

British Psychodrama Association policy on touch in group and individual psychodrama psychotherapy: Ratified in Jan 2026

- 1) **Contracting use of touch for psychodrama groups.** Use of touch should be negotiated by the therapist(s) and clients in the earliest sessions and written up as part of a physical group contract. Therapists may wish to consider some or all of these following points with their clients and/or provide clients with a copy of this code ahead of the first session
 - 2) **Contracting use of touch with individual clients.** When working one-to-one, therapists should examine whether their training background (e.g. Somatic Therapy, Neuroaffective Touch Training) is adequate so that use of touch is ethically sound and clinically beneficial. Whatever the therapist's training, a written, contractual agreement of the frame of one-to-one therapy is advised, particularly in private practice, and the therapist's stance on touch should be included
 - 3) **Touch and clinical rationale.** Therapists must be aware of the diverse effects - simple and complex, positive and negative - on clients of receiving touch from a therapist, and committed to practising mindful and clinically informed use of touch. Therapists should reflect on their own relationship with touch, that of their clients, and the potential for disparity between the two, in supervision and/or personal therapy
 - 4) **Affective contexts of receiving touch.** The contexts which may affect individual clients' relationship with touch should be considered. These may include: different levels of physical and cognitive ability, gender, sexuality, ethnicity, socioeconomic factors, religion, and culture. Therapists should explore clinically appropriate ways to address these with clients. Affective contexts may also be relational e.g. clients may experience negative tele and/or transference with certain group members which mean that touch feels appropriate from some people but not others. Therapists should be mindful of this and check in with clients accordingly
- 1) **Recording instances of touch.** Therapists are advised to briefly note down instances of touch in their client notes whatever the setting
 - 2) **Obtaining consent for use of brief touch in psychodrama e.g. "hit and run" style doubling.** The therapist should clarify whether or not the group's doubling style is a hand on the protagonist's shoulder or arm (contact) or standing alongside and assuming the protagonist's body language (non-contact). If the former, this should be modelled during the contracting stage and open to modification. Consent for every double, whatever style, should be sought from the protagonist
 - 3) **Obtaining consent for use of more extensive touch, e.g. auxiliary work.** Psychodrama is an embodied method of psychotherapy and auxiliary roles - particularly those depicting the internal world - are often guided to show their impact on and within

the client's body. It is the therapist's responsibility to ensure verbal consent for touch is obtained from any group member playing an auxiliary role as well as from the protagonist who will usually then receive the same touch in role reversal. Adequate time should be given for protagonists and auxiliaries to consider whether or not touch is okay in this context. It can be difficult to ensure this happens without breaking the "flow" of the action which is why a modelling of touch-based auxiliary work and the protocol around consent may be helpful in early group sessions

- 4) **Obtaining consent for use of supportive touch by the therapist, audience / support roles.** A supportive hand on the arm or shoulder from fellow group members or the therapist can be transformative for some clients. Therapists must ensure that permission for supportive touch is obtained directly from the client perceived to be in need of support, and check in as to whether touch is still wanted over time
- 5) **Ongoing consensual decision to be touched.** Clients may initially consent to touch but this can change and feel uncomfortable and difficult to name. Therapists should "read the room" and, if in doubt, direct auxiliaries to "rest" a scene or sculpt to check out any perceived discomfort or activation. This can be more complex than group members simply saying that they're "okay" with being touched in/by a particular role and therapists should explore the theme of boundaries of consent in early psychodrama sessions and encourage group members to refuse or terminate touch, just as they can refuse or step out of an auxiliary role
- 6) **Revisiting the contract.** Therapists should ensure that dynamics arising from the use of touch in psychodrama are made conscious. Bringing these back for understanding and processing may be an important part of the work and may facilitate necessary modification of a group contract
- 7) **Touch in psychodrama within the context of TC and other MDTs.** When psychodrama psychotherapists incorporate touch in their treatment of clients in Therapeutic Communities, or who are being treated by members of other types of Multidisciplinary Teams, this should be fed back to other practitioners responsible for the client's care
- 8) **Relationship to touch and neurodivergence, post traumatic stress disorder, and personality difficulty and/or disorder.** Psychodrama psychotherapists should be especially mindful of these client presentations as affective contexts of touch. Such clients may, for example, be particularly susceptible to agreeing to touch when they're not okay with it, or to a dissociative response
- 9) **Alternatives to physical touch.** Clients who do not wish to be touched, or who have a particular response to touch in hindsight or retrospect, must have their wishes and experiences respected and, where appropriate, worked through. A method grounded in spontaneity and creativity, psychodrama invites thinking outside the box to best meet

and respect clients' needs and exploring the creation of a sense of touch and holding invites an opportunity to be innovative. Creative alternatives to physical touch may include:

- Use of blankets/weighted blankets e.g. to give the sensation of holding/hugging
- Use of cushions, e.g. to replace a head on the lap or shoulder
- Use of cloths and other props to connect hand-to-hand without direct contact