

Contract: Tact in Contact

Loosen your mind, come to your senses!

From the invitation to a wedding party

Es el amor que nos muestra

Cuan física es el alma

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Abstract

"The body is private. No one other than me has the right to touch me where s/he wants, how s/he wants, and whenever s/he wants, without my consent" (Dascal, 1995). To say this sounds like stating a triviality. Indeed it is. However, many people either are not aware of it at all, or forget it all too often. Yet, in order to conduct a life in common (in a community, in a couple, in a therapist-patient interaction, in any kind of group), it is quite often necessary to make this implicit truth explicit. It is necessary to re-learn to respect the other – with one's gestures, one's touching, and one's tact. For this purpose, I have developed in my clinical practice a "contract" that will be presented and, if possible, also experienced in this presentation. What we will see and experience is what fascinates and surprises me every time I undertake to apply this contract, namely, the variety and depth of the inter-personal and intra-personal aspects of ourselves we discover at the very moment we pay the required attention to the tact needed in contact.

1. Introduction

"The body is private. No one other than me has the right to touch me where s/he wants, how s/he wants, and whenever s/he wants, without my consent" (Dascal 1995).

Saying this sounds like stating a triviality. Indeed it is. However, too often many people either are not aware of it at all, or forget all about it. Yet, in order to lead a life in common (in a community, in a couple, in a therapist-patient interaction, in any kind of group), it is quite often necessary to make this implicit truth explicit. It is necessary to re-learn to respect the other – through one's gestures, one's touch, and one's tact.

The therapeutic space is privileged. On the one hand, it creates extraordinary conditions (e.g., the possibility of experiencing and working at one's own rhythm, suspension of judgment and appraisal, etc.); on the other, it is not "outside the world", for the time you spend in it and the experiences you have are part of reality, part of your life, neither fiction nor dream. An adequate therapeutic space-time provides the occasions and the conditions necessary for a change to occur when needed; it also provides the possibility of a transfer of learning to behavior in the world, next door to the clinic. Only deep learning, at all levels, leads to such a result, and this requires a constant concern with creating and maintaining the conditions that enable it.

As part of my fundamental concern with persons involved in a therapeutic interaction – with the identified patient(s) and the therapist(s) and all those who in one way or another enter the therapeutic space – I will focus on the role of touch in the interaction that takes place in this space as well as in the world at large. Although nowadays it is widely recognized that our lives – including in its previously considered most disembodied aspects – are fundamentally embodied, one aspect of the importance of embodiment is so far quite neglected, namely touch. This neglect accompanies the assumption that, since people, at least in some cultures, tend to be touchy about being touched and touching, tactile interaction regulates itself ‘naturally’. In my opinion, this is a grave mistake and a potential cause of problems, which range from mere misunderstanding to estrangement and more. To be sure, touching is the most basic form of human as well as animal interaction, which develops spontaneously at the earliest phases of life. But, in the course of life, like other forms of spontaneous behavior, it also becomes part of a network of social conventions and norms. As nature becomes enmeshed with nurture, spontaneity alone cannot be relied upon to ensure harmony in this touchy sphere – as the troubles just mentioned demonstrate. How to preserve the role of spontaneity and value in the body politics of touch, while at the same time preventing its potential abuses, is the topic of this paper.

2. Touching and its significance¹

The mother breast-feeds the baby, washes, diapers, kisses, strokes, pushes him/her. Each of these types of daily contact has different movement and tactile qualities. For instance, the simple acts (almost taken for granted) of ending breast-feeding and putting the baby in the crib can be sharp and sudden or soft and stepwise. Also, each contact has a different intensity, which induces a feeling of security, pain, weakness, caring, etc. The main vehicle of the communication between mother and child is the activity of touching.² The ensemble of these early experiences of physical contact are recorded in the individual’s kinesthetic memory, and influences his/her emotions, self-perception, modes of cognition, and the forms and quality his/her links with others will take throughout life. In short, the tactile contact between mother and child is a fundamental factor in the cognitive, emotive, and social development of a person.³ It also profoundly affects not only the baby, but the mother as well. Research in the wake of Harlow’s and his followers’ findings, with monkeys, has demonstrated that, if separated from her baby, the mother is affected physiologically and cerebrally and enters a condition of stress.

2.1. The intra-psychic sphere

The channel through which all this operates is the skin. It is the first of our sensory organs, already active in the embryo. It is also the most extended and the most sensitive of our organs. It is the organ of attachment and its proper stimulation is required for the

¹ What follows is not, of course, a complete survey of this topic. One should not overlook, in particular, the intrinsic relationship between the sense of tact and proprioception, i.e., the sense of position and movement. See, for instance, Cole (1995, p. 33), Cole and Paillard (1998, p. 246), Eilan et al. (1998), and Sheets-Johnstone (1999, *passim*).

² Pruzinsky (1990, p. 299), referring to Montagu (1978), writes: “A great deal of emotion in communication is expressed in the tactile contact between mother and child. In the child’s early months and years, communication is largely through touch. The conduit for this communication is the skin. The nature and quality of this physical contact is critical in the child’s development”.

³ “La recherche du contact corporel entre la mère et le petit est un facteur essentiel du développement affectif, cognitif et social de ce dernier” (Anzieu, 1985, p. 27).

development of the nervous system (c.f. Pomey-Rey, 1992, p. 44). According to Anzieu (1985, p. 39), the skin has three primary functions:

- a. it is the ‘bag’ that holds within it what the child receives, physically as well as psychologically, from the mother – it corresponds to what Winnicott called attention to, namely, the contribution of the mother’s *holding* of the baby for the emergence of the self;
- b. it is the demarcation and interface between the baby and the external world – it keeps the world ‘outside’ which belongs there, and functions as a protective barrier vis-à-vis invasive objects and persons;
- c. it is, along with the mouth, a privileged channel of exchanges with the other – which constitutes the basis for later forms of communication.

These three functions (as well as others) of the skin and touching are simultaneously biological and psychological. They indicate a very early inter-relation between body-formation and mind-formation, whose traces have been now detected in the brain. These findings substantiate Freud’s well-known insight regarding the fundamental role of the ‘body-ego’ in the development of the ego.⁴

2.2. The socio-cultural sphere

As early as 1935, psychiatrist Paul Schilder stressed the social, inter-subjective nature of emotions as well as of “the body”. According to him, “[e]motions are always social” for they are “directed towards others” (Schilder, 1970, p. 218); and “[t]he perception of the body of others and their expression of emotion is as primary as the perception of one’s own body and its emotional expression” (ibid.). To be sure, the ‘self-appearance’ of one’s body is directly related to one’s proprioceptive sensations and to one’s “immediate experience that there is a unity of the body” (Schilder, 1970, p. 11). Nevertheless, “this unity is more than a perception ... although it has come through the senses” (ibid.), for “[t]here are mental pictures and representations involved in it” (ibid.).

Generalizing the notion of pre-conscious postural “schemata” or “organized models of ourselves”, Schilder introduced the notion of a “body image” – “the picture of our own body which we form in our mind” (ibid.). This “human Gestalt” – as he calls it – is not the sum or result of sensory impulses, for it is through it that such impulses “rise to consciousness” with specific “charges” (1970, pp. 11, 14). The body-image is, thus, a holistic, multi-dimensional image that integrates cognitive constructions, wishes, emotional attitudes and interaction with others; it is essentially dynamic, being in “perpetual inner self-construction and self-destruction” (Schilder, 1970, pp. 15-16); it is socially acquired, since “children find out about their own body by the talk and observation of others” (Schilder, 1970, p. 225). As a result, “the body which seems so near to ourselves, so well known to ourselves, and so firm, thus becomes a very uncertain possession” (p. 297). The body is thus, for each individual, the result of a continuous give and take between the individual psyche, the environment, and the social interaction with others (Schilder, 1970, p. 302; Gallagher, 1998).

Needless to stress that touching is an essential factor in this give and take. Furthermore, it is clear that if the body is as much a social entity as a physical one, the cultural environment must also be taken into account. Although Schilder did not stress this factor, his work in fact contains the theoretical basis for so doing:

⁴ For further evidence, see Kestenberg (1975, 1977).

[T]he body is certainly not only where the borderline of the body and its clothes are. [...] body image is surrounded by a sphere of particular sensitiveness. [...] the surroundings of the body are animated by it. [...] around the body there is a zone closely interrelated with the body-image which is in some way the extension of the body. [...] every actual change in the postural model of the body also changes the surrounding zone. [...] We feel this zone especially when somebody else tries to come near to us. We feel even that when somebody comes near us he is intruding in our body-image, even when he is far from touching us. This emphasizes again that the body-image is a social phenomenon. (Schilder, 1970, pp. 211-212)

Again, the presence of touching and the closely related perceptions of approaching, distancing, invading privacy, etc. is overwhelming in Schilder's framework, and the cultural variations regarding these phenomena, later stressed by anthropologists like Hall (1963), could fit it seamlessly.

3. A case study

3.1. Naomi at a crossroad

Naomi (30) came to therapy because she had difficulties in her studies. She is married, mother of five, and is the first of a four children, parents now divorced. Naomi studies physical education, a rare profession within the orthodox community to which she belongs. She likes to move and to dance, and she has the physical talent, as well as the intellectual ability in these domains.

She came to me because of the gap she felt between her inner feelings and the messages she received from her environment. In spite of her talent for movement and sport, she discovered that her movement repertoire was very poor if compared to that of her colleagues in the course. Furthermore, she had difficulty accepting the need for the kind of clothing required, which she considered to be too daring. Her values also made her resist the inevitable physical contact among students. As a result, her colleagues ceased to pick her out as a partner in exercises. This further highlighted the gap between Naomi and the others. She was placed in a position of inferiority – which did not fit her inner feelings. According to the latter, she had made a big and significant step in her life, which was for her much more demanding than the mere choice of a career – which was what their companions had made. Furthermore, she also felt that the teachers did not understand and appreciate her.

In the course of her studies, Naomi had to experience movements and positions that were new to her. She had to let herself have these experiences, to do things she had never done before – certainly not in the presence of others. The difficulties she felt as a religious woman and mother belonged, thus, to different domains and levels: a) to study in a framework alien to her traditional community; b) to leave her children at home daily; c) to deal with the body as a focus of attention; d) to be in daily contact with secular Jews. In other words, she had to deal at one and the same time, with intra-psychic and inter-personal issues, as a person and as a member of a family, and as a member of two different communities.

We initiated our work by addressing the difficulties stemming from the fact that the restrictions on her clothing, her modesty, and her disclosure in front of others influenced her movement repertoire. She had to try to reduce the gap between her cultural baggage and the requirements of the course, but also to make her companions and teachers understand her

limits, and to accept her as different. That is to say, she had to establish new borders for herself – i.e., to probe up to what point she was ready to change and adapt to the new environment, and, at the same time, not to give up her uniqueness and to fight to be accepted as such by the others. Her fear was remaining outside a community of reference and having no sense of belonging: she felt in danger of ceasing to belong to the old framework without succeeding in being accepted by the new one.

At this stage we worked on the identification of postures that were comfortable and uncomfortable to Naomi. We tried to sort out the various kinds of comfort and discomfort: those that stem from the physical mobilization of the body (e.g., in symmetrical sitting the distribution of weight requires less effort than in asymmetrical sitting), from familiarity (what is familiar is comfortable), from cultural and educational prohibitions (e.g., it is not permitted to sit with legs open). In the process, it became clear that Naomi preferred postures that granted her a feeling of security based on familiarity.

In one of the sessions, she identified two new postures, where she did not feel threatened and which were not opposed to her system of values. In this session she underwent a process of learning how to expand her repertoire and went through a healing experience: she allowed herself to make progress in a new direction without thereby letting her world collapse. The physical work had implications at other levels too: intra-psychic and inter-psychic.

A physical education career involves exercises in which the participants work together and help each other in the learning process. This requires physical contact. As we have seen, physical contact is the first channel through which the world becomes accessible to us. But in later stages of development, when the cultural and educational influence grows, bodily contact acquires new meanings, which differ across individuals and cultures. Such differences are particularly sharp if one compares the secular and the religious orthodox ways of life. The “rules of touching” in the former, for example, permit cross-gender handshaking and “social” kissing, whereas any physical cross-gender contact outside wedlock is absolutely forbidden in the latter. It was clear that Naomi was experiencing the clash between these different frameworks’ attitudes towards touching head-on.

3.2. The contract

In my clinical experience, I reached the conclusion that respect for a person’s body, regardless of cultural or religious background, gender, and age, is of the utmost importance in interpersonal relations. This should be acknowledged, learned and applied by all therapists, who in turn should impart the sense of these important facts to their patients and students. For this purpose I have developed a formula for a “contract” that I apply in the interaction with patients, teach them to abide by, and, in my courses of professional training, stress that the establishment of, and obedience to such a contract is a sine qua non condition for healthy therapeutic practice. This contract is to be carefully learned and repeated. It says:

The body is private. No one has the right to touch me whenever s/he wants, how s/he wants, or where s/he wants, without my consent. Therefore, at the moment of touching, please tell me immediately whether what I am doing disturbs you in any way. This contract between us is entirely symmetrical.

This contract leads to increasing self-awareness and self-respect, whence also follows the ability to respect the other: a) I must learn what fits me and what doesn’t fit me; b) I must check what is right for me at a certain moment and state; c) I thus learn to respect myself

because I learn to attend to my own needs and boundaries; d) acting according to these needs (e.g., saying “No!”, even against powerful social pressure) is thereby legitimized; e) at the same time, given the symmetry of the contract, I learn to attend to the needs and boundaries of the other; f) only when I respect myself, I can obtain from you respect towards myself.

Within the framework of the contract, when I say “at this moment, it is not comfortable for me that you touch me here or in this way” I *mean* “now this is not appropriate for me”, rather than “you are not OK”. In other words, the contract establishes the ground for a substantive dialogue, instead of the familiar exchanges of mutual accusations that occur in such situations.

3.3. Naomi is touched

It was not easy for Naomi to learn, accept, and apply this contract and welcome its implications. Nevertheless, she was very moved, to the point of crying, when I applied the contract in our therapeutic sessions. Suddenly she received explicit legitimization to be attentive to her needs and to express them – including rejecting what did not fit them. The difficult step was for her to grant herself permission to do the same outside the therapeutic setting, and to actually carry through, i.e., to transfer what she had learned in one context to another.

Prima facie, it might seem that in her physical education course, i.e., in the framework of a liberal social setting, this would be easier to achieve than in her relationship with her husband. He and she in fact perceived her foray into an extra-familial environment as a threat to the traditional family structure and to their intimate relationship. Nevertheless, this fact did not prevent Naomi from making significant progress in this sphere. She learned to distinguish between different situations, in some of which the contract’s blueprint for negotiation was not applicable due to religious restrictions. For example, according to such restrictions, it is forbidden for a husband to touch his wife during a considerable time span around menstruation (12 to 14 days). On these occasions, she used to feel like an excluded object. Now, her attitude changed. She no longer blamed herself or her husband. Having learned, thanks to the contract, to be aware of her needs and expectations and to acknowledge their legitimacy, she was able to distinguish between them and the religious constraints to which she, as well as her husband, were subservient. The acknowledgment of the distinction between these two planes eased the feeling of rejection she felt, by virtue of the conflation between them. There was no longer need to view them as a dilemma, for her and/or for her husband. Reframing was under way: instead of an either/or choice, the religious and emotive needs could now co-exist without conflict.

Had the process of learning, however, advanced enough in order to allow her to achieve a comparable reframing in the other setting as well? Things here turned out to be more complex, by virtue of Naomi’s cultural and personal background, as well as by what is actually involved in successfully applying the contract. Culturally, the two cultures involved – the religious and the secular – differ radically in their attitudes. While one emphasizes unquestionable prohibitions and obligations, the other stresses free choice and individual autonomy. For example, in the synagogue, women are confined to a physically separated space and are not allowed to look at men (and vice-versa). This spatial division symbolizes the strict separation of genders, which is also regulated as we have seen by strict rules of physical contact between the genders. In a secular environment these prohibitions are considered blatant violations of personal freedom. Personally, as emerged in one of the therapeutic sessions, Naomi had suffered in her early life from deprivation of appropriate

mother holding, a fact that is known to have personality and behavioral consequences, carried on to adulthood and noticeable – among other things – in her body schema, body image, and self image. The lack of physical and related emotional memories associated with holding, which are fundamental for adequate development, requires a therapeutic approach capable of overcoming the deprivation, by providing her with the missing experience, and thus allowing her both not to resist to, and dispense to others (especially, but not only, her children) the holding and corresponding touching she had not had.

This therapeutic approach involves the integration of two levels or types of knowledge – ‘knowing how’ and ‘knowing that’ (Dascal, 1985). On the one hand, we have the skill to do something (e.g., to caress, to ride a bicycle), which is recorded in our bodily memory; on the other, we know things about what is involved in that skill. We need both kinds of knowledge in different circumstances. Their convergence enriches and deepens one’s understanding as well as one’s behavioral repertoire. Creative and expressive therapies – including dance and movement therapy – are one of the means that lead to, and build upon such a convergence. The contract, a part of this therapeutic approach, as a rule, does not operate only at the verbal-conceptual level characteristic of knowing that. For its full implementation, it also requires the activation of the relevant knowing how.

Naomi’s declared reason for seeking treatment was related to her studies. It was expressed in terms of spatial metaphors, such as ‘in/out’ (for belonging and not belonging) and of body metaphors, such as ‘contact’ (for communication). She explained that she feels ‘split’ between two worlds. In the wake of her use of these expressions, I asked her to map the therapeutic space, i.e., to demarcate the line separating the ‘two worlds’, and to actually walk on this line. It is important to emphasize that I am not talking of an ‘as if game’, but rather of the actual performance of an action, in the here and now, which gives concrete expression to an inner experience.⁵ The process was extremely rich and meaningful, and I cannot describe it here in detail. I will only point out that, in the course of this work, she began to ‘sense’ the situation from a different perspective. She *realized* – i.e., got to know how, as well as to know that – the line she drew and walked on does not only divide or separate; it could also bridge and connect her two worlds. Later on, this realization permitted her to choose to continue to belong to the religious world.

3.4. Daughter and father

It turns out that the problem of her studies was nothing but the tip of the iceberg. Her feeling of being “split” referred also to her position vis-à-vis her divorced parents. Such a feeling was rooted in her childhood, even though the parents’ actual separation occurred much later. Consequently, from a systemic point of view, the therapeutic process naturally evolved into a family therapy process. Again, I will not go into detail, but only give as an example a joint session with Naomi and her father.

In the preliminary conversation, it became clear that each of them cares for the other. However, none of them knows how to transmit their feelings to the other. That is to say, the

⁵ See my work with movement metaphors (Dascal, 1992, 1994). Referring to this work, Gibbs (1994, p. 128) writes: “The movement metaphor technique explores our frequent use of bodily movement as a metaphorical way of describing, and sometimes acting out sensations, emotional states, cognitive states, motivation, and interpersonal relationships. ... Movement metaphors provide a handle for the patient to articulate the beginnings of a new attitude and awareness that mark significant personal change”.

connection between them is hesitant and distant, in spite of their mutual need for closeness. Naomi says that she doesn't know whether she understands him, and she cannot discern whether and when he feels some emotion or displays affection. As for him, he claims not to know whether he understands her. It is possible that this derives from the fact that in the past the mother acted as a mediator between them. He is a Holocaust survivor, and never shared with Naomi the story of his past. In these circumstances, I saw my task as being that of creating the conditions for direct and transparent communication between them.

My suggestion to them was for each to establish the space s/he needs for her/himself in the room. The father demarcated a large territory by walking around it. The daughter sat down and indicated as her territory a bubble around her, which she signaled with her arms. The next suggestion was: "Walk freely in the room, and from time to time come together; you can stay together as much as you wish; you can split off whenever you wish". Before performing this instruction, I requested each of them to repeat the formula of the "contract", just in case. I observed that through their gaze they somehow gave each other permission to come closer. I also observed that the daughter was the one who initiated more meetings. At one point she came closer and kissed her father. Immediately after that she hugged him hurriedly. At this point I intervened, asking them to stop and to notice that the situation was perhaps not easy for the father, for he had withdrawn and his body became rigid. The father said: "I love you. Who knows how much! I know that I can kiss you. But no more than that". He recalled that the mother would not let him get close to their daughters' room, not to mention to enter it.⁶

I suggested looking for another type of contact. They withdrew, stood up one in front of the other and held their hands. Soon they tired, changed their positions, and remained one by the side of the other – contact was thus ensured through shared space, without physical touching. We did look for some further forms of getting close and "keeping in touch". Smiles appeared in their faces.

These movement/verbal dialogues allowed them to learn how to negotiate in order to find a "place" which is comfortable to each of them, while taking into account the other. This much was not available in the family's home. Therefore, they underwent a corrective experience in the course of the therapeutic process. It is important to emphasize that we are talking about an experience that takes place here and now, which reflects first and foremost the present feelings and mutual relationship between the participants. They are no doubt influenced by the past and by external factors, but their present experience is what enables a change *today*. To be sure, one cannot infer from a single occurrence the establishment of a stable pattern of behavior. Nevertheless, such an occurrence calls attention to such a pattern, which can then become the object of further consideration in the course of the treatment.

In the present case, the implications of the corrective experience for the relationships between daughter and father were far-reaching. They included other aspects of Naomi's life, not directly related to her father. For instance, she decided to bring home the "contract", an act that influenced her relations with her husband and children. The theme of mutual respect became significant and explicit. A new pattern was thereby created. It was lucky for her family that she could transmit to her children a model of interaction different from the one she had inherited.

4. To touch or not to touch?

⁶ Clearly the mother, as a self-appointed mediator, was determining boundaries and playing a separating/unifying role.

All communication must obey two basic ethical principles that regulate the distribution of effort in a cooperative enterprise, such as communication. The "speaker" must make the effort necessary to be understood; and the "hearer", the effort necessary for understanding. I must make myself clear so that the other understands me, and I must be magnanimous in attempting to understand the other (cf. Dascal, 2003, Chapter 4). Touching is also a form of communication. As such, it must obey the two principles of the ethics of communication. Furthermore, as all forms of communication, the interpretation of touching is always a pragmatic endeavor. There are no fixed semantics, no dictionary that determines a single and universal meaning of each form of touching. This does not mean, however, that one is free to interpret another's words, gestures, or touching in whatever way one wishes (c.f. Dascal & Dascal, 1996; Eco 1990; Lomas 1990).

When I speak of a "contract", I am speaking of one of the components of the normative apparatus of the ethics of communication. But it would be a mistake to believe that a formal device is able, in and by itself, to resolve the problem of interpretation. Formal mechanisms or rules – like contracts – can only fulfill their role in communication if they operate against the background of an interpretive praxis, in which judgment is exercised. To act with judgment means to take into account the particular circumstances, the context, the persons involved, and the ethical norms in force in a society. To act with judgment means to act with tact, that is, to take into account the needs and limitations of each other. It is precisely for this reason that the contract I have presented requires tact or sensitivity. This much should be absolutely clear from what has been presented in this paper. Without the exercise of judgment and tact, the attempt to apply this contract mechanically is doomed to failure. To exercise judgment and to display tact is not an exact science, but an art, as I take any therapy worth its name to be.

Given its vital importance in our lives, from beginning to end, touching cannot be absent from psychotherapeutic practice. As Prayez (1994, p. 25) puts it, "touching in psychotherapy is systematically present, as well as the not touching, whether it is a real or symbolic touching". The question, therefore, is not so much whether to touch or not to touch, but when and how to do it. What I have proposed here, is that this crucial decision must be made in a fully conscious *and* mutually agreed way by therapist and patient. The "contract" respects both, patient and therapist, as adult, autonomous persons. In this way, it touches both, the deep and spontaneous roots of touching and our capacity to control, orient, and decide its use.

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