HARM'S TOUCH: THE GIFTS AND COSTS OF WHAT WE WITNESS

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Those of us who treat people who have been exposed to trauma take on the stories of those they work with. Harm's touch (Fish 2006a) is an original term used to describe how the events and interactions witnessed by therapists, in and outside of therapy, effect them detrimentally. We are intentional witnesses in our work. We are also exposed to the pain of others in our daily lives, unintentionally, and without our consent. Harm's touch can occur as we listen to clients, or see images of war in the news. It is unavoidable and cumulative for those who practice deeply.

Jung (1959) warned about the dangers of providing treatment, contending that the analyst takes on the patient's transference, leaving both with intense personal challenges. "It is inevitable that the doctor should be influenced to a certain extent and even that his nervous health should suffer. He quite literally 'takes over' the sufferings of his patient and shares them with him" (p. 401-402). Jung believed that this "unconscious infection" (p. 406) is part of the analyst's work. Klorer (2000), agrees, contending that what we experience in therapy may leave us desensitized and without empathy.

Those who work with clients with dissociative disorders report experiencing vicarious traumatization (Pearlman & Saakvitne, 1995), secondary traumatic stress disorder (Figley, 1995), and secondary traumatization (Stamm, 1995) as a result of their practice. "Therapists exposed to a client's trauma can develop emotional distancing or insensitivity, a loss of trust in others, increased alcohol use, or ultimately burnout" (Baker, 2003, p. 21). The essential difference between these syndromes and harm's touch is that they originate in the client's lives and are encountered within treatment. Harm's touch is a broader concept, describing the effects of what we witness at any time, inside or outside of session.

Allen (1992) warned us about the "clinification" of art therapy, cautioning art therapists to embrace the artists' roots in their practice. Harm's touch is the "declinification" of the effects of witnessing another's struggle. It is an embodied sense of taking in another's ordeal. Understanding the impact of our encounters with traumatic material this way gives a relational perspective instead of using clinical terms that are distancing and pathologizing.

Harm's touch offers an opportunity to be informed, gain clarity, and achieve a deeper capacity for empathy. It also holds a darker side. If left unaddressed, it can fill us with unresolved images of pain. Our bodies hold harm's touch. Like a wound that that is not treated, it can fester, effecting us in and outside of session. It may leave us feeling numb, rigid, depleted, and manifesting physical symptoms.

This paper introduces the concept of harm's touch, describing its value while warning of its effects, and calling for therapists' self-care. Understanding harm's touch and developing healthy strategies to address it are critical to maintaining healthy therapeutic

work. Fish (1989, 2008), Klorer (2000), Lachman-Chapin (1979), Moon (1998, 1999), Rubin (2001), Wadeson (1980, 1987), and others focused on therapists' use of their artwork to investigate countertransference and other treatment issues. Response art (Fish, 2006b) can be used to contain, explore, and express harm's touch, so that we may benefit from it, and release it without residue.

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