Somatic countertransference experiences of nurse Therapeutic Touch practitioners: A content analysis. Part 1. Body
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PURPOSE
To qualitatively explore & describe the phenomenon of somatic countertransference (SCT), as experienced by nurse Therapeutic Touch (TT) practitioners during their work with traumatized clients

BACKGROUND
• Energy healing - not requiring a patient’s re-traumatization – holds important implications for both patients & clinicians. The residual effects of trauma are removed (Janet, 1925/1973), in part, by the practitioner’s experience & SCT phenomenon.
• Psychotherapists are already incorporating energy-based healing modalities, including TT, into their practices (Macecovic, 2008).

REVIEW OF LITERATURE
• Trauma is any experience that has threatened the health or well-being of an individual, & need not involve a catastrophic event (Brewin, Dalglish, & Joseph, 1996)
• IOM (2007) recommends that alternatives to traditional exposure-based therapies & Rx be explored.
• Merleau-Ponty (1964/1968) considered the therapist’s body a surrogate for the client’s trauma-related thoughts & images in search of a body.
• SCT is a newly articulated phenomenon (Shaw, 2003, 2004). It is distinct from the traditional notion of countertransference (CT; Freud, 1910; Schroder, 1985).
• SCT is defined by Orbach & Carroll (2006) as “the therapist’s awareness of their own body, of sensations, images, impulses, & feelings that offer a link to the client’s healing process & the intersubjective field” (p. 64)

RELATED TERMS
• Mind-Body Connection (Paley, 2004); Body-centered CT;
• Embodiment; Embodied CT (Jakubowski, 2012); Embodied Simulation; Embodied Empathy; Embodied Transcendental Empathy (Macecovic, 2008); Kinesthetic Empathy (Pallaro, 2007)

METHOD & DATA ANALYSIS
• Purposive sampling of eight expert nurse TT practitioners
• Audio taped 60 minute face-to-face interviews
• Use of a semi-structured interview guide with 6 open-ended questions
• Inductive, latent content analysis of qualitative descriptive data with the method described by Sandelowski (1993, 1995, 2010)

PARTICIPANTS
• Homogenous sample of expert nurse TT practitioners (n = 8)
• Ages: 61-78 (M 67.13, Md 66)
• Gender: 100% Female
• Ethnicity: 6 (75.0%) white; 2 (25.0%) other
• Education: 1 (12.5%) Associate; 2 (25.0%) BS; 4 (50.0%) Masters; 1(12.5%) PhD
• Years in Nursing: 1 (12.5%) 11-15 yrs; 7 (87.5%) > 16 yrs
• Years Practicing TT: 1 (12.5%) 11-15 yrs; 7 (87.5%) > 16 yrs
• TT Certification: 5 (62.5%) yes; 3 (37.5%) no
• Other Certifications: 6 (75.0%) yes; 2 (25.0%) no; (NP, AHN, CNS, APN, NBCC, RNC, Reiki, QTTP, GI, Aromatherapy, Creative Healing)
• Other Holistic Practices: 7 (87.5%) yes; 1 (12.5%) no

ACADEMIC DEBATE
• Study findings contribute to the academic debate about the self/other distinction in neuroscience, nursing, psychology, and philosophy.

CONTENT ANALYSIS: CODING FRAMEWORK

<table>
<thead>
<tr>
<th>Patient</th>
<th>Nurse TT Practitioner</th>
<th>Communication</th>
<th>Healing</th>
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</thead>
<tbody>
<tr>
<td>Experience</td>
<td>Visuals</td>
<td>Quality</td>
<td>Aversion</td>
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<tr>
<td>• Participant 8: “...when I work with the individual, &amp; of course I’m centered, &amp; I’m in their field, &amp; our fields are interacting with each other... I have thoughts. I sometimes have images, &amp; sometimes sounds. I experience feelings, I can pick up a mood, general mood, whenever I do TT, especially with traumatized people.” Body: Participant 1: “I don’t pick up things so much in my body anymore, I think because I tend to get more images now...more light.” Participant 6: “I don’t get many feelings in my body because I make sure I’m well-centered.” Images: Participant 5: “I can’t sense exactly how they see, but someone who is blind, when I close my eyes, I can see much more than with my eyes open, the unseen world that they see.” Participant 7: “There are times when I will get a memory of theirs as a complete little movie.” Perception: Participant 7: “In general I have found that prickling sensations (in my hands) come only from cancer.”</td>
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RESULTS
• Codes & 10 subcategories grounded exclusively in the data → 3 categories → Emergent theme, “SCT: A Language for Healing Trauma”
• SCT was found to be a factor in the healing of trauma that emanated from the verbal & nonverbal communication of 1 group of nurse TT practitioners in interaction with their traumatized clients

CONCEPTUALIZATION OF MAJOR THEME

CLINICAL SIGNIFICANCE
• Holistic, general, advanced clinical nursing Practice & Education
• Adjunct to traditional exposure-based therapies
• Aligned with current trends in trauma therapy: non-exposure based; ↓talk therapy (VOICES of 911)
• SCT awareness can ↓vicarious traumatization (VT) in clinicians

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