this is really a double fault.

A therapist, trainer, workshop leader, counsellor or supervisor if not really be aware of all the finer points about their own sexuality, their own sense of power and their own sense of themselves they may fail to learn or fail to manage these aspects of their energy, especially in relation to their clients which leads to misuse or abuse.⁵

Subtle body language and touch conveys much more than words estimates of more than 50% of all aspects of communication are reasonable. One has to be especially careful when working with the client's body and energy, if not, it will affects the balance between therapist and the client. This fault perhaps takes place when the client's body is seen, as an arena of therapeutic interactions, and not as a person with need or suffering with problem.⁵

This abuse happens, when there is lack of knowledge, experience, compassion and respect towards the client and towards the profession, but there is strong personal relationship with client.

The therapist and the client may get into the wrong track when the therapeutic relationship becomes more emotional, more intimate and more personal. Due to lack of self-confidence, and presence of humility, lack of control, immaturity, the relationship becomes dangerous. Touch that is motivated by the therapist's own need for gratification can never be justified.⁵

In an abusive relationship, in order to prevent the client feeling 'used' or 'abused' and making a complaint, the therapist, often effectively give them some form of intellectual rationale for this type of inappropriate touch. This is often combined with considerable emotional pressure to ensure the safety of the therapist and possibly the continuation of the abuse.⁵

Here the client become victim, and the therapist is the abuser who is 'brain-washing' the victim so that the abuser is protected. The victim therefore has to accept the rationale of the abuser to be free of guilt.

Traditionally the therapist also abuses the power role as well, in that they pose as the 'knowledgeable', the professional, or the omnipotent one; the guru; the teacher, the therapist (the-rapist); or they abuse a naturally occurring role like parent or step-parent, uncle, grandfather, elder brother, cousin, etc.⁵

b) Institutional abuse

Emotional catharsis was then emphasized as almost being more important than respecting an individual's ('neurotic') personal and culturally determined ('repressive') physical and sexual boundaries.

On this graduated path of abuse, inappropriate touch and the disrespecting of personal boundaries, leading even to accounts of rape in therapy group. The community perpetuates the abuse by its inability to self-examine some of its value systems and institutions. With serial therapeutic abusers, due to of self-awareness, or they strongly defence their "*Act of Abuse is Not an Abuse*" is very difficult to make them understand the seriousness of the issue because they have their own way of rationalization.⁵

Moreover institution need to stop pretending that the abuse was,

- (i) A single aberration;
- (ii) Due to improper training;
- (iii) Something that will be solved by sacking the person out of whatever professional association is involved;
- (iv) Something 'bad' in the therapist.

When institution says, "You are wrong, actually, you are abusive, institution is not interested in your evasions or

excuses, You must stop working". Then only such abuses and abusers rate will decrease. Following that, an extensive period of re-educational is a further requirement. But the serial abuser, or the institutional abuser, it is sometime they are far beyond for this sort of help it is endemic and chronic. If touch pays a significant part in the training of a therapist, then the experience of touching and being touched is also significant part of this training.⁵

Many of these issues should have come out during the training, if there is good reflective, feed-back and monitoring systems installed. Client's charters, support groups, and networks against professional abuse are growing in order to help prevent therapist's abuse and institutional abuse and even though their primary purpose is to help the abused individuals and to support them.⁵

c) Attraction and abuse

Another frequent issue is where there is an attraction between therapist & client. The betrayal of therapeutic trust by means of verbal abuse, inappropriate touch or direct sexual contact. When there is unclear boundaries of the relationship, such abuse become more common. If therapists, trainers, tutors & supervisors if not making a definite statement relationship then there will be exploitation or illegitimate contact; the major cause for such relationships are delineating the boundaries. Here therapist abuse is very common and often repetitive and compulsive.⁵

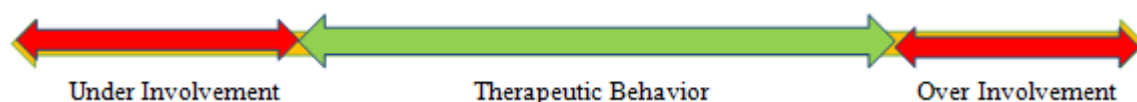
The abuser becomes addicted to this particular form of practice. Abusers are often intelligent and well educated and well known to protect oneself from society or organization and make them safer. There is however a lack of full integrity and often a high level of self-deception. They are usually known as, serial abusers, who has fundamental flaw in their thought processes, in their psychological structures, in their world-view, in their relationships, and also in their personal and ethical codes that allow such immoral activities to perform in their life.⁵

2) Boundary Violations in Therapeutic Zone:

A **boundary crossing** is a deviation from classical therapeutic activity that is harmless, non-exploitative, and possibly supportive of the therapy itself. In contrast, a **boundary violation** is harmful or potentially harmful, to the patient and the therapy. It constitutes exploitation of the patient.⁶

Continuum of Professional Behavior:

Every nurse-patient relationship can be plotted on the continuum of professional behavior as illustrated.⁷



In therapeutic relationship, if any of the health team member or specifically nurses found behaving in the following way shows that they are violating boundaries,

Boundary Violators
The nurse's behaviour is not consistent according to the Practice & Professional Standards of Nursing.
There is conflict between the nurse's needs and the client's needs, and the nurse is not demonstrating that the client's needs are the priority.
Aspects of the nurse's relationship with the client are hidden from others.
The nurse does not want other nurses to have the same relationship with the client.
The nurse is using the client to meet the nurse's personal needs for status, social support or financial gain.
The nurse is preoccupied with the client.
The nurse is giving preferential care or time to the client.
The nurse is unclear about when the relationship with a client is professional and when it is personal.
The nurse has entered into a personal relationship with a client before taking all the appropriate steps to end the professional relationship.

6,7

3) Application of IPR model in Touch:

Theorist- **Hildegard. E. Peplau is the properator** of the Theory of interpersonal relations, middle range descriptive classification theory. The theory was influenced by Harry Stack Sullivan's theory of inter personal relations (1953)..Peplau's theory is also referred as *psychodynamic nursing*, which is the understanding of one's own behavior.

When we talk about IPR, the first thing that come to our mind is Communication. Communication taking place in Therapeutic setting is both Verbal & Non-verbal communication known as Therapeutic Communication techniques. In Therapeutic communication TOUCH has an inevitable role in conveying message. Role of Touch varies from one phase to the other in IPR.

She explained the significance of Interpersonal Relationship between Nurse & the Client.

IPR phases are four that begins from

Pre-Interaction – Preparing oneself before facing the client therapeutically

Orientation – Introducing of client and Nurse to each other;

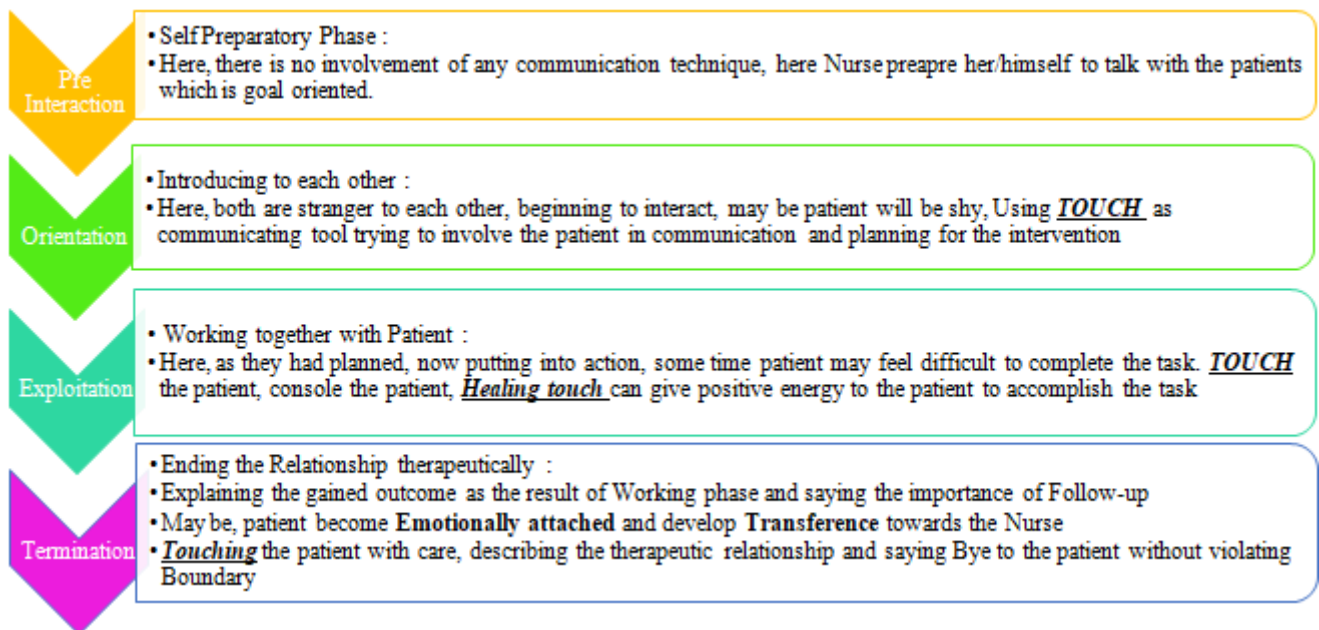
Exploitation - Working together oriented towards goal;

Termination - Winding up the Therapeutic Relationship.

The most common model used in Therapeutic setting during care delivery. This model is applicable to Nursing Process and Process Recording in the field of Mental Health Nursing speciality

This theory plays role in Assessing, Intervening, and Evaluating. It gives us feed back towards the Nursing Care. If the goal not attained, then re-planning in Orientation phase.

So, Lets see the application of ***Touch in IPR*** Model



2. Conclusion

As an individual, Let us start speaking and raise voice for oneself as well for the society. Keeping quiet against all the ill-behaviors will become strength for the abusers. **“Victim need not to remain victim forever”**. Fighting for oneself either in corporate setting or in therapeutic setting for Safety is individual Right. There's no compromise in ones own self-Esteem & Dignity in the name of Job & Money. Let us

start learning to saay **“NO”** for any threats or pressure related to Inappropriate or Abusive Touch.

“Ensuring safety in Workplace is each individual's responsibility”

Let us be part in this.....

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