

**The Mutable Membrane:**

**The Impact of Touch in Dance and Dance  
Movement Psychotherapy**

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The impact of touch in Dance and Dance  
Movement Psychotherapy

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## Abstract.

The Mutable Membrane is the title for a PhD by published works comprising four peer-reviewed publications on practice-led research undertaken in dance education and dance movement psychotherapy contexts over the past three decades. These practices are informed by an experiential somatic movement education and therapy approach, Body-Mind Centering® (BMC®) and a democratic, dyadic movement form, Contact Improvisation (CI). BMC and CI provide the foundational episteme; the specialist touch and movement methods and embodied approaches to learning and therapy.

In BMC practice, the physiology of a cell membrane embodies and informs other emergent iterations of transitional, relational spaces pertaining to bodies, selves or entities. The membrane portrays the motile and permeable nature of the relational realms experienced in the educational or therapeutic process. The Mutable Membrane emerged in the practice-led research and is applied by the author to situate and denote the potential for self-development and change within the assemblage of interpersonal and wider societal relational realms.

Reference is made to published case studies involving the most socially excluded and vulnerable. Phenomenological and self-reflexive research methods identify significant touch and movement practices and their outcomes. At the heart of the four publications, the aim is to show how these specialised methods may reveal and address issues such as lack, loss, exclusion and deprivation. This is achieved with the application of the Mutable Membrane as a heuristic for the therapeutic and educational endeavour undertaken, as an assemblage of the membrane iterations identified: the practitioner and client self-membranes; the shared interpersonal membrane of the pedagogic and therapeutic space; the metaphysical membrane applied to self-reflexive accounts. The Mutable Membrane contributes a new perspective on inclusive provision in education and health and social care which legitimises touch as a form of non-verbal communication. In each publication, relative to the case and context, each membranous realm has ethical implications to excavate and address.

Key words; touch, membrane, mutable, permeable, inclusion, consciousness.

## List of Publications

### **Publication 1. Book Chapter:**

Dymoke, Katy (2017) 'The Lost and Found: Helping Children through Trauma Using Neurocellular Developmental Movement Methods.'

Chapter 11 in *Rhythms of Relating in Children's Therapies*, Daniel, S. and Trevarthan, C. (eds.) London: Jessica Kingsley, pp. 172-187. Peer-reviewed by Stuart Daniel.

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### **Publication 2. Journal article.**

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Dymoke, Katy (2021) 'Supervision or Co-Vision; co-activating a receptive and responsive container for reflection and restoration.'

Chapter 10 in Colbert, N and Butté, C. (eds.) *Embodied Approaches to Supervision: the listening body*. London: Routledge.

<https://www.routledge.com/Embodied-Approaches-to-Supervision-The-Listening-Body/Butte-Colbert/p/book/9780367473341>

Percentage Completion: 100%. Extent of candidate's contribution: 100%.

### **Publication 4. Book:**

**Please note chapter 8 is not included in the submission as these are point of view contributions from 3 Touchdown Dancers.**

Dymoke, Katy (2023) *Inclusive Dance; the Journey of Touchdown Dance*. Bristol: Intellect Publishers. (In print). <https://www.intellectbooks.com/inclusive-dance>

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With thanks for the grace and fortitude of my parents – embodied in  
the  
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## INTRODUCTION.

### **The origins, aims and objectives of the practice-led research into touch.**

This thesis sets out to discuss the aims, methods, and discoveries of practice-led research submitted for a PhD by published works in four peer-reviewed publications, two book chapters, a journal article and a book.<sup>1</sup> The research on the impact of touch-based practices is undertaken in the context of two inter-related professional praxes; first, dance movement psychotherapy (DMP), and second, teaching movement within inclusive dance contexts, both including those from vulnerable, and disenfranchised backgrounds. The following chapters outline the contribution of two specialist and interdisciplinary touch and movement-based approaches to make the work accessible - Contact Improvisation (CI) and Body-Mind Centering® (BMC®).<sup>2</sup>

The primary purpose of each publication is to share the learning that arises in practice, to document the impact of specialist touch-based methods, to inspire professionals, recipients, and societal policy makers to re-consider the value of touch and, in so doing, the impact of its lack. In each publication, the discussion as to why the lack of touch exists takes place explicitly in the context of the dominant non-touch discourse in society, and implicitly when the value of touch arises as an inherent aspect of pro-touch BMC and CI practices. In publication 1, a book chapter, *The Lost and Found*, and in publication 3, a chapter on embodied approaches to supervision, *Supervision or Co-Vision*, touch is the foundation to a trusting relationship.<sup>3</sup> In publication 2, a journal article, *Touching the Untouchables*, touch is inherent to an embodied approach to trauma healing and maturation. In publication 4, a book, *Inclusive Dance - the story of Touchdown Dance*, touch is an effective non-visual language of communication, uniting visually-impaired and sighted dancers.

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<sup>1</sup> All four publications are listed on page 4, summarised in the appendices and are available in the public domain.

<sup>2</sup> These two disciplines are outlined in detail in the publications and their relevance is referred to in later chapters.

<sup>3</sup> This is a term coined for the change from a hierarchical relating implied in *super* to reciprocal 'co' relationship from BMC.

*A brief autobiographical context for the emergence of pro-touch research questions in relation to the non-touch culture.*

This PhD by published works presents a positive perspective on touch which is grounded in over thirty years of professional experience in education, health and social care settings. First as a dance and movement workshop leader and later artistic director with Touchdown Dance (from 1989 to present day) and secondly as a BMC practitioner and DMP (since 1999). When working as a DMP in adult learning disability services (from 2000-2010) I was called the ‘touch therapist’. I was encouraged to research into touch methods due to the positive outcomes experienced in some very complex cases. I had initially felt very shy of revealing the use of touch in such cases, specifically in the non-touch context of health and social care where vulnerable clients were accused of inappropriate touch on staff and staff were confused as to when to touch and how. I researched literature on touch to find that many colleagues expressed *why* they consider using touch, often with contention and compromise, but not *how* (Montagu, 1996; Field, 2001; Hartley, 2004; Piper and Smith, 2003; Westland, 2011; Totton, 2015)<sup>4</sup>. Underlying this dilemma has been the lack of legitimate research methods, as I consider in Chapter 1, and discuss in publication 4, until new ‘iterative trends in research’, such as discursive methods (Harre and Gillett, 1994) made qualitative inquiry possible (Dymoke, 2023: 101).

*The pro-touch-non-touch polarity – bridging the divide and finding the membrane assemblage.*<sup>5</sup>

This PhD asserts a pro-touch discourse to reciprocate the predominantly non-touch discourse in society. As touch has been historically enshrouded in taboo since the industrial revolution (Classen, 2005, 2012), the general disapproval of touch and disagreement about its value in the arts, education and health professional fields have created a polarity between those who touch, (who are a minority) and those

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<sup>4</sup> See the book *Inclusive dance – the story of Touchdown Dance for a fuller ethnographic and autobiographical account.*

<sup>5</sup> Here the assemblage represents the basis of a new framework for inclusive practice and research

who definitely do not.<sup>6</sup> For those of us who do touch, the current discourse reveals a need for pragmatism, for discussion and debate, for opportunities to bring our alternative, ethical perspectives on touch and ways of working into the ‘know how’ of our professions and adjacent fields (Field, 2001; Westland, 2011; Bannon and Holt, 2012; Totton, 2015; Dymoke, 2021).

As this thesis intends to defend, the 4 publications show how the *lack* of touch ‘literacy’ in society is due to social and political non-touch attitudes and beliefs (Classen, 2005, 2012), which, in turn, are found to underlie exclusion and deprivation (Galton, 2006; Smith, 2006; Öhmanm and Quennerstedt, 2017; Dymoke, 2021). The denial of touch is external to the world of touch practice – and creates a divide for this research to engage in. With the aim to engage in a reciprocal dialogue, the membrane concept emerged to populate this divide with new ideas, challenging the ‘order words’ of the non-touch discourse (Deleuze and Guattarri, 1997: 293).

The evolution of the membrane concept can be summarised in three parts:

1. As a heuristic, a phenomenological concept that emerged reflexively from the practice-led research to articulate the two-way communication of touch-based encounters with clients or workshop participants;
2. As an embodied representation of the two-way exchange between the interpersonal realm of the therapy or inclusive dance setting, and external social systems, to articulate how the lack of touch in society can cause deprivation and exclusion (which impact the first membrane).
3. As an assemblage, the Mutable Membrane contains the pro-touch discourse and the status of the touch-based practitioner, researcher and academic, in conversations that highlight the non-touch issues affecting health services, inclusive education, and potential improvements in policy.

This thesis defends The Mutable Membrane as a contribution that speaks to the complexity of the deep structural, societal changes proposed by the practice-led research, and more simply, as a rationale for touch.

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<sup>6</sup> The historical non-touch discourse is outlined in publication 4, *Inclusive Dance*.

From within their shared interpersonal ‘membrane’, the practitioner, researcher and academic selves are relationally interdependent, combining their expertise in generating safe, effective, person-centred outcomes, and operating like an open system. The system is rooted in reciprocal learning experiences where insights and discoveries arise, indicating the imperative for *more* research into touch and for society to admit to its part in perpetuating the pro-touch – non-touch divide.<sup>7</sup>

For this PhD and thesis, the Mutable Membrane serves the writing as an assemblage of multiple membranes, as a new conceptual framework that conveys the internally sensed and felt nature of corporeal experience. The discoveries and new ideas are then considered from a variety of orientations such as phenomenology, psychotherapy, critical reflexivity and consciousness studies, to convey how and why touch impacts the quality of life of beneficiaries and their social systems. These aspects are explored further with reference to relevant literature in each publication and throughout the following chapters.

The research imperative is to corroborate the benefits of touch, drawing particularly on the voices of the most vulnerable, whose interests become, like touch, unveiled, disavowing non-touch rules (Dymoke, 2014, 2021). The guidance given in situ and now in print, is part of an epistemology, a continuum of professional practice; the self-reflexive nature of the critique may then inspire a shift towards a wiser, more trusting an effective touch-based practice. These implicit aims and objectives can be clarified explicitly as follows.

*The three aims and objectives of this PhD by published works*

1. To revalue touch; to show its primary role in relating, learning and healing, with reference to the disenfranchised or most vulnerable.

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<sup>7</sup> I return to the non-touch-pro-touch polarity below and in chapters 2 and 3. The open system reference resonates with the membrane concept (see Conclusion). Originating in the general systems theory of biologist Ludwig von Bertalanffy (1968) the concept applies to ecosystems that are influenced by their environment (Friedman and Allen, 2010). Another application of ‘open system’ is in the book edited by Donna de Salvo (2005) describing art work in which artists find a parallel between their art and ‘other systems in the real world’ - like a cell (ibid: 12-13).

2. To reflect upon the implementation of two interdisciplinary, research-based practices - BMC and CI - within a practice-led research framework revealing the impact of appropriate touch methods.
3. To implement and critically evaluate the practical and theoretical contribution of the emergent membrane concept as an embodiment of the two-way process required of ethically self-reflexive, touch-based practice.

*Objectives – how the publications speak to these aims*

1. The moral imperative for this PhD is for the value of touch to come from experience, to facilitate a fuller understanding of the intricacy and necessity of touch skills. The membrane heuristic is implicit to the research process, showing how the effect of touch on clients contributes to a rationale for touch; how access to opportunities to dance or to care they need affirms the methods used.
2. Each publication presents the lived experience of nuanced, skilful, touch and movement-based approaches, in practice. The intention of the research is for the reader to engage with the possibility *for* touch, inspired by the ease and trust which is integral to BMC and CI relational principles and approaches. The outcomes of each case permeate the mind with new possibilities, inspire a change in perception of the 'untouchables', or a desire to learn to touch well.
3. Each iteration of the membrane creates a new frame of reference in which knowledge emerging from the enquiry into touch is contained, so that the writing speaks to the intricate and variable applications of touch. The membrane embraces the subjective experience of the individual, or contains the embodied relationship taking place in the studio or therapy room, or

provides a space for mindful reflection, and ultimately provides embodied language for the transmission of the emergent discoveries in print.<sup>8</sup>

The Mutable Membrane is a new embodied frame of reference for the lived experience at the heart of this practice-led research, embracing the three professional selves in their collective endeavour to submit the four published works for a PhD.

### *The four publications*

The key composite cases covered in the four publications are outlined in summary, and the lack that the research aims address. Across the publications, the breadth and depth of BMC experiential anatomy, human developmental approaches and the fundamental principles of CI, are topics that speak to the aims and objectives and are outlined in more detail in Chapters 2 and 3.

Publication 1. *The Lost and Found*. Dymoke, 2019. The first of two composite cases is an infant, Adrian. His distress indicates a birth trauma and impacts the parents. Touch supports him to heal, facilitates the movement he lacks, so he progresses developmentally. The BMC touch-based, infant developmental approaches, provide coping strategies that re-unify the family. The second case, is an autistic child Chloe. I witness from outside her self-membrane, within the non-touch environment of the school that she is in her own world. Through non-verbal relating she meets me in her world and establishes a shared relational realm that includes consensual touch. In both cases touch restores ease, and reciprocal relating, the two-way realm of communication that lack of touch denied. Lack of knowledge in school about how touch can impact on multiple levels, creates a base line for touch input, for showing how touch restores a lost sense of self, re-establishes relational engagement, a sense of belonging and reveals unmet needs.<sup>9</sup>

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<sup>8</sup> See further discussion in Chapter 4.

<sup>9</sup> See p. 43 below for more detail.

Publication 2. *Touching the Untouchables*, Dymoke 2019. A case of an autistic adult with profound disabilities referred for DMP in the NHS; Sarah is self-harming due to stress and distress in her social services home environment. The unexpected outcome is that this is consequential to a lack of touch and other non-verbal forms of relating and communicating with care staff who tried their best. For confidentiality and the purposes of the article, Sarah is a composite case, to represent the disenfranchised and excluded members of society who are traditionally unable to participate in research due to lack of capacity to consent (Walmsley, 2001, 2004). Training in touch communication skills reverses the lack of knowledge and negative perception of touch, providing staff with a rationale for new touch-based methods to restore and sustain wellbeing.

Publication 3. *Supervision or Co-vision; co-activating a receptive and responsive container for reflection and restoration*, Dymoke, 2021. Four vignettes of DMP supervisees. The code of professional practice condones touch in DMP however many are shy or feel under-skilled (Tune, 2005; Johnson, 2000, 2006; Sinasson, 2006; Westland, 2011). This is all the more pertinent when working in ‘a culture of fear’ (Smith, 2006: 1) in education and other non-touch contexts like the NHS (Johnson, 2006a; Piper and Stronach, 2008). The examples show how to mediate risk by consent protocols and to ascertain a clear justification for touch, unless evidence to the contrary is available. The supervisee’s lack of touch experience is a dilemma, as touch training is required but hard-earned, as co-vision reveals. Each vignette indicates the potential contribution that touch can make to practice, and to answer the question; ‘Why are we not touching more?’ (Westland, 2011: 1).<sup>10</sup>

Publication 4. *Inclusive Dance, the story of Touchdown Dance* (Dymoke, 2023). This book tells how visually impaired and sighted people come together to dance, employing the fundamental principles of a new contemporary movement form, Contact Improvisation. The lack of ease in the body is remedied by touch-based movement practice. The lack of inclusion in movement workshops is remedied by using non-visual ways of ‘seeing’ through the common sense of touch. Touchdown

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<sup>10</sup> See p. 54 for more on the co-visory membrane

Dance is an example of inclusive arts practice that accommodates those who are denied opportunity to participate in the arts and research (Paxton and Kilcoyne, 1993; Hewit, 2007; Heller and Gentaz, 2014).

Each publication presents the lived experience of professional practice and outlines the context, the subjects, the aims, the ethical considerations, the process and methods used and the outputs as practice-led research. Once in place, this territory is the source of insights specific to the case rather than generalised knowledge. However, guiding principles emerge from the experience, which taken pragmatically, become applied to practice and may then serve the reader in the same way. The process of critical reflection into the impact of the methods undertaken may be thought provoking to the reader and integral to the revaluing of touch that is intended.

*Chapter Summary.*

*Chapter 1. Methodology.*

In this chapter the practical and theoretical discoveries of this research into touch are considered from a methodological perspective. The nature of touch practice is attentive and relational, it requires experience of introspective, embodied practice and so the research methods necessitate mindful, self-reflexive inquiry.<sup>11</sup> Five sections reference the integration of BMC research-based practice within this practice-lead research.

The practitioner, researcher and academic selves contribute to the authorial role. The methods used in the publications are pertinent to each professional self and articulate the interdisciplinary praxis. Across the publications, case studies, vignettes and first-person accounts present the research-participant data (Stake, 1995, 1998; Johansson, 2003; Butler, 2005; Gerring, 2007; Bacon, 2010), providing opportunity to examine touch practices from a phenomenological perspective, enabling interpretation and reflection from within the experience itself (Depraz, 1999).

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<sup>11</sup> See chapter 1 for further discussion and examples.



Discursive, dialogical methods articulate the iterative nature of practice-led research (Harre and Gillett, 1994; Bacon, 2010; Nelson 2006, 2013) whilst ethical self-reflexivity serves the subject analysis and draws on theoretical underpinning to substantiate the researcher's subjective emergent sense-making (Etherington, 2004, 2007).<sup>12</sup> These methods imbue the writing with content to assert the value of touch from an in-depth, experiential perspective, as the given examples testify.

### *Chapter 2. Key topics and their inherent episteme.*

This chapter identifies the intricacy and variability of touch-methods as research topics that feature in the publications and how and why touch works. An ethically reflexive approach considers the different touch-methods, their inherent qualities and affective impact on the lived world of the client/participants. Other key topics associated with touch are defined and situated within the respective fields of inquiry, with reference to cases taken from the publications. These topics are applied to the research aims and substantiated by academic references.

### *Chapter 3. The Membrane.*

This chapter articulates the genealogy of the membrane and its various influences from different disciplines; it includes the BMC concept of the cell membrane; the concept of personal boundaries in psychotherapy; and the kinesphere in CI. The membrane of the three professional selves unites the practitioner, researcher, and academic in the task to formulate the language and research methods that underlie the Mutable Membrane. The variable nature of human experience and the unpredictability inherent to practice-led research, determine the conditions of this fluid, cyclical, framework and the discoveries made.

### *Chapter 4. The evolution of the membrane Iterations.*

Four Iterations of the membrane heuristic are introduced with reference to how they appear in the publications and anchor the research; the self-membrane, shared-membrane, metaphysical membrane, and the Mutable Membrane. In essence the self-membrane is an intrapersonal realm, in which to interact with the self. The

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<sup>12</sup> See p. 101 in publication 4 where I acknowledge 'new iterative trends in research' and the ethics section in this thesis Chapter 1 – Methodology.

shared membrane is an interpersonal, intersubjective realm, representative of a contained, safe space in which to sense, feel and move, to process emotional imprints, a space for sense to be brought to 'mind' and consciousness. The metaphysical membrane is a membrane of mindful attention to aspects of lived experience that cause exclusion, inequality, or harm as well as inclusion and equality. A space to consider options, and understanding as to how this can change, and how this is impacted by and from, the world without. The Mutable Membrane embodies the meta-perspective of this PhD, the realms of consciousness, of embodied relating where the pro-touch discourse resides (Totton, 2015; Dymoke, 2021).

**Conclusion** – this chapter considers the potential future for touch and the membrane as open 'systems', in the interconnected realms of CI, BMC and DMP. The Mutable Membrane is summarised for its sense-making and potential future application.

## CHAPTER 1.

### METHODOLOGY

In this chapter the practice, research and academic methods used to collate, select and write material for the publications, are considered. Five separate chapter sections provide insight into how the methods articulate the discoveries and outcomes and why touch is worthy of a PhD. Examples of good practice from the publications show how the outcomes serve a professional readership as well as the recipients and beneficiaries - including those who do not usually touch but seek to converse from within their 'world' and may then do so. In each section more discoveries arise and reiterate the aims outlined in the introduction. In the case studies presented, it is the body that orients to social situations, using the languages of touch and movement that are translated into words so that the research outcomes are effectively admitted into the pro-touch discourse.

It is fair to say that touch is a different method of relating to verbal communication; common to all living beings, touch is not generally questioned in the care of the pets who we 'pet'. When applied to interpersonal relationships between humans, there are different preconceptions, perceptions, and questions to consider and so a more 'nuanced' language is required to create a rationale for the use of touch in intricate moments. Such moments enable critical reflection, inform new understanding about person-centred communication, and contribute to theory generation, such as the self-membrane.<sup>13</sup>

When it comes to writing, the work has already been done in the dance studio, therapy room or institution. The imperative to talk about and revalue touch in these contexts requires thorough knowledge of touch protocols and skills, which come from experience of both touching and being touched in the BMC training. In terms of human development, BMC practice recognises touch and movement as inseparable (Bainbridge Cohen, 2012) and as a more 'primitive' state of consciousness to cognition (ibid; Gallagher and Payne, 2015). This is very different to research on touch

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<sup>13</sup> This is explored further below and in more detail in Chapter 3.

from an academic or scientific research perspective, in which the topic, ‘touch’ becomes reduced to an act, disembodied from the affect of internally sensed experience, which accounts of *lived experience* are not, as I reference below.

In this practice-led research, touch is a phenomenon of lived experience applied in practice. As mentioned in the introduction, a range of qualitative research methods provide the means to explore the intricacies of the discoveries made, to ensure the corporeal insights are communicated in an embodied language, and to prevent the potential of new discoveries being veiled by polarising attitudes such as the non-touch discourse, a priori belief (such as taboo) or diktat.<sup>14</sup> The methods used to collate and write up the research, embody and re-embody touch moments, in order to speak lucidly about what is going on beneath the surface in corporeal terms.<sup>15</sup> The text excavates the nuances, the felt-sense within the body, to understand more fully how touch works and why, (including not touching), or conversely, how touch deprivation can be treated.<sup>16</sup>

When I attended seminars on neuroscience research at the Manchester Magnetic Imaging institute in 2017-19, a project on touch focussed on tactility in terms of smooth, medium and rough textures using a machine which rotated smooth, medium and rough brushes whilst the brain was scanned. This was to see which parts of the brain ‘lit up’. The researcher did not consider it necessary to have a person doing the brushing, nor training and experience in interpersonal touch protocols and was not interested in collaborative research. Interestingly the head of department stated that the presentations were contributions to research but that none were applicable to practice. For matters of the body to be applied in research practice, it appears to *require* human participation, to be relative to subjectively sensed experience in ‘interdependent union’ with an objective mind (Paxton, 2010: n.pag)<sup>17</sup> Questions arise in the context of each subjective case as to the cause of self-dysregulation, self-harming and exclusion. Answers are seen objectively to reside in

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<sup>14</sup> See chapter 2 section 4 and the in-depth discussion of methods in publication 4. p. 130, “the potential scope of a ‘natural attitude’ towards touch experience (Sheets-Johnstone, 2010: 41) is overshadowed by attitudes of deviant, sexualised or eroticised touch.”

<sup>15</sup> See publication 4 p 134 for a discussion of ‘lucid neutrality’ and the case of Ida

<sup>16</sup> These touch methods are explored in chapter 2

<sup>17</sup> See publication 4, p.127 for a full analysis of the correspondence with Paxton.

ignorance of restorative and inclusive touch, of the foundation for an empathically resonant interpersonal realm.<sup>18</sup> The Mutable Membrane is implicit to the concept of ‘union’ and makes the declaration of these discoveries possible, as I explore next.

*Addressing lack of access and inclusion in emancipatory and inclusive research.*

In 2007 I started research into touch in the NHS, whilst working with vulnerable and disabled people, with the view to enabling them to have more say in improving services they receive (Dymoke, 2021). For example, in publication 2, *Touching the Untouchables*, Sarah’s care workers learn how to use touch communication to support her autonomy. Touchdown Dance has undertaken research with visually-impaired people since 1986. Research involving these population groups is emancipatory in nature and as a result each research subject or participant is not only representative of the self, but also of a community (Walmsley, 1994; Harre and Gillett, 1994). The potential cascade effect from research subject to pro-touch discourse, adds value and purpose to the research aims and outcomes; not only does the practitioner-researcher have to demonstrate the personalised touch treatment that each subject requires (aims 1 and 2), but also to admit bias, satisfy ethical scrutiny of capacity and confidentiality.<sup>19</sup> In publication 4, reference to the meta-perspective of the Mutable Membrane (aim 3) substantiates the wider socio-political rationale for how and why touch should be more available and better understood; the impact of emancipating touch-based practice is the emancipation and inclusion of those involved.

*Discovering a new pluralistic and membranous research framework – to unify bodily experience and consciousness for the pro-touch discourse.*

The practice-led and academic research purposefully sought and found the most appropriate research methods for the four peer-reviewed published works (see Introduction p. 16). In publication 1, *The Lost and Found*, the choice of discursive methods and first-person accounts of the interactions and interventions, provide the context for why the BMC touch-based methods were given to infant Adrian, whilst

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<sup>18</sup> See the case of Ida, publication 4, pp. 134-135

<sup>19</sup> An example follows in this chapter section 4, and Ethics.

parental feedback and critical self-reflexivity with the practitioner provide insight into how BMC touch methods reunite the family and restore its membrane. With the political purpose in mind in publication 2, *Touching the Untouchables*, the use of “I” and “you” confronts the reader to be complicit to the outcomes. The reader is asked to admit their own bias, to participate reflexively as they read the accounts of the case and the process, and to also consider why they do not touch, or do, and the implications of this on touch deprivation. In publication 4, a whole chapter outlines practice-led, pedagogic, pragmatic, semantic and phenomenological methods, including the use of the ‘hermeneutic turn’ (Depraz, 2003) which is applied in the moment of returning to the experience to ascertain what discoveries remain to be found.<sup>20</sup> The initial, pre-expected response is consciously set aside, ‘bracketed’ to give space for the emergence of new meaning (Dymoke, 2023: 133). This mindful state resonates with ‘deep listening’ and sensing and feeling whilst moving in CI and BMC.<sup>21</sup> These different states of consciousness are described in detail and become familiar phenomenological realms of experiencing, as does discovering through reflexivity. As I explore below, embodied-understanding goes hand-in-hand with the process of embodied-writing and speaks to the way the membrane concept emerged and new iterations were applied as new ‘dimensions’ arose in the discourse.<sup>22</sup>

The following chapter sections consider the methods implemented by the practitioner, researcher and academic selves respectively, with the aim to bring the practice-led and practice-as-research undertaken into the professional and wider public domain. Reference is made to examples from the publications with a focus on how and why these methods were used in this pro-touch discourse.

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<sup>20</sup> See publication 4, p. 135: “Only by reflecting hard, using the introspective analytical tools of the ‘hermeneutic turn’ (Depraz 1999), and consciousness theory from BMC® may I discover, in her absence, some possible sense to what Ida experienced bodily, preconsciously, or cellularly.”

<sup>21</sup> See publication 4, p. 133 “This dialogue between present cellular and past nervous system experience is, for me, learning. (Bainbridge Cohen 2012: 9)”

<sup>22</sup> See the Chapter 3, and in particular publication 4, p. 132-133: ‘Reflexivity is useful in situations of continued, open, reflection; in this continuum the perceiving subject is freed from old perceptions as new dimensions emerge – reflexivity is a process of re-tuning attention, a new form of objectification.’

1. *The BMC practitioner's practice-led research into the impact of touch; how to document emergent knowledge to serve the first aim - to revalue touch in society.*

The premise for this research is to revalue touch by sharing how this aim can be achieved in practice. Touch is of the body, and like the body, touch has been denied research opportunities to show the wisdom that is effectuated in movement education and in restoring body-mind unity in psychotherapy (Hartley 1994, 2004). BMC is a research-based practice that has a wealth of intuitive knowing, of deep-listening skills and methods of witnessing through the hands.<sup>23</sup> In these published works, the potential of BMC touch-based practices is demonstrated in complex cases and CI is located within movement education and therapy contexts so the reader observes the skilful practitioner in action and can engage in the process as it takes place.

EXAMPLE: In publication 2, *Touching the Untouchables*, BMC methods are implemented with Sarah, an autistic adult with profound disabilities -representing the untouchables. In this therapeutic context, the input of BMC touch and movement methods are described in phenomenological accounts, and the outcomes speak to why touch is effective in 'supporting the unspoken needs' of Sarah; 'The BMC approach provides a body-oriented, adaptive and accessible methodology for a humanistic, person-centred psychotherapeutic framework" (ibid: 2). Sarah responds to the plurality of input, including multi-sensory methods of communication; walking arm on arm to support her desire to walk; hands-on methods such as brushing and 'sponging' on her arms and pelvis when we pause, where deprivation of choice and liberty manifest as anxiety and instability. Over time our foundational, co-existent, and trusting relationship, provides the basis of her restoration and maturation.

Having seen the transformation in Sarah over the months of sessions, the care staff were telling the story of her restored autonomy. I offered training in touch-based methods and they liberate the touch culture in the home. Touch protocols are

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<sup>23</sup> More detail on this in Chapter 2.

implemented as advised and assist Sarah to self-regulate and to communicate non-verbally, and she stops self-abusing.

Case study methods (Stake, 1995) allow for these detailed descriptive accounts of BMC touch-based relating and embody the membrane – the corporeality of the work is membranous, supporting both restoration of the inner self, and co-regulated relationships with others. BMC underlies how all the assessed objectives are achieved and undermine the non-touch discourse.

A key discovery in this case is how the time and place of the touch input is significant to the outcomes; touch takes place when Sarah indicates yes or no, with facial and gestural signals, when she is receptive and so consensual. Any ambiguity is a signal to pause, check in and decide to desist. These discursive and descriptive accounts provide an opportunity for the reader to reflect on how and why working with touch is effective as a means to communicate non-verbally, as an intervention with simple, pragmatic potential, or as a form of therapy for traumatised individuals who lack cognitive capacity but can still have preferences and make choices. Another discovery is how directly touch-communication training with staff accommodates changes to support a duty of care. The moral of the story is how a lack of being able to meet Sarah at this ‘primitive’ state of consciousness, created a divide between her and her carers. However, touch skills bring them in ‘confluence’ with Sarah; they become receptive and responsive to her rather than implementing a policy which deprived her of touch – and denied her of living in the world as she experienced it.

*2. The researcher evaluates BMC and CI approaches to touch and movement using a mix of qualitative research methods as appropriate to the identified aim of the case.*

The publications provide case studies and descriptive first-person accounts as a means to bring the reader into the situation (Stake, 1995; Butler, 2005), to witness how and why touch methods are used.<sup>24</sup> In writing about touch practices from within the room itself, the professional provides insights into the impact of specialist training on the subjects and the cascade effect on the wider context and potentially

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<sup>24</sup> See page 2 in publication 2, *Touching the Untouchables* for a rationale for this.



the perception of touch more widely – alluding to the how the three aims of the research are met.

EXAMPLES:

In publication 1, a case study integrates different methods including descriptive accounts of the family and objectives for using touch in Adrian's case (aim 1). Descriptions of how BMC hands-on treatment lessens Adrian's distressful pain response, reveal the developmental justification for touch (aim 2). A further change in Adrian and the family membrane occurs as the caregivers discover and implement touch, and progress towards unity (aim 3). The accounts show the practitioner is not directing Adrian but supporting him to follow his own impulse to move within the environment, to instigate autonomous self-movement. Ethical touch practices are illustrated to show the integrity of the practice to the reader and its application to relating therapeutically within the membrane of the whole family system.<sup>25</sup>

Publication 2, *Touching the Untouchables* introduces a case study that exemplifies a form of inclusive and emancipatory research (Walmsely, 2001, 2004). BMC and CI embodied approaches serve Sarah's interests and the research aims enable Sarah's participation (Williams et al, 2008, 2015). The socio-political motivation for the case study is to engage the reader in the possibility that touch deprivation is a reality faced by Sarah, and the untouchables a reality created by hierarchical systems of health and social care. Sarah's case study outlines the stages of the practice; the assessed aims, the input to address the objectives (aim 1), the outcomes and the discoveries including the membrane (aims 2 and 3). The discovery that touch improves Sarah's mental health, influences the practitioner's choice of approach over time and shows due consideration of Sarah's changing need. Paradoxically, the intimacy of the therapeutic relationship creates a shared relational membrane of trust and resilience, of autonomy over dependency, providing readers with an understanding of the complexities and potential strategies for service improvement. The 'moral' of

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<sup>25</sup> I return to this in the conclusion.

this research story is that the methods make a case for touch and the case serves a common, pro-touch purpose in which all stakeholders benefit.

3. *Empirical evidence of the outcomes of the practice-led research is given in a mix of subjective first-person accounts and inter-subjective, non-verbal and verbal exchanges,*

The research outcomes of this PhD are evidenced by the touch-based encounters presented. The case study is a strategy which embraces the use of first-person quotes or testimonials and phenomenological third person descriptive accounts by the practitioner-researcher.

EXAMPLE:

The use of vignettes in publication 3 and more expansively in publication 4, is a strategy to show the effect of the touch-based practice and the cascade effect of the outcomes into the community or social system. Brought closer to the experience in the first person, the reader discovers and understands the rationale for touch that accompanies the outcomes. In publication 4, an ethnographic account of disability arts from the 1980s sets the scene for the need for inclusive practices. Case studies, phenomenological descriptive accounts, and excerpts from archived articles and research provide testimony to the touch-based practices underlying the teaching of CI to visually-impaired and sighted people.

In the case studies touch is described by a participant within the context of experiencing CI to show how touch communicates when sight is absent; the 'duality of touch and vision' becomes available as a resource rather than a polarity, 'an unmediated void' (Dymoke, 2023: 126). In CI, touch becomes a topic for practice-led research and foregrounds ways in which it can be researched. In some cases, detailed analysis of the touch moments serves to reveal the variant affect of touch, but the point is also to introduce the nature of non-abusive, non-erotic touch and to argue for its legitimacy.<sup>26</sup>

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<sup>26</sup> See more on this in publication 4, p.125-127

Brought closer to the experience by the first person, the reader discovers and understands the rationale for touch that accompanies the outcomes, as in the example of Sarah in publication 2. The limitations of this research strategy are also admitted – in Sarah’s case I seek to normalise touch practices in a culture which can’t conceive of the possibility for the BMC approach. I realise the reader would need to commit, like the care staff, to experiencing the touch methods directly - which is not possible in the article, but giving a message of the need to learn to touch well is. I defer to the possibility of learning from the insightful descriptions of touch moments that were meaningful to me (Dymoke, 2019: 3). I declare my own subjectivity and bias in the hope of countering the claims and biases of the dominant non-touch perspective, and address the reader directly, inviting them ‘to join with us in our learning’ (Dymoke, 2019: 2). The voices of the participants may entice the reader to do their own research into touch, not for the sake of touch only but in order for more views to populate the divide and proclaimed lack of research in these fields (ibid.) Etherington (2007) is quoted to affirm the purpose of first-person accounts and subjectivity in practice-led research when undertaken in a system that is both hierarchical and status based, like the NHS. The message I speak directly to the reader is; if fear of perpetrating abuse is enough to counter-indicate the value of touch, then more research is needed to evidence the contrary.

4. *Academic research is sourced for quotes and references in support of the research methods applied, the professional practices and self-reflexive approaches used and to defend the need for further practice-led research.*

The discoveries/outcomes and emergent interpretations formulate contributions to the pro-touch discourse. Together with other academic references the publications defend touch in the wider touch-averse culture and its dominant, non-touch counter discourses.

EXAMPLES:

Earlier in this thesis, the introductory chapter explores the theme of societal control as a cause of restraint and as a source of antecedent, historical and/or current ‘veils

of perception' (Harre and Gillet 1994: 42). Academic research is referenced to link statutory power with inequality, exclusion, deprivation, and so to counter-productive outcomes of the non-touch discourse. Dominant societal beliefs carry weight and impinge on the right to be different, appropriate autonomy, inhibit liberation, and restrain self-determination (Kelly 1984).<sup>27</sup> Further academic research is referenced throughout the publications and this thesis to underpin the justification for change, for new embodied practices and perspectives, and for new inclusive research frameworks for such action to be realised.

In publication 1 – reference is made to the Infant Developmental Movement Education training program in BMC®, to the theoretical principles of touch and movement repatterning. The principles of 'support precedes movement' and of how touch-stimulation integrates the physiological reflexes that underlie movement, substantiate Adrian's discovery of his pathway into space (Bainbridge Cohen, 2019).

In terms of sourcing appropriate language, in publication 4, mention is made of other touch descriptors from the field of touch-based practices such as 'lucid neutrality' (Dowd, 2007: 78), which opens up a sense of unambiguous intent to establish 'a common ground for both people involved, for the experience to be 'lucid' and open to dialogue' (Dymoke, 2023: 112). In publications 1 and 4, 'cellular touch' defines the primitive state of consciousness that becomes conscious as we attend to touch experience, 'Consciousness is separated into two interdependent realms: 'nervous system' consciousness and 'cellular' consciousness. Like the hermeneutic turn, the former is suspended for other possibilities to arise in moments of 'cellular listening' (Dymoke, 2023: 133).

The pro-touch view from the field of social sciences, (particularly Piper and Stronach, 2008), refers to the panic in education in regulating touch out of the system. Non-touch perspectives are also given from within dance and psychotherapy as pertinent to the context. This is discussed further in the next chapter.

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<sup>27</sup> See Introduction p. 13.

As I wrote publication 2, political arguments surfaced in my awareness in reading the book *Touch* by Constance Classen (1995) who refers to the ‘untouchables’ in society as a legacy of the industrial revolution. Sarah’s state of deprivation instilled in my conscience the motivation to change the care culture. Research into the ethics of care, into the use of touch in care, confirmed that the possibility for touch is not known or contemplated whether as a form of communication, or a therapeutic solution for mental distress and self-abuse, or for interpersonal conflict.

The political and professional ‘interest’ that I invested in this publication, is clarified as an ongoing process of discernment which emancipatory research involving case examples makes possible. Academically, it is an opportunity to profile practice as research and the new learning that is sought of for both professional realms; not only for the professions to evolve ethically and become inclusive but for the position of the ‘untouchables’ in society to change. Notwithstanding the COVID 19 pandemic, the absence of touch, as in Sarah’s case, appears endemic, and complicit with abuse taking place in the care culture – as documented in MENCAP campaigns and concurrent institutional abuse, such as Winterbourne View.<sup>28</sup>

5. *ETHICS. The publications in themselves, are a means to disseminate the discoveries and outcomes as ‘new’ knowledge or ‘emergent’ evidence in support of the existing demand for more research into ethical touch practices.*

Ethically, this research into touch contributes new insights to assist inclusion in the Dance and psychotherapy fields, in response to calls for more research into touch and to inform good practice (Westland, 2011; Sinasson, 2006; Bannon and Holt, 2012). In psychotherapy contexts I experience and argue that the use of touch is congruent within DMP codes of professional practice, whilst being less so in other psychotherapies (Hartley, 2004; Bloom, 2006; Westland, 2011; Dymoke, 2014).

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<sup>28</sup> The case of the Winterbourne View report (DOH, 2012) and the MENCAP ‘Treat me right’ (2004) and ‘Treat me well’ (2021) campaigns indicate that generalisation and utilitarian approaches may sustain the systematic care culture, but ethically, the ‘duty of care’ to each person requires a personalised approach and more research (Green and Nicoll, 2001; Dymoke, 2021; Collett et al, 2023).

The ethical application of touch is essential to the outcomes of these publications, and benefits from decades of experience and other research-based publications (Dymoke, 2000, 2014, 2021). The ethical aspects of the research presented in the publications are incorporated in the practice and in accordance with the code of professional practice and registered membership of the Body-Mind Centering Association and the Association for Dance Movement Psychotherapy, (for which I wrote the code that was accepted by the Professional Development Committee and adopted by council). The ADMP has supervision requirements and Touchdown Dance has safeguarding policies which are adhered to.

Ethical approval for the research included in the publications was granted both in the NHS (specific to publication 2, *Touching the Untouchables*) and by Manchester Metropolitan University through an Ethos application for the PhD by published works. In the NHS the specialist ethics committee granted permission for research involving people who lack capacity to consent, on the grounds that I had positive case load outputs, support of the chief executive and specialist skills which would enable participants to contribute to generating knowledge about alternative ways for their needs to be met, better person-centred care, and service improvement including staff training in specific skills (Dymoke, 2021)

#### *The ethics of inclusion.*

The intention is not to enforce touch but to implement touch as an integral part of the learning environment or therapy process when other forms of communication are inappropriate to the developmental stage and/or emotional state. Examples of the unpredictability of the touch methods applied show how professional skills are key to the experience, to the content of the sessions, the choice of methods and to the outcomes. Self-reflexive processes and practice-based research methods facilitate inclusion and diversity, taking into consideration the reciprocal relational realms and the influence of societal diktat.

#### *Ethics of good practice*

A PhD by publication provides a means to document and disseminate practice-led research that aims to contribute new skills and knowledge applicable to professional

practice and service improvement. The ethical responsibility of both researcher and practitioner involves participant confidentiality and consent to tell their story and/or discuss aspects that speak to the research aims. In all cases consent was given, at times by a 'significant other' such as a caregiver, or confidentiality ensured by the composite nature of the pen portrait given to fictionalise the case content. Whilst revealing the aspects of professional practice and the outcomes, the participant subject is protected.

#### *Ethics of consent to touch.*

In DMP consent precedes treatment and each intervention or change of approach. In BMC and CI, touch protocols are in place for both the practitioner and client, or teacher and student to follow, either by explicit consent, or to negotiate non verbally. Consent taken by non-verbal means is obtained by implementing careful relational interactions with the subject, which enables choice to accept or refuse the offer in non-verbal ways appropriate to their ability. In practice this reinforces and verifies the importance and appropriateness of embodied approaches to learning and therapy on the one hand and of practice-led research to the purpose at hand. Ethical approval validated and substantiated this endeavour to revalue the role and impact of touch by reference to cases that indicate the ethical application of such skills. As researcher, practitioner and academic, I have brought a new ethically-reflexive concept - the Mutable Membrane - into the fields of inclusive dance and psychotherapy. This concept is not an end in itself; it enables ethical self-reflexivity, acquiescence of ethical responsibility and recognition of the ethical benefits indicated by the outcomes for the most vulnerable and excluded.

The clients experience touch from a professional, which appears like a form of restorative justice when the carers realise they can change their abusive behaviour and have a warm, rewarding relationship with the person who appears distressed but is in reality being abused – as a result of social diktat which criminalises touch as a conduit for abuse. The categorical imperative underlying this belief is that we should all be treated with kindness and if touch is abusive then do not touch. However, lived experience of human society brings such thinking into question – what moral imperative is there to cause touch-deprivation and trauma? The ethical

use of touch is founded in the empathic connection between people who are in a relationship that serves self-regulation, safety, ease, a sense of care and trust, compassion and understanding.

The imperative remains to contribute these discoveries and fill in the gaps in the care culture, to bring in new knowledge into the 'membrane' which will improve quality of life and facilitate inclusion of the most vulnerable and disenfranchised members of society.



## CHAPTER 2.

### KEY TOPICS AND THEIR INHERENT EPISTEME

*TOUCH: The primary nature of touch and movement - the societal imperative for touch.*

In the cases presented in the publications, touch is used to assist a positive change in physical or mental wellbeing - particularly for those who struggle to assist themselves. The touch practices take place in predominantly main-stream settings, such as in education, health and social care. These are highly-regulated contexts where the possibility for touch is not admitted at the highest level, and is therefore a contentious topic. The case studies are purposefully selected to show that touch is not only a body-on-body act of transgression, but also a relational realm for the educator or therapist to discover new and different ways to facilitate healing or change. This may be to assist the client to process an emotional response, to find an alternative way of moving, to enable self-development, and/or greater autonomy in their self-world. The topics that follow are comprised of salient principles that are further substantiated in the publications, to illustrate how the BMC and CI touch professional applies different touch qualities and why.

*The body reinstated.*

I start the topic list by considering the fundamental principles common to BMC and CI starting with a focus on the body as the foundation to learning and relationship. I then go on to explore and discuss other touch-based topics and discoveries of pertinence to the research. The objective in both disciplines is to create a realm, a 'space' and 'time' for experiencing the 'bodily sense' (Gendlin, 1999) in which the primary senses of movement and touch serve this end.

As the research presented here reveals, the relational aspects of client-based practice and studio-based learning resituate the body 'centre stage' as a place for discovery of the unitary body-mind as an 'animate form' (Sheets-Johnstone, 1990: 311) or as an 'interdependent union' (Paxton, 2011: n.pag). In BMC touch skills are used to communicate and relate to the whole person (Bainbridge Cohen, 2019),

reinstating the body as the locus of inquiry and the source of self-knowing, or ‘mind’. Other somatic movement approaches share this focus, but unique to BMC, touch is used in embodied interpersonal communication, in the ‘intricate’ context of human development (Johnson, 2000; Kampe, 2015).

I now list key touch principles discovered in the research and their associated topics.

*1. Discovering the art of touch facilitation – an intricate skill in meeting the mind through the body.*

In a BMC hands-on approach, touch facilitates or follows shifts in self-other awareness, if the body-mind feels receptive to the outside world and to moving in relationship to it. Each touch is different, whether with the same or with different client cases. Through touching we can get to know how to relate to a person, so that, in our hands, they get to sense, feel and move with greater ease (Bainbridge Cohen, 2012; Dymoke, 2017, 2019, 2021). The hands are used to feel movement, either at the surface or from deeper below. Like ultra-sound, tactile sensitivity can pick up a pulse, or a nerve release under the skin or in underlying tissues. Experience assists the professional to become literate with touch, to recognize and differentiate sensory information and adjust to shifts in consciousness. Touch facilitation is like a meeting of ‘minds’ through the body; touch a sensitive place and the affect comes to consciousness for both. Touch awakens this type of ‘primitive’ consciousness, a sense of knowing that can be expressed, met, and conversed with, as I come to next with reference to the publications.

*2. Discovering the primary nature of a touch connection; this features in the deep listening state in BMC practice with Adrian, in DMP with Sarah and in CI with visually impaired people.*

The primal nature of consensual touch is a recurrent theme in this research – it connects the toucher and touched in a non-verbal, pre-cognitive realm. Joined at the point of contact, both the toucher and touched sense and feel themselves and have their own experience in the company of each other. When this happens in a passive way (where the toucher isn’t looking to change anything in the body being touched), the touch recipient responds, either by going into deeper rest or awakening into self-

movement. In either case, as the process completes, the professional gently takes her hands away, remaining in the same relational realm but without touch taking place. This process is analysed in detail in publication 4, in terms of the dance partnership in CI with reference to email correspondence with Paxton (Dymoke, 2023: 127).

The touch encounters with the infant Adrian and his mother in publication 1, and whilst walking with Sarah in publication 2, take place at a similar instinctive, corporeal level, where the sense of safety and ease sustains the connection, and anything unsafe or uneasy will break it. When intuition steps in, the body responds accordingly, either bonding and moving towards/staying put or defending and moving away. (Staying put may otherwise create a freeze or disassociated response which the touch practitioner will feel and handle by adjusting to that state.) This form of deep listening replaces talking; it is a form of non-verbal dialogue, in a state of 'primitive consciousness' (Gallagher and Payne, 2015)<sup>29</sup>. Any slight shift in contact can be felt and will impact on the connection; each person can equally and reciprocally respond in movement, voice, facial expression or a combination - to communicate and relate. By allowing changes to take place at a corporeal level, a mutual understanding and trust evolves, and such nuance requires the careful attention of the touch practitioner. This is successfully illustrated in the cases of Ida in publication 4 (Dymoke, 2023: 134).

### *3. The discovery of the contribution that the anatomy of touch makes to self-regulation.*

The BMC touch-based approaches are applied to each case with understanding of the anatomy of the skin, the tactile sense, and with reference to the process of self-regulation and restoration. The need for touch to be reassuring and comforting impacts the autonomic nervous system, calming the heart rate, prompting either calm, empathic engagement or rest (Schoore, 2003, 2003b; Hewitt, 2007; Bainbridge Cohen, 2012). This is unpredictable and variability in sensitivity appears in each case

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<sup>29</sup> See publication 4 in respect to the visually impaired dancers learning CI.

presented, indicating the subjective impact of touch and the required wide range of touch skills that BMC offers. In each case the practitioner adjusts input over time, for the affective impact to be processed, as with Sarah, (publication 2) who eventually stops self-harming and becomes 'touchable'. More examples of this follow.

*4. The discovery that touch is the animate foundation of relationship – a means of finding the membrane through the senses.*

Over the many years of working with touch, I have learnt to recognise the type of client and situations where touch is effective. In publication 1, with Adrian and Chloe I take time to use touch. Since non-verbal communication is the only option, I take time to be together, to witness and notice, to attune to their state of being, to gently edge towards the membrane, the boundary between our worlds. I remain attentive and separate in my self-world/membrane to respect the vulnerability of theirs. Touch is then a means to connect and dialogue more directly. When our relationship is established, I start to facilitate with hands-on skills in response to what Adrian brings. I describe how I attune to his pain through touch and perceive a lack of strength in his arms. For Chloe, the autistic child, touch brings us into direct relationship, in which she appears to respond positively, as if her self-world has opened to accept the presence of other rather than being pushed to enter mine.

In publication 2, with Sarah, simple words are useful to support touch and movement; she lives in a verbal environment, though she is non-verbal herself. Sarah takes my arm to support her mobility as we walk. She responds to the tone and rhythm of my voice as we walk arm and arm to a rhyme I make up. The senses establish our therapeutic relationship and as it grows more fruitful, our relationship becomes more three-dimensional, (including being face to face, moving up and down and turning).

*5. The discovery that touch, a non-verbal form of communication, is a process of embodied-cognition.*

The previous reference to Sarah reveals, touch, as a non-verbal 'language' of communication, which can be more effective than words. However, there is a sense of order or hierarchy in education and therapy contexts that privileges verbal

communication and assigns status to those who have it (Piper and Stronach, 2008). In contrast, touch appears to be less sophisticated, primal, and communicates in association with movement – as a basic way to say “yes” (like reaching to touch or connect) or “no” (like pushing something away), touch appears directive and commanding. The possibility that touch can do more is not widely known and so disregarded – particularly when the preconception exists that touch is unwarranted. As with Sarah’s carers, this consequentialist judgement is an idea and a policy rather than an embodied understanding based on reciprocal experience. In this case I defer to the cycle of perception in BMC; like all the senses, touch brings information to consciousness and generates a response, an emotion or movement, which precedes perception and is a form of embodied-cognition (Bainbridge Cohen, 2012).

Sarah’s case shows how, in the hands of someone with touch literacy, much more can be ‘said’ and in very nuanced ways, in combination with other senses like movement, the sound or tone of voice, or eye contact/sight. These claims are substantiated with reference to literature on infant development, to empathic resonance (Stern, 1985; Winnicott, 1990, Schore, 2003), and vitality effects (Stern, 2010; Bainbridge Cohen, 2019). Consensual touch stimulates primary responses that the professional integrates in movement – to enable motility that has been hampered (as with Adrian the infant in publication 1, and Sarah, in publication 2).

In publication 4, touch underlies a radical pedagogy (Paxton and Kilcoyne, 1993) with therapeutic effect – as the learning that takes place comes from direct experience in which fundamental principles of touch, movement and deep listening are applied and then integrated to establish a foundational sense of self-determination. An epitome of this is the exercise of the ‘sighted guide’ in which both movers learn to accommodate each other’s differences in an exchange of exploring the space – the interdependent union starts here as each other’s subjectivity is admitted and displaces the ‘schism’ that society imposes between sighted and visually impaired people (Paxton and Kilcoyne, 1993: 15). The common discovery is of touch as a ‘new way to see’ (Dymoke, 2023, p. 109) and an extended chapter in publication 4, *Touch communication, The Reciprocal Membrane of Inclusion* speaks in great detail to this.

*6. Touch communication - withholding touch – discovering a nuanced pro-touch principle.*

The principle of withholding touch means the practitioner keeps the space 'open', her mind 'open' also, to accommodate changes in states of consciousness and be able to notice if and when the possibility for touch is present and viable. With these principles the professional finds a way to step into the unique world of a client or group, to experience that world openly.

In publication 1, the second case study, the absence of touch-based communication in the school environment, indicates the imposition of a non-touch policy/discourse on Chloe, an autistic child who disaffects from relating and this is assigned to her autism. From experience I anticipate that lack of touch separates her in her world, from us and the school environment. As the practitioner I have a duty of care to ensure touch remains consensual, equal and reciprocal, as I reflect, I withhold touch until the possibility for touch arises reciprocally. I describe how we meet - it is as if we both inhabit the same world, and Chloe is empowered to be more of herself in relationship. Non-touch appears to be the reason for her to disaffect from relating.

This begs the question, raised in the chapter, as to whether Chloe is aware of these factors, or would benefit if her school was a more open system, more accessible and accommodating of diverse self-worlds, to influence the wider outside world to adapt. I consider if the educational system could open up and be a more adaptive environment, using touch to accommodate different needs, the school could be more inclusive and conducive as a place for nurturance and growth – and this more 'nuanced' system could reciprocally benefit interpersonal relationships with staff.

The lack of touch was revealed to staff responsible for the wellbeing, nurturance and maturation of the child. As the case revealed touch worked, it also revealed touch had been withheld, and with it, its potential to improve the environment.

This outcome is common to other cases and their systemic context across the publications. In publication 3, the perspective is inverted. Touch is usually rare and so withheld in DMP supervision, however dance movement psychotherapists need to learn to comply with the membership organisation's governance system on the

ethical use of touch. Supervision is a place to discover how touch is possible for themselves and/or with clients, by experiencing touch competency, in a non-hierarchical, co-visory setting. This resonates with the concept of 'interdependent union' in CI in publication 4; the apparent authority of sight and the stigma facing visually-impaired people are broken down when touch becomes the common language of communication with sighted dancers. Touch opens up a system that is closed to those without sight.

### *7. Touch; discovering how to put an intricate and nuanced skill into words.*

With each client touched, protocols from Body-Mind Centering and CI are applied. As I have embodied and taught these protocols many times, I have learnt to adapt them in order to remain in connection to the person and the task at hand. In the publications I attempt to put into words the steps I may go through bodily and in the moments that follow. This is a first-person method used in vignettes in publications 3 and 4. Whilst I recognise it is hard to put into words the non-verbal dialogue of touching any client, I attempt to describe the exchange with supervisees. With Ida, a non-verbal participant, the dialogue is a touch-based 'conversation' within our shared membrane. In each case, touch is a resource alongside movement, having touch 'wisdom' informs each shift in state, as through touch the body senses and feels itself.

Touch does not mean the mind disappears; it is thought in action, it is a language with its own 'words', for the body to respond to as it needs or knows how to. In DMP supervision, (publication 3) when the mind is over-active the body is not attended to - yet in attending to the body, the mind calms and 'sees' more clearly. In publication 4, a visually-impaired person finds themselves lifting someone for the first time as touch instigates trust and the body 'steps up' to the challenge that is given. In time the body responds with greater ease and becomes more enticed to discover more movement in the three-dimensional world of CI – where the liberation of the body underlies the liberation of the mind.

Such thoughts arise to capture the significance of this experience in words. Whilst the reciprocal felt sense of touch defines the role of the practitioner - not to direct,

but to 'listen', to accompany and witness the change in self-perception, the anti-social dis-trust between visually-impaired and sighted people shifts to a reciprocal realm in which each experiences 'self-determination' and moves in ways impossible to do alone (Dymoke, 2023: 75).

*8. Discovering the inextricable relationship of touch and movement in CI involving VI and Sighted people – a way to reverse exclusion.*

Continuing with reference to publication 4, Chapter 5 on workshops includes working with visually-impaired children, young people and adults. In this work, touch is seen to assist maturation, restoration of the sense of ease, self-regulation and to involve a process of self- reflection. The process seeks to consolidate how well CI works as a learning experience for visually-impaired participants alongside sighted participants, enabling self-confidence, liberation and autonomy – specifically to move alone in the space without aids. In teaching CI to people experiencing sight loss since 1989, I have seen a lack or loss of self-identity which CI has restored. It was not a matter of learning to dance, rather of opening up the body to its capacity to sense and feel and to move with ease. By moving in physical contact with another person, touch is the common language that awakens both to the movement arising from the inside which is then taken into space together.

Working with visually-impaired people affirms that touch is another way of seeing. As touch does not depend on vision, then it is questionable why there is still a lack of access and opportunity for visually-impaired people to experience dance (Dymoke, 2000, 2014, 2023) and be involved in research (Heller and Gentaz, 2014). This attitude to learning is 'unpredictable' and not foreseen – a recognised aspect of practice-as-research (Barret and Bolt, 2012).

The dance artist and dance movement psychotherapist with touch skills, have touch in their tool kit, and protocols and methods which preclude any idea of abuse. However, in the education and care sector, where touch is considered unwarranted and a gateway for physical and psychological abuse – touch deprivation arises and indicates that lack of touch is another form of abuse. The gateway to abuse may reopen in such circumstances but non-touch is not acknowledged as the cause (as in



Sarah's case). In the right hands, such as those specialized in touch practices, touch is then recognized as having the potential to make a significant contribution to learning in education settings and to self-regulation and belonging in care settings. These publications serve to illustrate this 'reversal' in perception and argue for the reinstatement of touch in responsible, ethical and self-directive ways.

## CHAPTER 3.

### THE MEMBRANE

In this chapter I consider the genealogy of the membrane concept and its contribution to professional practice and research. I outline how the membrane heuristic evolves over the process of writing the four publications. Explored from the perspective of the practitioner, the researcher, and academic selves, the aim is to clarify the variant iterations of the membrane as they arise in the process. As a corporeal concept for the practice of experiencing the body, a place for mindful reflection on this experience, the membranes form an ensemble of interconnecting layers and realms, and evolve the meta membrane, or assemblage, the Mutable Membrane.

#### *The three professional self-membranes*

Over the period of this PhD, the three professional selves, the practitioner, researcher, and academic, have a shared identity and perspective on touch in reciprocal relationship to each other. These selves contribute praxical and theoretical substance to the pro-touch discourse in comparison to existing non-touch discourses. The membrane concept applies to the permeability of these roles and their reciprocal relationships in a process in which the interdisciplinary methods of CI and BMC generate new knowledge, first in the studio and then disseminated in the writing.

How and why the membrane became significant to this process is what I look at now. First, I consider the membrane from the BMC perspective of the body, then the 'mind' of cellular consciousness in the relational aspects explored from the research perspective, and body-mind unity in academic writing.

#### *The two-way membrane of the self – the BMC realm of embodied practice.*

In BMC the anatomy of the human cell membrane is embodied by the skin; both have two permeable layers to establish an inner world that is separate, yet still in relationship to the outer environment. The membrane is a place for transition, for influx of what is needed to survive and for the efflux of what isn't. The membrane defines the 'soma' whilst enabling communication with others through receptors and

signalling. The skin operates as a protective and communicative organ of perception, a membrane that defines the inner self from the outer self-other relational realms.

*The membrane of 'mind' – the fluid shifts in consciousness.*

In BMC the cell membrane embodies the 'mind' of containment and transition. It opens to accept and closes to reject, it is a mechanism that enables a two-way process of communication, a system for decision and choice making, for 'listening', perceiving, and responding. Touch and movement underlie these membrane functions and when applied in touch practice-led research, the skin embodies a permeable relational realm for experiencing self and self-other relationships. Each person has a 'self-membrane' to discover, so the practitioner relates to the client's state of consciousness to access and attune to their membrane. As the languages of the membrane, touch and movement find a reciprocal, non-invasive way to meet the client or participant, to perceive their state of mind within their membrane.

Having embodied the cell, the practitioner can relate to primitive 'cellular' states of consciousness in others. From this baseline 'modus operandi', it is possible to perceive ease and stasis, or unease and disequilibrium, whilst also allowing shifts in state. In situations where inner stasis is restricted, threatened or oppressed, the source of unease or disunity becomes apparent, since the affective impact manifests in the unitary being and in its defensive relationship to the source. Any impacted part changes the whole self-world and manifests in withdrawal into self or into safety. However, as in the cases of Adrian in publication 1, Sarah in publication 2, and the last vignette in publication 3, if the source of disunity changes, is removed or if the membrane is no longer permeable to its influence, then self-restoration is possible - as is experienced in these cases.

*Touch at the membrane – the inter-connected body-mind.*

The BMC the skin is the membrane containing the inner world of the self, a protective boundary from the external world, and a tactile receptive container of the unitary body-mind (Sheets-Johnstone, 2010).

In BMC each body system has a 'mind' different to the other systems. Each cell has a state of consciousness, all be it primitive, that shows intelligence, sensory receptivity and the ability to respond, to move, to be part of a wider system, and change state and shape – it is motile, mutable and permeable, qualitatively fluid in nature.

These aspects become characteristic of the membrane in its iterations that follow, as a means to show how touch is reciprocal, variable and fundamental to stasis, to communication and relationships between selves, people and communities.

A point of learning that emerges is that consciousness is not just a state of mind, it is in response to a realm of sensory stimuli surrounding us – we are awakened to our inner being in response to the outer world, or we are awake to our inner being because we are in a constant self-perceptive state, (van der Kolk 2014; Bainbridge Cohen, 2012) – the physical aspect of being is inseparable from consciousness and our ability to remember is an aspect of this. In embodying this process we feel the sensory cells retain the affect received from lived experience, we are aware we are changed and contain this knowing.

*The membrane in research – a heuristic for embodied processes of reflection.*

The membrane emerges from the corporeal territory that the practice-led research explores and takes on other iterations according to whether the topic is touch-based practice, a method of communication and relating, or a mechanism for the researcher to use to identify, interpret and communicate the research process and outcomes. The membrane provides a meeting place for a dialogue between the praxical and academic research – where it functions as a hermeneutic and a self-reflexive device (Nelson, 2006).

BMC empirical methods bring principles to the research such as embodied self-reflexivity and valuable experience in describing and talking about the process – a form of embodied cognition. Discursive and phenomenological research methods are then appropriate to bring the corporeal and cognitive worlds together, to capture the experience, to reflect and realise the emergent 'knowledge' that arises to consciousness (Heller and Gentaz, 1994; Varela and Shear, 2003). The BMC research-based learning methods underlie the research writing from which the membrane is

derived. With a bias towards practice, new discoveries open up the possibility for change, for ideas to evolve.

The membrane heuristic is an example of using language that is nuanced and loosely defined, that is not only pertinent to research involving lived experience and the human sciences, but also a means to bridge these realms of knowledge creation. In this context the membrane is a new 'language', expressing new insights, a heuristic for identifying and interpreting new ways of perceiving touch, a means to communicate new knowledge about the significance of touch, as a means to make a case for touch.

In the writing process, the membrane identifies the body as the source of experiential learning about touch, and the word 'touch' is similarly nuanced – it is a boundary setter or a boundary breaker, it is a relational realm interconnecting different parts of an organism. The writing on touch is a means to capture experiential evidence to substantiate the discoveries made and bring it to a wider audience, opening the realm of learning from the discrete context of the research to a wider readership.

The last iteration, the Mutable Membrane, articulates the three aims and the pro-touch territory, providing an embodied rationale for the permeable, motile and mutable realm of touch. This was influenced by academic research which I turn to next.

#### *The membrane; contributions from academic research.*

Other versions of the membrane were discovered in academic research. The idea that touch violates the personal *boundary* of the client is common to Gestalt and Body Psychotherapy literature; the personal boundary of therapist and/or client may be violated or broken in the process, through touch and/or verbal interaction (Hartley, 2004; Smith et al, 1998; Bloom, 2006). The membrane appears in the psychotherapeutic process which explores how the physical boundary moves, is re-established at the right distance from the self, to heal the trauma (Gallagher, 2008; Totton, 2003, 2015). Another significant find was an article entitled *The Trauma Membrane Concept*, (Martz and Lindy, 2010). The membrane is applied to the restoration of a post-war country, to define a less penetrable membrane around the

city or country, to prevent pillage and enable the society or community to recover by only allowing in what it needs. In these cases, the membrane relates to a 'body' in recovery from trauma, in relationship to other bodies, or not, and to its role in enabling relating and communicating between the inner and outer 'worlds'. The reciprocal Membrane of Inclusion in publication 4 (p. 109), is influenced by the trauma membrane concept (Martz and Lindy, 2010), as a metaphor for protecting new ideas from the oppressive realm of social and political discourse. This membrane creates a space apart for inclusive practice and research to establish its sustainability.

The membrane is a way of gathering singularities together to see how they may serve each other, rather than remain separate subsistent systems. In Deleuzian philosophy, the assemblage questions the attributes of social systems and the use of 'order words' to represent them (Deleuze and Guattari, 1997: 293). As an assemblage, the Mutable Membrane challenges the 'milieu' of touch deprivation caused by the *non-touch* discourse, (ibid.).<sup>30</sup> In this thesis the Mutable Membrane became a safe space in which to explore the interconnections of the research, or a meta-perspective on a world that has changed from one in which we are separate entities with polarised beliefs, into one world in which we can learn, share and co-vise more openly. Within the Mutable Membrane, the three professional selves operate the assemblage, creating a realm in which they cohabit and contribute to the body of work. The Mutable Membrane is influenced by and in relationship with, the academic, practice and research-based worlds of Dance and DMP.

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<sup>30</sup> Deleuze and Guattari (1997: 293) 'order words' refer to rules or statements of control adopted by the social system to eradicate aberrance or exception but in so doing fail to accommodate difference

## CHAPTER 4.

### THE EVOLUTION OF THE MEMBRANE ITERATIONS.

I now discuss how the different perspectives of the membrane concept outlined above, influenced and informed four iterations that were identified as I wrote the publications. Each membrane is subject to the space it occupies and, as a living entity, may move or change over time.

1. The self-membrane concept occupies an intra-subjective space where a person may respond openly and reciprocally to others, may be closed and resistant or permeable to change (see figure 1). Informed by BMC, this interpretation evolves in relation to input from the environment (represented by subsequent membranes) and relative to the aims of each case.
2. The membrane of a shared, intersubjective relational space applies to psychotherapy and the CI dyad. The dialogical territory may contain multiple self-membranes responding to each other – either openly (reciprocally) or closed. This membrane may need to protect the internal process, be closed off from the influx of input from the world outside, or open to receive and relate back to it (see figures 2 and 3).
3. The metaphysical membrane of collective consciousness is either contingent on societal diktat or opposes it, such as the ‘membrane of inclusion’ (publication 4), or the dominant non-touch discourse that permeates social systems and close them off from the self-world of the most vulnerable. The *Trauma Membrane Concept* (Martz and Lindy, 2010) the phenomenological reduction (Depraz, 2003), and the assemblage (Deleuze and Guattari, 1997) influence this membrane iteration (see Fig. 4).
4. The Mutable Membrane emerged whilst writing publication 4, as an embodiment of a meta-perspective that embraces the many principles that permeate the publications, offering an alternative view to the external world, inviting change. The Mutable Membrane operates as an assemblage to encompass the above iterations, unifying the practice, research and academic

contributions – a place where the aims are met and the research contained – such as the publications. (See Figure 5.)

*The iterations of the membrane – how and why they evolved.*

The *self-membrane* originates in publication 1, *The Lost and Found* (see figure 1). The word *membrane* arises once and refers to the subjective self-world of each client; the infant Adrian and the Autistic child Chloe. The use of BMC touch methods helps regulate the child's 'basic 'stasis' within its membrane (or skin) – its co-regulated, and therefore balanced, state of health and receptivity' (Dymoke, 2017 p. 175). The process is seen from the perspective of the touch practitioner who consciously includes Adrian's family and Chloe's school environment.

Here the membrane is a place where meeting through touch can be negotiated and explored, with the skill and insight of the practitioner that is rarely written about (Westland, 2011). Analysis of the touch encounter can then take place from both sides. These ideas anticipate the next iteration of the shared membrane; a space for resonance and co-regulation, for attuned states of consciousness.

The *shared, intersubjective membrane* originates in publication 2. *Touching the Untouchables* (see figure 2). The shared membrane is the intimate, inter-subjective, person centred, psychotherapeutic relationship between Sarah and myself. This serves to highlight how touch-based relating supports a major change in Sarah's self-abusive self-world. This article positions our reciprocal self-membranes within a shared membrane of the therapeutic relationship and compares this to the closed membrane of the relational breakdown at home. These two membranous realms were initially separated by the non-touch/pro-touch divide but open up to a shared reciprocal relationship as Sarah's return to wellbeing will only be maintained if the care delivered at home changes to meet her needs. Touch is disregarded until touch training brings these two realms together - the carers learn how to touch well and recontextualise touch as a necessary non-verbal language of communication. The trauma membrane concept is informative as a metaphor for protecting Sarah and defending her needs to enable the 'war zone' of the home to restore to stasis.



The reciprocal nature of touch defines how the shared membrane operates for Sarah and for the purpose of the research. It reveals touch deprivation as the root of the troubled life at home and the blanket non-touch policy as the cause of Sarah's self-abuse. With this information, the article argues against a non-touch agenda and for a change in perception, attitude, and policy, to advance the pro-touch agenda. Affected by her change and having experienced touch training within a separate shared membrane, her home accommodates this outcome – which anticipates the next iteration.

The *metaphysical membrane* originates in publication 2 above, in relation to the topic of the non-touch agenda in care – touch deprivation and exclusion. It is further developed in publication 3, *Supervision or Co-vision* (see figure 3), in the context of when the ethical use of touch requires direct touch-based interpersonal touch with the supervisee to process affect transferences from working with their clients.

The self-membrane is named in this publication with reference to BMC embodied experience of the human cell membrane as a template for the skin; 'In embodying my self-membrane, by touching and moving with it, I sensed and felt that it contained me, and enabled communication between my mind and my bodily self' (Dymoke, 2019). This puts the membrane in perspective for the origin of a co-visory membrane in which this 'self' can be met and witnessed reciprocally with body and mind.

Four supervision vignettes unveil touch bias by revealing the potency of touch and value to ethically reflexive, embodied supervision, particularly when touch issues arise. As a version of the shared-membrane, the co-visory membrane is proposed as a space for re-experiencing and exploring supervisory content within supervision. In this shared, metaphysical membrane, there is a shift from the status of the supervisor-supervisee role to a reciprocal co-visory realm, to empower the supervisee to embody their own reflexive process.

The membrane in supervision is particularly significant at moments in which a client 'appears' to mind, bringing an issue that challenges the supervisee, who brings this 'third membrane' to supervision (see figure 4). The chapter focuses on how this aspect may require the supervisee to be witnessed and held. The co-visory

membrane embodies awareness of the shift in relational positioning of the supervisor/supervisee roles and legitimises this within the supervisory process.

This perspective is original and new, hence its selection for publication, and at the forefront of body-oriented approaches; the membrane operates safely and reciprocally, so that the interaction and engagement benefit all parties, with meaning arising reflexively rather than being imposed.

The concept of co-vision evolved with the membrane concept and serves to benefit the supervisory relationship in therapy as it does the teacher/pupil, or other relationships involving rank and authority, so new iterations are expected.

In publication 4, *Inclusive Dance*, the previous iterations of the membrane appear and establish a milieu for practice-led research into reciprocal touch-based learning involving visually impaired and sighted people (*see figures 4 and 5*).

Touchdown Dance workshops provide an environment in which the self and shared membranes become receptive, reciprocal, and unveil the mind of perceptions that have stood in the way of this happening. Societally distant due to stigma around disability and taboo, the metaphysical membrane in which discoveries are made to bridge this 'schism', is referred to in the title of Chapter 3, *The Reciprocal Membrane of Inclusion* (ibid: 109). This metaphysical membrane embodies the epistemic aim of this body of work, the sense of a continuum in which CI is a corporeal process of 'becoming' and a locus for 'incorporeal transformation' (ibid: 90). The membrane continues its genealogy; it is permeable to the accumulation of diverse subjective responses to CI and a porous container for the experiential learning process of each participant, each dance partnership, and the socio-cultural realm of inclusive arts. CI brings sighted and visually impaired people together through the body, in finding ease, the fear of difficulty and prejudgments about lack of ability are replaced with compatibility and collaboration. In chapter 8, a section entitled '*Capturing the experience – the mutable membranes*' the process of transcendence and change in the practice of CI is discussed as it leads to 'the removal of divisions by altering the underlying perceptions on which these divisions depend' (ibid. p.285).

This thesis took the concept of the Mutable Membrane as a framework for the practice-led research which has shaped the content of the four publications (see figure 5). The research process involves changing details and adapting aspects of the story in a way that does not impact on the outcomes. The Mutable Membrane provides a framework for this process by acknowledging characteristics that are generalised within the system and can be changed to avoid recognition of the original individual and the composite case, though fictional, still appears personalised (rather than falsified) for the purposes of the research.

## CONCLUSION

### **How and why the membrane works – an ‘open system’.**

The practice-led research explores touch and movement praxes to research how and why I believe in the pro-touch discourse (Nelson, 2013; Barret and Bolt, 2007). The membrane has evolved to enable a self-reflexive process from the corporeal realm of BMC, like the felt-sense that combines perception, self-perception before understanding or meaning making (Gendlin, 1999). The pedagogic approach to CI also requires ethical touch practices, so touch is unveiled of societal taboo and valued (aims 1 and 2). Safely held by protocols, touch has become accessible as a research topic – so the membrane has succeeded as the device and framework that was sought (aim 3).

The membrane delineates the state of an entity in a time and space, providing a space for reflection on the conditions of that state, a means of holding the process taking place and ideas not as truths but as part of a moving, permeable ‘mind’. This type of ‘open system’ is where emergent meanings surface and populate the space with possibilities. The underlying disequilibrium, injustice, or conflict are exposed by analysing and interpreting the physical conditions effecting the divide that manifests in the membrane. New and different ideas emerge to carry the potential for change (Dymoke, 2023), like the duality of touch and vision in working with the schism between blind and sighted.

The possibility for change is the purpose of undertaking research; to find out how and why change can happen. In this case, practice-led research into touch contends with the predominant non-touch policies that close off the social systems of education and health from the possibility for touch (Piper and Stronach, 2008; Johnson, 2006a; Dymoke, 2021). The Mutable Membrane provides a realm away from this contentious territory to enable a response from within the realm of touch. In being closed to touch, society is closed to the potential answers as to how or why the eradication impacts on the right to touch and to how touch could sustain the system in a more open and inclusive way. The re-evaluation of how well social

systems operate without touch could be of benefit – and the membrane could serve this end.

The Mutable Membrane encompasses the research that has been published to mediate the non-touch closed system. For example, the central discourse in publication 4, exposes the impact of a systemic failure to address the exclusion of visually-impaired people from opportunities to participate in a society based on sight and visual communication. The metaphysical membrane, the ‘reciprocal membrane of inclusion’ (Dymoke, 2023; 109), foregrounds how touch and the movement offer a common ground, ‘a neutral territory’ for inclusive ‘human interaction when contained within an ethical, dialogical, and permeable relational field’ (Dymoke, 2023; 110). In this publication, the open system of CI provides a place for more movement; I quote Paxton’s email in which he speaks of his perception of the dyad in CI as a ‘mutually affective way of being’ in which ‘both are part of the same system...a dyad mechanism...an interdependent union in a process happening pre-consciously’ (ibid. 127).

*The ethical opportunism of bias.*

As a professional practitioner with a bias for touch, I contend with touch aversity in my practice and willingly withhold touch for other relational methods, and work with an ethically reflexive awareness that not all touch is benign in intent (Dymoke, 2000, 2014, 2021). The Mutable Membrane represents the perceptual position of myself an academic, professional practitioner and researcher, undertaking this PhD. As a space in which these three co-exist and collaborate, the Mutable Membrane embodies their reciprocal identities, with respect, acceptance and trust in a shared open mind – a mind that is open to consider the potential for touch. This is both liberating and challenging, it is a realm in which the professional seeks to bring her skills into the practice-led research, whilst at the same time, suspending the tendency to impose expertise and a subjective world view, which would close the relational space with unsubstantiated claims. It would appear opportunistic if the rationale for touch was securely removed from contention with the non-touch discourse – however this is not the case. The Mutable Membrane enables the research to take

place aside of any dispute over touch, to discover a counter-rationale that may then stand with more gravitas.

In publication 4. I discuss the ineffable aspects of touch, when it is unfamiliar, or the nature of the experience too difficult to communicate. This serves not to devalue touch but to reinforce the need for more research, for more discussion and familiarity with the phenomena of the experience. This warrants the Mutable Membrane as the means for embodied practitioner, researcher, supervisor and academic to communicate.

*The practitioner-researcher position; working with the self and intersubjective membranes. (See figure 2.)*

In publications 1, 2, and 3 the cases show how the interpersonal therapy realm is variable, like an open system that can respond to the present moment (Friedman and Allen, 2010). The membrane continues to embody the guiding principles of holding (a safe space) of waiting (giving regard to the present need to manifest) and listening (which may be through a combination of the senses not just hearing). These are key to person-centred practice, to allow a process to take place in its self-defined realm, in its own time and space – which is still open (permeable) to change, to the unexpected.

In each publication, the research reinforces the duty of the professional touch practitioner to sustain an open system (i.e. membrane) in which touch can take place with ease so that the optimum impact of the methods is achieved.

The intersubjective membrane provides a ‘template’ specific to the therapeutic environment. It provides a safe space in which the professional accommodates the client’s state of being, and creates a reciprocal relational understanding. Using touch and movement in relation to the environment, the professional is able to meet the client in their world, (creating an open system), or to mirror it back to them, in their language (Siegal, 1984). This may mean withholding touch until the time arises when touch permeates the membrane as a possibility (as with Chloe in publication 1). The emergence of affect, of ideas, of possibilities is characteristic of the membrane; the flow of consciousness manifests openly in non-verbal, embodied form.

Predetermined ideas or judgements that would stem this flow, are kept outside, suspended and veiled, so that they may not stem or veil what is going on within. By sharing these details, the reader is aware of the context in which the practice takes place and will be able to take note of the attention paid to detail, to the familiarity of touch in the way it was used and to potentially find guidance for themselves.

*The self-membrane and subjectivity, an example of an open system for touch. (See Figure 2.)*

The self-membrane delineates an intrapersonal space, within a wider interpersonal space if in the company of others, and both are permeable, motile and available to change – i.e. mutable.

In publication 1, in the case of an infant, Adrian, the open professional relationship begins with the mother and father and continues to work inclusively with them and Adrian. The professional is tentative and the relationship nuanced, both welcoming and cautious, taking time to remain at ease, to reassure the mother and minimise any adverse effect on Adrian. The ebb and flow of the conversation is mirrored in the ebb and flow of the relationship with Adrian who remains the centre of attention within the shared interpersonal relational membrane.

Alongside the mother, the professional takes the opportunity to assess how and why Adrian's distress can be supported to change. The source of pain at his shoulder is found through careful 'cellular' touch to illicit movement responses, to see any calming, soothing or regulatory and affective impact. This is mediated by waiting to be accepted, by working relationally to signal and indicate mutual and reciprocal presence. The open 'mind' of the membrane arises in the process of attunement; the two-way process of accommodating and adapting to Adrian's state of being.

The membrane contains the reciprocal relationship and person-centred process between myself and Adrian and is open and receptive to the mother, a collective of three receptive, responsive and engaged selves. The triad of membranes includes the distressed mother and infant and the professional who seeks to re-establish a sense of unity within Adrian and ultimately within the family (see Figure 4).

This is achieved in recognition of the likelihood that unity is ‘aggregate and illusion’, an ethical principle, incumbent on the professional to apply, in respect of the constant shift in states of consciousness in each person and the potential for disagreement – unity is not essential to the process and some disunity may reside. This is evident in the freedom for each person to move towards or away from relating, to seek and discover ease.

The open use of developmental principles depends on touch and movement methods and so on the consensual relationship that the membrane provides; a space to co-exist, a continuum that opens up the possibility to makes things better, to be open to learn, to change perceptions, in a person-centred, non-hierarchical and non-linear way. The membrane concept serves the research as it provides a means to hold in mind the process as it takes place in hindsight, for the practitioner to witness the processes at play.

*Working to support an open family system (See Figure 5).*

With the infant Adrian and his caregivers present, I am aware that I am in relationship with all of them and have them all in the relational field – the emergent membrane. I hold the feelings, affects and aspects that each of them brings into the field, and respond to them all, collectively in the membrane. I bring touch into the foreground as a means to address the source of discomfort and distress manifesting as a primitive state of consciousness in Adrian, which we may all attend to and respond to from within ourselves. Working gently and slowly, I listen with my hands. As I anticipate, Adrian responds physically; his physiological tone softens, he seeks to nurse – to find comfort and integrate this experience, this tonic change.

The membrane represents the safe space, the ‘container’ for both infant and mother, in which the process of self-regulation is facilitated for each of them independently, and then collectively we feel how affective this is for all. Emotional distress, and stress permeates the membrane, however consciousness is also permeable; we experience how such states are mutable and reciprocally affective. The relational ‘membrane’ of the family that was fraught with concern, becomes more settled, co-creating an environment that is conducive to ease (motility), to comfort



(permeability), to empathic resonance, to Adrian's healthy and timely development and maturation.

In this context the membrane contains the parts that have split the family system – the emotional impact of insecure relationships, of disequilibrium and clashing. As a concept, the Mutable Membrane can propose other professional approaches and systems of support for the caregivers to contribute to Adrian's recovery and to support themselves in this difficult situation. His mother has continued to work with me on post-natal depression, relational breakdown, and life-changing illness within the family and so on.

The publications provide the context in which the Mutable Membrane evolves, each relationship provides a new insight or dimension, and nurtures the professional practice with new nuances and insights into the value of that touch adds to achieve diversity, access and inclusion.

### *The Mutable Membrane*

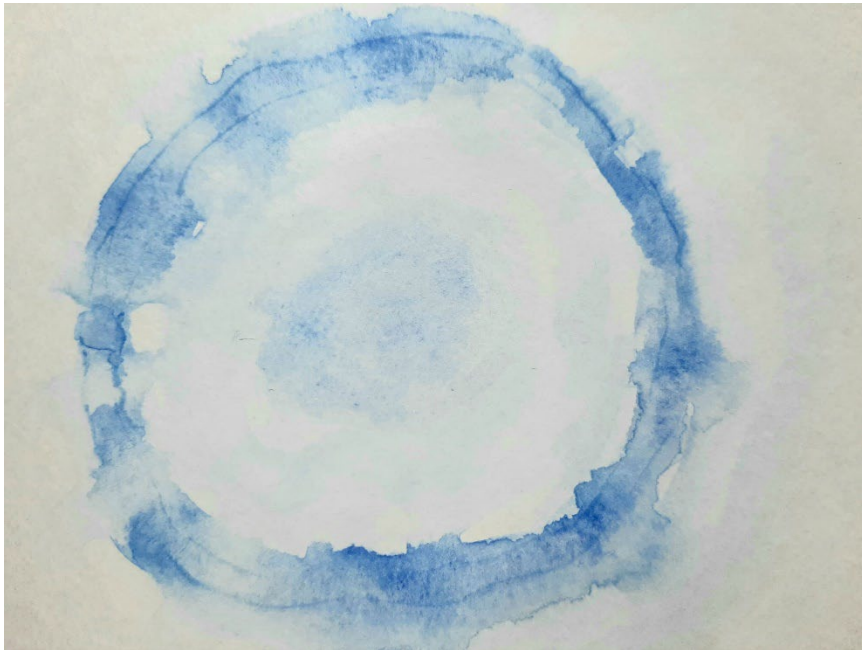
In this thesis, the Mutable Membrane is an assemblage that encompasses a meta-perspective. However, rather than be a mechanism to instil order or truth, it has inherent fluidity, embodying the reciprocal exchange between the worlds it connects. It is not singular; rather it contains multiple membranes representing the interdependent relationship between systems of the social 'body' – the continued influx and efflux required to sustain it. The Mutable Membrane is like an open system, a 'body' in which a reciprocal process physically takes place and where meaning is retained.

Relative to touch, the shared reciprocal membrane embodies the duty of care of a professional to *close* the relational field whilst remaining open minded, to suspend preunderstandings, to be able to perceive what is impacting on the relationships within that 'whole'. In this membrane the meaning of touch is retained and revisited with self-reflexive or critical intention. In the case of Sarah in publication 2, the relational membrane is closed off from the inhibitive home environment and controlling staff and liberates her to express, touch and move. The shared relational membrane changes, becoming more reciprocal and open, as Sarah brings more of

herself to life. This includes words, sounds, gestures, movements, that manifest in variable states of consciousness that we move through together. Sarah's emotional distress and insecurity initially resonated and permeated the relational space. Sarah needed a 'buffer zone' (Martz and Lindy, 2010), a 'closed' shared membrane away from home until it 'opened' to accommodate her previously neglected needs.

In publication 4, it is up to the professional to enable each visually-impaired person to feel safe in this new realm of learning CI; to be at 'ease' and able to participate, to move and converse in contact with a sighted partner. In their day-to-day struggle with sight-loss, visually-impaired participants are victims of system that is closed to research with visually-impaired people (Paxton and Kilcoyne 1993; Heller and Gentaz 2014). In CI all participants co-create the same world and are mutually dependent on touch and movement protocols. The sense of comfort and ease arises in doing CI and shapes the reciprocal relationship in which both dancers, the visually impaired and sighted feel they have learned something. A 'space' opens up in the consciousness that was closed to this possibility. This space has the potential to change socially-imposed perceptions and inclusion is awarded serious consideration. In this PhD and thesis, the Mutable Membrane openly includes the reader as another interdependent part.

*Figure 1. The self-membrane – permeable fluid and mutable, by Marina Tsartsara.*



*Figure 2. The self-subjective membranes – in balance, in resonant object relationship, mutually present, by Marina Tsartsara.*



*Figure 3. The inter-subjective communication through touch - a space to co-exist, co-create and co-vise, by Marina Tsartsara.*



*Figure 4. The third membrane of the client subject or clinical issue permeating the wider containing membrane of the therapeutic alliance. By Marina Tsartsara.*



*Figure 5. The metaphysical membrane of Inclusion and the Mutable Membrane – a permeable membranes accommodating difference and informing the wider societal realm (indicated by the yellow), by Marina Tsartsara.*



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