INFORMED CONSENT FOR THE USE OF TOUCH

Postural Integration® and Somatic Psychotherapy

Practitioner: Eric Servat – Psychotherapist

1. The role of touch in our therapeutic work

My approach to psychotherapy integrates relational psychotherapy, Gestalt therapy and somatic approaches, including Postural Integration®.

The body is an important dimension of our therapeutic work. Physical sensations, posture, breathing, muscular tension and patterns of movement can offer valuable information about our emotional experiences, relationships and ways of relating to ourselves and others.

When clinically appropriate, I may propose the use of touch as part of our work together. Touch can support body awareness, help explore physical and emotional patterns, facilitate grounding and support a greater sense of connection with the body.

Touch is never an obligation or a condition for receiving psychotherapy. We can work together effectively without physical contact.

2. Types of touch and physical interventions

Depending on your needs, our therapeutic work may include different forms of physical contact, such as:

- Gentle or sustained contact to support awareness of bodily sensations.
- Holding or supporting specific areas of the body.
- Gentle or deeper pressure on muscles and connective tissues.
- Contact intended to support breathing, grounding and awareness of posture.
- Mobilisation or movement-based interventions.
- Working with areas of muscular tension or physical restriction.

The nature, intensity and duration of contact will depend on the therapeutic context, your needs and your responses.

Some interventions may involve a futon, with you lying down, while others may take place with you seated or standing.

I will explain the purpose and nature of a proposed intervention before undertaking it.

3. Clothing, privacy and bodily exposure

Depending on the nature of the work, I may suggest that you work in your underwear. This can be useful in Postural Integration® to observe posture, muscular patterns, breathing and body alignment, and may facilitate certain body-oriented interventions.

This is entirely optional. You can choose to remain fully dressed or wear whatever clothing makes you feel comfortable while allowing us to work together.

If you choose to work in your underwear:

- You will have privacy and sufficient time to change.
- You will never be asked to undress beyond what you feel comfortable with.

- Your underwear will remain on throughout the session.
- Your genital and perineal areas will remain covered at all times.
- A towel or sheet can be used to cover parts of your body that are not being worked on.
- Only the area relevant to the proposed intervention will be uncovered, and only with your agreement.
- I will explain beforehand if an intervention requires moving or adjusting an item of clothing, and will always ask your permission.

You can request to stop, cover yourself or change your clothing at any moment.

Your comfort, dignity, privacy and sense of safety take priority over any proposed therapeutic intervention.

4. Three distinct levels of consent

In body-oriented psychotherapy, it is important to distinguish between three separate aspects of consent. Agreeing to one does not imply agreeing to the others.

LEVEL 1 – CONSENT TO CLOTHING

This concerns your choice of clothing during the session.

You may choose to:

- Remain fully dressed.
- Wear comfortable or loose-fitting clothing.
- Work in your underwear, if you feel comfortable doing so.

Choosing to work in your underwear does not mean that you agree to have any particular area of your body exposed or touched.

LEVEL 2 – CONSENT TO EXPOSURE OF A BODY AREA

This concerns whether a particular area of your body may be uncovered or made accessible for a proposed intervention.

Before uncovering or exposing an area, I will explain why this may be relevant to the therapeutic work and ask for your permission.

You may agree to work on one area while choosing to keep other areas covered.

You can ask to be covered again at any time.

Agreeing to expose a particular area does not mean that you consent to physical contact with that area.

LEVEL 3 – CONSENT TO PHYSICAL TOUCH

This concerns the actual physical contact involved in a therapeutic intervention.

Before touching you, I will explain:

- Which part of your body I propose to touch.
- The type and nature of the contact.
- The intended therapeutic purpose.
- The approximate intensity or duration, where relevant.

I will ask for your permission before initiating contact.

Consent to touch one area does not constitute consent to touch another area or to use a different type of contact.

You may decline, ask me to stop, or request a change at any moment.

Consent at each of these three levels is independent, specific and ongoing.

5. Areas of the body and professional boundaries

Depending on the therapeutic work, contact may involve different areas of the body, including:

- Head, neck and shoulders.
- Arms, hands and legs.
- Feet.
- Back and spine.
- Chest and rib cage.
- Abdomen and diaphragm.
- Pelvis and sacrum.

Some areas of the body may feel particularly sensitive or personal. Contact involving the chest, abdomen, pelvis, buttocks, inner thighs or other sensitive areas requires particular attention and prior discussion.

Contact may involve the chest and rib cage as part of therapeutic work. However, physical contact with the breasts is not part of my practice.

Any proposed contact involving sensitive areas will be explained beforehand and requires your explicit and specific consent.

Contact with genital areas and the perineum is not part of my standard therapeutic practice.

All physical contact takes place within a professional psychotherapeutic relationship and has an exclusively therapeutic purpose.

Sexual touch, sexualised contact or behaviour is never part of this work.

I am responsible for maintaining clear professional boundaries and ensuring that physical contact remains appropriate to the therapeutic purpose.

6. Consent, choice and personal boundaries

Your consent is essential.

Consent is not a one-time decision or a general authorisation for physical contact. It is an ongoing process throughout our therapeutic work.

You can:

- Decline any proposed physical intervention.
- Ask me to stop or change the nature, intensity or location of the contact.
- Ask for clarification at any moment.
- Request to be covered or to change your clothing.
- Choose to continue the session without touch.

You do not need to justify your decision or explain why you feel uncomfortable.

I will pay attention to both your verbal and non-verbal responses and regularly check how you are experiencing the contact.

If I notice signs of discomfort, hesitation or withdrawal, I will pause and check with you rather than assume that consent remains in place.

7. Emotional responses and possible discomfort

Physical contact and body-oriented interventions can sometimes bring awareness to sensations, memories or emotions that may be unexpected or intense.

You may experience relaxation, discomfort, vulnerability, emotional activation, sadness, anger or other responses. Sometimes, physical or emotional reactions may emerge during or after a session.

We will pay attention to your experience and work at a pace that respects your needs and your capacity to remain present.

If an intervention feels uncomfortable, overwhelming or inappropriate, we can stop, adjust or explore what is happening together.

You are encouraged to share any concerns or reactions that arise during or after a session. This can become an important part of our therapeutic work.

8. Your relationship with touch

Before incorporating physical contact into our work, I will invite you to share your relationship with touch, including any relevant experiences, preferences, boundaries or concerns.

You are not required to disclose personal or traumatic experiences in order to receive therapy.

Understanding your relationship with touch helps us consider whether, when and how physical contact may be appropriate.

We will remain attentive to your needs, cultural background, personal history and individual boundaries throughout the therapeutic process.

9. An alternative is always possible

The use of touch is an option, not a requirement.

If you prefer not to include physical contact, we can continue our work through conversation, awareness exercises, breathing, movement and other therapeutic approaches.

You can also change your mind at any stage of the therapeutic process.

10. Client acknowledgement and consent

I confirm that:

- I have read and understood the information provided in this document.
- I have had the opportunity to ask questions and discuss any concerns.
- I understand the distinction between consent to clothing, consent to bodily exposure and consent to physical touch.
- I understand that these three levels of consent are independent of one another.
- I understand that physical contact is an optional part of the therapeutic process.
- I understand that I can decline or withdraw my consent at any time, without affecting my access to psychotherapy.
- I understand that agreeing to the use of touch in principle does not replace specific permission before individual interventions.

I agree that the possibility of using touch may be explored as part of my psychotherapy, subject to ongoing discussion and my specific consent for each intervention.

Client's full name: _____

Date: _____

Client's signature: _____

Therapist's signature: _____