

**RISKY BUSINESS: A NARRATIVE INQUIRY OF MALE CHILD AND YOUTH CARE  
PRACTITIONERS' USE OF THERAPEUTIC TOUCH**

By

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Therapeutic Touch

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## **Abstract**

Male child and youth care (CYC) practitioners have rarely been queried about how, or if, they use therapeutic touch (TT) with clients. A significant amount of literature suggests that TT with children and youth can have a positive impact on development, social, emotional and physical wellbeing, and a reduction of aggressive behaviour. However, for male practitioners, using caring touch with clients grows ever more precarious given the increased perception that they are vulnerable to allegations of misconduct and concern that touching clients could be triggering. This narrative inquiry examines how male CYC practitioners make sense of, and engage in, the use of therapeutic touch. Through interviews of five men from Vancouver Island, British Columbia, stories were collected about experiences, values, and personal histories to discover how they were informed about and navigate therapeutic touch with clients. Four themes were identified including, the story of patriarchy, fear, vulnerability and connection. How participants approach their use of therapeutic touch was found to depend on early life experiences, important life events, anecdotal evidence that reinforced fears about using touch, and the current social and political culture such as the #metoo movement. This study also finds that more research, dialogue and training is needed in order for male CYC practitioners to feel safe and competent to use therapeutic touch in a way that is beneficial for clients.

*Keywords:* Therapeutic touch, male child and youth care practitioners

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## Table of Contents

Supervisory Committee.....	ii
Abstract.....	iii
Table of Contents.....	iv
Acknowledgements.....	vi
Dedication.....	vii
Chapter One: Introduction.....	1
Context of Topic.....	2
Definitions.....	6
Relevance.....	7
Research Question.....	9
Purpose of this Thesis.....	9
Chapter Two: Literature Review.....	11
Touch Benefits and the Impact of Touch Deprivation.....	11
Touch benefits.....	11
Impact of touch deprivation.....	13
Negative touch.....	15
Experience of Men in Child and Youth Care Settings.....	17
Occupational Risk of Males in CYC.....	18
Summary.....	20
Chapter Three: Methodology.....	22
Qualitative Research.....	22
Narrative Inquiry.....	23
Epistemology and Theoretical Orientation.....	25
Framework of Touch as Communication.....	29
Ethical Concerns.....	31
Anonymity and confidentiality.....	32
Emotional harm to participants.....	34
Positioning myself as a researcher.....	35
Research Procedures.....	38
Participant recruitment.....	39
Interview process.....	41
Data analysis.....	43
Criteria for themes.....	45
Limitations.....	46
Chapter Four: Findings.....	48
Participant Introductions.....	48

Jeff.....	48
James.....	49
Tom.....	50
Ben.....	51
Dan.....	51
Interview Themes.....	52
The story of patriarchy.....	52
Fear.....	59
Vulnerability.....	67
Connection.....	76
Summary.....	81
Chapter Five: Discussion and Conclusions.....	82
Thematic Summary.....	82
The story of patriarchy.....	82
Fear.....	87
Vulnerability.....	89
Connection.....	93
Implications.....	95
Considerations and Recommendations for Future Research.....	96
Ethics of ‘no-touch policy’.....	96
Toxic masculinity.....	97
Recommendations for future research.....	98
Personal Learning.....	100
Concluding Thoughts.....	102
References.....	103
Appendices.....	113
Appendix A: Recruitment poster.....	113
Appendix B: Recruitment email.....	114
Appendix C: Participant consent form.....	115
Appendix D: Guiding interview questions.....	118
Appendix E: Community resources and supports.....	119
Appendix F: Recruitment phone invitation script.....	120

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## **Dedication**

I would like to dedicate this thesis to my wife, Alyssa. You have been my single greatest support and have stuck with me through all of the ups and downs I experienced along the way. I could not have completed this project without your ongoing encouragement.

## Chapter 1 – Introduction

As social animals, human beings rely on interpersonal touch for early development, emotional regulation, and as a central form of communication. A significant amount of research has been conducted on the use of touch with children and youth (Field, 2014; van Rosmalen, van der Horst, & van der Veer, 2016). Tiffany Field (2014) writes extensively about the benefits of touch for social and emotional regulation and for supporting crucial aspects of development. Likewise, Freda Briggs (2014), has published research about the risks related to using touch with children in care settings, such as nurseries. For example, touch by male practitioners may be interpreted as sexual, may trigger clients, or result in allegations against practitioners. However, there has been an absence of literature examining male child and youth care (CYC) practitioners' use of caring touch with young clients.

Research related to the benefits of caring touch is often conducted from the perspective of female practitioners working as teachers, nurses and other care professionals (Field, 2014; Hanley, Coppa, & Shields, 2017). Yet, when it comes to risks associated with therapeutic touch men are often identified as untrustworthy and potentially dangerous caregivers (Turner, Hoyer, Schmidt, Klein, & Briken, 2016; Evans, 2002). Given the significant disparity in the gender role perceptions of child and youth care workers, there is a surprising lack of literature or research conducted on how men perform roles as caregivers in these agencies. The subject of men's experience working in child and youth care agencies begs for further inquiry.

Men play an important role in CYC workplaces as caregivers, support workers, counselors and teachers (Winfield, 2005). Men work in caregiving roles with youth helps to challenge the stereotype that only women can be caregivers, puts male practitioners in positions to be positive role models, and can show children and youth that men are safe (Buschmeyer,

2013). Developing an understanding of men's own stories and experiences of using touch with clients is an important gap to fill in order to help complete the picture of the positive and negative aspects of using caring touch with clients. In this thesis I examined how male CYC practitioners make meaning of and navigate therapeutic touch (TT) with clients.

### **Context of Topic**

Touch plays an important role in healthy child development. A large amount of research has been conducted to show links between healthy emotional, physical, and social development, especially in the formative first years of life (Coppa, 2008; Field, 2014; Gallace & Spence, 2010; Jett, 2015). Regular physical contact between infants and caregivers is important for many aspects of child development including the development of attachment, and improvements in sleep, immune system efficiency, growth, and cardiovascular health (Field, 2014). Touch continues to play an important role later in our lives by promoting physical and emotional healing, and interpersonal connectedness. Tiffany Field (2014) writes, "The first sensory input in life comes from the sense of touch while still in the womb, and touch continues to be the primary means of experiencing the world throughout infancy and well into childhood, even into aging" (p.7). Non-erotic touch and physical intimacy contributes to a person's overall well-being throughout their entire lifespan (Field, 2014).

The important role of touch in people's lives is also evident through studies of touch deprivation. These studies have identified a number of consequences for lack of physical contact, such as caring touch, during formative years of development, including increased rates of aggressive behaviour, anxiety, impulsivity, depression, and antisocial behaviour (Field, 2002; 2010; 2014). Researchers examining the experiences of Romanian orphans found that deprivation of touch resulted in severe physical, emotional, and social deficiencies that have

long-term consequences (Simms, 2017). Deprivation may originate with family of origin and often continues within the foster care system or during the child's time in residential treatment programs (Calmes, Laux, & Piazza, 2013). Basic human need for touch may be systemically withheld from children and youth in care because of caregivers' fear that physical contact is unprofessional or could be misinterpreted by the young person as threatening or abusive. Current research suggests that the short and long-term impact of lack of touch for these young people may be debilitating (Field, 2014).

On the other hand, in spite of the benefits of touch and the harm associated with touch deprivation, many CYC organizations and practitioners consider TT too risky and taboo to use with clients as evidenced by policy and practices that limit physical contact, such as no touch policies (Johnson, 2001). Practitioners worry that the use of TT could be misinterpreted by clients and co-workers as unprofessional and fear potential allegations of sexual misconduct that could ruin their career or even result in criminal charges (Briggs, 2004). This is especially true for male CYC practitioners because of the stigma of men as predators (Aznar & Tenenbaum, 2016; Evans, 2002; Turner et al., 2016). Freda Briggs (2014) writes, "It is widely known that sexual predators choose employment and volunteer in sectors that give them access to children" (p. 1415). Given that some predatory men have sought out employment in child-serving agencies, it is understandable that professional male caregivers working in CYC settings are sometimes met with suspicion. Male practitioners' client interaction can be coupled with discomfort, suspicion, and high degrees of surveillance by managers, supervisors, and co-workers (Piper & Smith, 2003). While a significant amount of literature argues that TT has cognitive, emotional, behavioural, and health benefits, researchers have yet to examine firsthand experiences of male frontline child and youth care practitioners who use, or refrain from using,

TT in their work (Field, 2002; Gallace & Spence, 2010; Hertenstein & Keltner, 2011).

Understanding CYC practitioners' perspectives is important because the environments, philosophical location and policies of workplaces can greatly impact outcomes, both positive and negative, for their young clients.

My interest in this topic was born out of personal experience working in a group home in Calgary, Alberta and from an article read during my graduate program course work. My personal experience with the use of TT has been a mix of confusion, discomfort, and fear. At the family services agency I worked at about ten years ago, attitudes and policies regarding touch were infused with contradiction. There, I worked with both male and female clients between the ages of 12 to 18. My role consisted of case management, teaching life skills, engaging in pro-social activities, and counselling. In other words, this was an environment where close and highly interactive relationships developed between clients and practitioners. However, my co-workers and I (both male and female) were told by supervisors and managers we were to avoid physical contact with the youth residing in the group home. This meant no hugging clients, putting a hand on the shoulder or back to comfort or console, and avoid incidental contact during recreational activities. The residents of the group home were typically vulnerable youth who had experienced disordered family relationships wrought with unpredictability and chaos. As a result, their emotional regulation and healthy coping strategies were often compromised. As a practitioner believing to be practicing healthy boundaries, I counselled and comforted from afar and carefully avoided any form of touch with clients.

Although I was never aware of written policies about TT, we had open dialogue at staff meetings and during side conversations about the risks associated with sending the wrong message with any form of touch. These conversations were strongly aimed toward male staff and

I internalized the feeling that I was a potential threat to my clients. For example, I was careful to avoid being alone with clients, females in particular. I was aware that any type of allegation could result in a sudden end to my career in this field.

Contrary to our daily practice of avoiding touch, if a youth behaved with aggression or violence, written policies dictated that staff use physical restraints to reduce the risk of harm to the youth and staff. In fact, every employee at the agency was required to complete two full days of training on the proper use of restraints. I witnessed and was personally involved in several incidents where restraining holds were used on youth. In some cases, young people were violently tackled to the ground and held by one to three staff members for up to an hour until the client was either calm or physically exhausted. This process was emotionally and physically exhausting for both the clients and the staff. What this act reinforced for the group home residents was the message that caring, nurturing, and gentle forms of touch are unsafe; whereas painful, violent, and constraining touch performed by caregivers is normal. On the one hand, those youth were not permitted to receive a comforting hug, yet on the other hand, were susceptible to potentially triggering physical assaults by the workers hired to support and protect them. The absurdity and incongruence between the lack of caring touch being used as opposed to the frequent use of physical force in the group home was again brought to life for me by an article I read during my graduate studies.

*In *Becoming a perpetrator: How I came to accept restraining and confining disabled Aboriginal children*, Chris Chapman (2010) writes about his experience working in a residential program, in a narrative that is strikingly similar to my own. Chapman states,*

It's not that we didn't acknowledge that these restraints were traumatic for the children being restrained or for other children witnessing them, but we were the protagonists in the stories we told and believed. Our violence was only ever a response to their violence. (p. 6)

He reflects on the struggle he had reconciling his role as a caring professional with his actions as perpetrator of sanctioned violence toward his young clients by using force and restraints to quell high risk behaviours. Chapman (2010) questions the ethics of restraint practice and urges CYC workers to think critically about their approach to working with young vulnerable clients, challenging policy makers to follow ethics of "do no harm." Chapman's experience resonated with me. The glaring contradictions he refers to in his article and those of my own experience spurred my interest in this topic.

As a male in CYC I have experienced the uneasy feeling of navigating the risks of touch. In spite of well documented benefits of TT, I am careful to avoid physical contact with clients. I have personally witnessed how accusations of sexual misconduct, whether true or false, can have devastating effects on male practitioners both personally and professionally. In my current role as a counsellor and assistant manager of a residential treatment program I am interested in better understanding how men navigate the use of touch and what factors influence their choice to employ or avoid TT with clients.

## **Definitions**

Terms that will be used in this thesis, such as 'therapeutic touch', 'caring touch', and 'child and youth care setting' have broad definitions and can be interpreted in many different ways depending on the context. For example, one definition from nursing states, "[TT] is defined

as the detecting and balancing of energy. Imbalances and blockages in the energy field lead to illness and ill health. Good health is experienced when the flow of energy between the environment and the body is balanced” (Robinson, Biley, & Dolk, 2009, p. 2). This definition describes a cathartic experience that is spiritual in nature as opposed to a casual caring gesture. Likewise, reference to a CYC setting is ambiguous and gives a vague image of what this study is focusing on. Below, I provide definitions of the terms therapeutic touch, child and youth care setting, and residential treatment program.

*Therapeutic Touch (TT)/ Caring Touch (CT):* For the purposes of this thesis, TT and CT refer to caring forms of touch, such as a hug, a hand on the upper back or shoulder, or innocuous touching of the hand or arm that is non-erotic and not meant to arouse sexual feelings or discomfort. Forms of physical contact and proximity that are meant to communicate nurturance and support also fall under this definition.

*Child and youth care (CYC) setting:* In this study CYC setting is defined as a program where adolescents (between the ages of 13 and 18) are cared for and supported by counsellors, activity workers, and/or case managers. CYC settings may include group homes, detox programs, outreach, or residential treatment programs.

*CYC practitioner:* A CYC practitioner refers to people employed in group homes, detox centres, residential treatment programs for children and youth. These could include support workers, counsellors, activity workers, and case managers.

*Negative touch:* Negative touch is defined as physical contact that can cause emotional or physical harm. Negative touch can include, hitting, non-consensual erotic and non-erotic touch. Forms of physical contact that are unwanted and performed without consent are also considered

negative. For example, a seemingly innocuous touch on the shoulder can be perceived as negative by the receiver if consent has not been given.

## **Relevance**

There are several reasons that male practitioners' use of TT in CYC settings is a relevant topic of study. At this point in time more and more men are entering the CYC field and traditional gender roles are being challenged on a number of fronts (Buschmeyer, 2013). The role of 'men as nurturing caregivers' goes against traditional norms where men typically inhabit the role of 'authority figure'. It is important to develop an understanding about how men approach their work with clients, including how to show nurturing through touch. Although workplace dynamics are changing, men continue to hold a position of authority. As a result, the use of TT takes on a different meaning depending on which gender is using and which gender is receiving TT. Therefore, exploring the narratives of men who are practitioners of CYC may help to better understand how the use of TT can integrate into best practice.

It can be argued that more than any point in modern history this topic is relevant and important to explore. Especially in the current climate of the #metoo movement, the topic of inappropriate touch and allegations of sexual abuse have put a bright spotlight on male's position of power across employment sectors. In this context touch is being interpreted from a fresh lens and, what may have previously seemed to a male practitioner to be an appropriate form of touch, may now cause him to give pause. This is significant considering that many forms of touch, such as a hug or pat on the shoulder, may no longer be interpreted as innocent. Rather, these seemingly innocuous gestures could be viewed as a blatant act of male domination. The #metoo movement has been a powerful response to sexual abuse, subjugation and domination and has

identified many sexual predators. The movement has also blurred the lines about appropriate physical contact and brought the topic of explicit consent to the foreground. Within this social climate, researching the experiences of men's use of TT with young people is important and relevant. In order to create safe work spaces for men, women, and the clients they serve, we need to better understand how men position themselves in relation to their gender privilege with clients and co-workers, their perception of the role of TT, and their understanding of the role of consent in work with youth. In this research, I hope to pierce the surface of these issues and understand the position of men working within these circumstances.

Additionally, a significant number of studies have highlighted the benefits of TT to lower anxiety, reduce aggressive behaviour, and help with emotional regulation (Field, 2014; Gallace & Spence, 2010). However, the reality is that risks do exist, and many forms of touch can be interpreted as harmful, especially for youth who have a history of trauma (Briggs, 2014; Burgess, Welner, & Willis, 2010). As a result, male practitioners are at risk of being accused of misconduct (Evans, 2002). An accusation, whether legitimate or false can have a devastating impact on that person's personal and professional life. From a personal perspective, as a male working with male and female youth, my gender has been identified as a risk factor related to any type of physical contact with clients. When working with the opposite gender there is fear that physical touch, be it therapeutic or not, could be interpreted as sexual and inappropriate. Likewise, using touch with other males may result in assumptions about the sexual orientation of the worker or lead to accusations of pedophilia (Field, 2014). The aim of this study is to develop a better understanding of male practitioners' experiences with TT in their work with male and female adolescents in CYC settings. For this research I will use a narrative inquiry methodology.

### **Research Question**

My research question asks:

How do male child and youth practitioners make meaning of and navigate therapeutic touch with clients?

### **Purpose of this Thesis**

The purpose of this thesis is to examine male CYC practitioners' stories about the use of TT in their workplaces. Narratives of men's previous experiences related to touch, values about using touch as a therapeutic tool, and how they make meaning of and navigate TT with clients are areas of interest.

In the process of completing this research, I hope to form an understanding of how, or if, male practitioners' use TT in their work with male and female adolescents in CYC settings. By telling the stories men share about TT, such as what personal and professional experiences inform their practice, emotions and values related to TT, and as males, how does their position in their workplaces influence their use of TT with clients, I hope to develop a clearer picture of how men engage as caregivers. Additionally, I aim to help create and add to a dialogue of males' experiences working with young people and how TT is integrated into practice to provide care, support, and appropriate human contact to clients. This includes understanding men's knowledge of the benefits of TT, their experience working within agency guidelines, their own feelings about using TT with clients, and their thoughts about the risks (perceived and real) associated with physical contact. In spite of an array of benefits that touch has on developing bodies and brains, there are also risks, both real and perceived, for young clients and practitioners alike. Collecting men's stories will be an appropriate means to better understand the layers and complexities of this topic. I hope to enhance the breadth of knowledge and add to the literature on the topic of male practitioners use of TT in CYC workplaces.

## **Chapter 2 – Review of Literature**

There has been a wealth of literature written about the positive and negative impacts of TT on clients in residential care and other CYC settings and the occupational risk of caring adults, particularly men, in work with children and youth. In this chapter I will summarize literature relevant to this thesis, including touch benefits and the impact of touch deprivation, negative touch, experience of men in child and youth care settings, and risk. In spite of the amount written about these topics there continues to be gaps in knowledge about men's experiences using TT in CYC settings.

### **Touch Benefits and the Impact of Touch Deprivation**

The benefits of touch have been widely researched and written about. In particular, researchers have focussed on the impact of touch in early child development (Field, 2014; Gallace & Spence, 2010), as well as in the nursing profession in the context of cathartic properties of TT, such as reduction of stress and more positive treatment outcomes (Coppa, 2008; Hanley et al., 2017; Monroe, 2009). Surprisingly, little information is available about men's use of TT as professional caregivers of youth. Literature does exist around the use of TT and gender roles related to older patients cared for by male nurses (Coppa, 2008; Hanley et al., 2017). This suggests a significant gap in the research.

This section of the literature review is broken into sub-sections of touch benefits and the impact of touch deprivation.

#### **Touch benefits**

Of the literature relating to the benefits of touch, a substantial amount has been written by

a single author, Tiffany Field, who is a psychologist and director of the Touch Research Institute. Field (2002; 2010; 2014) has written extensively on the topic of touch, particularly about the importance of touch for early years development and later-life physical and emotional health. Much of her research has focussed on how people from different cultural backgrounds engage in touch. She has found that societies that touch more, such as the French, are less likely to experience aggressive behaviour and general anxiety than societies that limit touch, such as the United States and Great Britain (Field, 2014). Field (2014) argues that touch is a vital part of the human experience and has profound physical, emotional, and behavioural benefits. Her writing also elaborates on humans' hunger for touch as physical connectedness from birth to death. Her work is relevant to my thesis topic because it focusses on interpersonal touch within families and with caregivers, such as teachers. Noticeably absent from much of her work, however, is a lens on the role of men's use of touch with children and youth. Instead her work tends to identify female caregivers as the typical purveyors of touch.

Field (2014) is not alone in her view that touch is an important part of human development and social, psychological, and physical well-being. The positive aspects of touch are depicted in the literature across sports, counselling, and in school settings (Piper & Smith, 2003; Piper, Taylor, & Garratt, 2012; Tobin, 1997; Vuolanto, 2015). The majority of this literature centers around the ethical issues associated with touch. While on the one hand touch has many physical, emotional, and behavioural benefits, the risks associated with touching young people as a form of care is strongly acknowledged (Owen & Gillentine, 2011; Piper & Smith, 2003; Piper, Taylor et al., 2012). Piper et al. (2012) write in terms of touch and youth sports,

The ambiguity and anxiety over touching is located at the intersection of various discourses in which the boundaries between what is and is not 'desirable' do not always coincide.

Thus touching was previously accorded positive significance within the discourse of sports coaching, but such positive constructions have become increasingly entangled with the regulation of sexuality. (p. 333)

Although coaches and athletes may acknowledge the benefits of touch, it is a practice used with caution. These authors tend to urge caregivers, coaches and educators to use touch, such as hugs, pats on the back, or arms around the shoulder. They argue that the benefits of touch outweigh the risks associated with fears or suspicion. These articles are relevant to my topic of study because they speak to the discomfort and ongoing questions about the appropriate use of touch by professionals who help counsel, support, and educate youth. I hope to add to this body of literature by providing the voice of male practitioners and how they situate themselves on the use of TT.

Many articles highlight the benefits of TT, especially in the nursing field where TT has been researched extensively. Researchers have identified TT as a method to accelerate healing, reduce anxiety and stress, and activate the immune system (Coppa, 2008; Hanley et al., 2017; Monroe, 2009; Robinson et al., 2009; Vuolanto, 2015). Much of the nursing research focuses on treating specific conditions, such as cancer and chronic wounds or early years development (Hanley et al., 2017; Van Dongen & Elema, 2001). Furthermore, these studies tend to be based on either infant or adult touch, largely ignoring the impact of touch with adolescents. Considering that adolescence is a time of self-discovery, of changing bodies, and emerging sexuality, this appears to be an area where additional research needs to be done. The benefits of touch with infants and elderly are well documented in research (Hanley, et al., 2017; Robinson, et al., 2009; Van Dongen & Elema, 2001), while there continues to be a need for more knowledge on the positive impact of touch for youth.

### **Impact of touch deprivation**

In addition to literature highlighting the importance of touch, there are also a number of studies regarding the impact of touch deprivation. Once again, Field has written a number of articles on this topic. She states that touch deprivation during early childhood can result in physical violence, sleep disturbance, suppressed immune response, growth deprivation, touch aversion, and cardiovascular disease (Field, 2014). Children who have been neglected, or who have been wards of the state, often experience serious effects of touch deprivation. Field (2010) depicts youth in institutional care settings,

Infants and children in institutional care typically receive minimal touching from caregivers which is related to their later cognitive and neurodevelopmental delays. The cognitive skills of these deprived children are often below average when compared to same-age children who are raised in families. Unfortunately, this deprivation and the associated developmental delays appear to persist for many years after adoption. (p. 368)

When children do not receive touch in their early formative years of development, they benefit from touch by professional caregivers. Smith (2009), reiterates this point. He argues that professionals have committed a disservice to youth in their care by denying them touch. In his book on youth in residential care he states,

One of the reasons why no touch injunctions are so disturbing is that, by avoiding abuse, they are themselves abusive. Children need touch to grow physically and emotionally. To deny them appropriate human contact expressed through touch will stunt their overall development in one way or another. (p. 127)

“No touch policies” may help to protect caregivers from potential allegations, and vulnerable youth from predation; in turn, these policies have a serious impact on children and youth who need touch for normal development. Some authors refer to Romanian orphans to drive this point home (Simms, 2017). Considering the negative consequences associated with a lack of physical contact by caregivers for children and youth in care, practitioners require guidance on how to address this problem. Specifically, additional research is needed to paint a clearer picture of how men respond to this dilemma.

A recent article in *The Guardian* by Paula Coccozza (2018) suggests that western society is in the midst of a touch crisis. The article explains that touch has been demonized and associated with negative human interaction. It suggests that people in western cultures are becoming touch-averse and that the impact on people’s health could be significant. Coccozza (2018) writes, “Touch is commonly thought of as a single sense, but it is much more complex than that. Some nerve endings recognize itch, others vibration, pain, pressure, and texture. And one exists solely to recognize a gentle stroking touch” (p2). Touch is essential for our interpretation of the world. The article argues that this crisis of no-touch can be combated by practicing touch consensually and if people can identify healthy boundaries around how they engage in touch with their fellow human beings.

### **Negative touch**

In my search for literature on TT I found several articles about negative forms of touch, such as the use of restraint in residential care settings. The literature provides a mixture of arguments both for and against the use of restraints. Surprisingly, several authors point out that some youth have reported positive experiences as a result of being restrained by caregivers

(Smith, 2009; Steckley & Smith, 2011; Steckley, 2012). For example, Smith (2009) writes,

The strength of relationships between the young person and staff involved is central to the meaning a child makes of their experience of restraint and of the reasons for and the way it is carried out. Properly carried-out restraint can also be formative in establishing these relationships, a point linked to the idea of restraint constituting one aspect of the overall experience of containment children need in relationships. (p.131)

Smith (2009) suggests that restraint, even though a negative form of touch, can have the effect of strengthening youth/caregiver relationships. Laura Steckley (2012) also points out that some youth have reported feeling supported during restraints. This is significant to my thesis because restraining youth has typically been performed by male staff in residential settings because of specified gender roles (Chapman, 2010). Whereas women are typically stereotyped as nurturing caregivers, men are more likely to be the ones to perform restraints and engage in negative forms of touch with clients (Turner et al., 2016).

In Steckley's (2012) work, she grapples with the ethics of restraints. She points out that there continues to be a lack of evidence to make an informed decision about the use of restraint. Steckley recognizes the potentially harmful impact of using restraint with youth in care. Restraining youth may be triggering to youth who have experienced abuse, cause physical injury to both youth and staff involved, damage the youth/caregiver relationship, and create stressful environments for staff and clients, and potentially result in death if restraint is performed incorrectly (Fox, 2004; Steckley, 2010). Yet there may be occasions when the use of restraint is appropriate when relationships between youth and staff are not enough to manage out-of-control behaviour, such as violence, self-harm, or suicide attempts. Even though the use of negative

touch is not ideal and even harmful, there could be occasions when it is necessary to reduce harm. In many CYC settings, this form of touch is a reality of workplaces. Steckley's research does not focus specifically on the experiences of male practitioners who are, in my own experience, the ones performing restraints. One of the aims of this research is to gain an understanding of how male CYC understand, navigate, and ethics of using touch when it may result in negative consequences.

### **Experiences of Men in Child and Youth Care Settings**

There are a number of articles examining gender roles in CYC settings and share themes about men's place working with children and youth and the attributes they are commonly associated with. For example, several articles reference men's stereotypical role as a caregiver in terms of being straight forward communicators, competitive, likely to engage in play, and perform physical labour more often than their female counterparts (Aznar & Tenenbaum, 2016; Stansbury, Haley, Lee, & Brophy-Herb, 2012; Buschmeyer, 2013; Cameron, Moss, & Owen, 1999; Furness, 2012; Jones, 2001). Aznar and Tenenbaum write about gender roles and touch,

Typically, in the Western world, girls are socialized into a socioemotional orientation and encouraged to become more nurturant, caregiving, and affectionate than are boys. In contrast, boys are encouraged to become more assertive and are allowed to display anger more than are girls. (p. 318)

Whereas females are supposed to be nurturing, emotional, and non-threatening, these articles suggest that men in CYC settings recreate stereotypical roles in their professional work with youth. Rather than being emotional supports for youth, men in CYC take on "activity worker" roles or hold positions of authority. In terms of TT this has important ramifications because if

men fail to be taken seriously as caring and emotionally safe support people, any physical contact could be misconstrued by the recipient (Hertenstein & Keltner, 2011). Likewise, if men hold strong positions of authority, the issue of consent in relation to touch is thrown into doubt. Men's roles as caregivers is complicated by historical factors, issues of power, and the shadows of stereotypical gender roles. A great deal of the literature on men in CYC focuses on this uneasy concept of men as nurturers. For example, Cameron et al. (1999) explain that men's value in caring professions is often determined through the lens of overarching social contexts related to gender roles. They write,

The context of childcare work is structured by policy (both national, such as legislation and guidance, and local, such as internally devised ways of working), notions of 'tradition' and the 'natural', and underpinned by dominant ideologies of caring. Men workers' gender identities emerged in relation to this context: their difference or novelty set them apart from women workers in ways that were not clearly articulated but drew on notions of playing, friendship, affection, demonstrating values such as being decent, nice or trustworthy, and, pushed further, of challenging stereotypes about men's behaviour in the home and with children. (P. 9)

Preconceived notions of "male" attributes often set them at odds with the nurturing aspect of child and youth care and set them in a category as "novelty". This othering suggests that men face challenges to have their work legitimized. This also speaks to the idea that gender is fixed and binary. In relation to gender fluidity there is a lack of any literature related to transgender workers in child and youth care. Although this thesis focuses primarily on cis-gender males in

the workplace, it is worth noting that little has been written in relation to transgendered people working in CYC.

### **Occupational Risks of Males in CYC**

Perhaps the most prolific topic about men working in caregiving roles centres on the concept of risk. Risk refers to risk of accusation, the perception of men as a risk to young people, and legitimate risk of perpetrators working with children and youth. Few articles about male caregivers fail to make mention of safety, suspicion, or risk behaviour (Butcher & Whiteside, 2015). Despite benefits of touch, concern about male practitioners' behaviour remains at the forefront (Field, 2014; Jones, 2001; Smith, 2009). However, little has been written about male practitioners' firsthand experiences of perceived risks working with youth, such as false accusations being made against them. As stated previously, this conversation tends to focus on teachers and nurses rather than CYC. There is a significant gap in research addressing male CYC practitioners use of touch and the associated risks.

There are times, however, when men working with children and youth are perceived by parents, administrators and peers as dangerous. Several journal articles identify the prevalence of suspicion and distrust for the work male practitioners do with young people. Sarah-Eve Farquhar (2001) writes about the experience of male teachers,

[T]eachers are no longer trusted professionals, and this has them both feel, and be, more vulnerable to allegations of abuse... It is an ever-present worry that sometime, someday, they may be (mis)perceived to be touching or interacting with children inappropriately and investigated for abuse. (pp. 91-92)

Professionals are under a microscope and are forced to tread carefully through their workdays by avoiding contact with youth because of the potential of misinterpretation of their care. Parr and

Gosse (2011) mirror this sentiment in their analysis of men working in primary and junior classrooms. The authors cite statistics that the number of men entering the teaching profession has decreased in recent years as a direct result of fears of being accused inappropriate behaviour or based on the assumption that they are homosexual, feminine, or pedophiles. These perceived risks are having a significant impact of the demographic of teachers entering the field.

Similar articles have been written in terms of male coaches of young females. Several articles identify that male coaches are imposing no-touch rules upon themselves as a measure to avoid accusation. These coaches describe a culture of anxiety and fear (Johnson, 2001; Pépin-Gagné, & Parent, 2016). Johnson (2001), writing about his own experiences as a male working with young children, stated,

...[no-touch] forces people who work with children to submit to fingerprint checks, it insists that day-care directors have at least two female staff on duty at all times, and it punitively does not allow me to single-handedly coach my daughter and ten other six-and seven-year old girls twice a week on the soccer pitch. (p. 107)

The author describes a climate of surveillance that casts doubt on men's ability to perform caring tasks. This theme, of males presumed to be dangerous to children, is present in a number of articles (Field, 2014; Harding, North, & Perkins, 2008). One article suggests that men working with youth should be questioned in relation to negative family background, an applicant's own experiences of sexual abuse, sexual interest in children, emotional congruence with children, an impulsive lifestyle, problems with self-regulation, cognitive distortions concerning adult-child relationships, and previous sexual and non-sexual offending (Turner et al., 2016). These are relevant questions; however, the article makes no mention that these same questions should be posed to female practitioners. This perspective underscores the environment that male caregivers

experience when doing what has been perceived as ‘women’s’ caring work. Based on the current literature there continues to be a lack of male voices represented as research participants. Men’s narratives as caregivers are missing from the conversation. My research will be conducted to narrow this gap and shed light on the perspectives of men working in CYC workplaces.

By examining the nature and narratives about therapeutic touch and gender through interviews with male practitioners, it is an opportunity to identify barriers to providing best practice services in relation to TT.

### **Summary**

The existing literature contributes to our knowledge about TT in a number of areas. Research identified in this literature review emphasises the importance of touch for physical, emotional, behavioural, and social wellbeing. Studies focussing on nursing and teaching, in particular, examine how caring touch has therapeutic value and is integral to early childhood development. Furthermore, studies have identified the implications of touch deprivation and negative forms of touch (punitive touch) of children, such as increased levels of violence, sleep disturbance, suppressed immune response, and touch aversion, to name a few. The value of caring touch is evident from the information gathered through this research. Missing from this literature is a specific inquiry into how men use TT in CYC and the implication of male practitioners as caring nurturers when working with children and youth. As a result, additional research is needed to better understand how male practitioners’ use of TT fits with the reported benefits.

This literature review also identified articles about men’s experiences with risks associated with children and youth work. These studies found that men are often stereotyped to be competitive, more apt to engage in physical labour, more likely to play, and be

straightforward in their communication styles. In other words, men tend continue to be viewed as less nurturing and open to emotional connection than their female counterparts. Likewise, men tend to be associated with higher levels of risk than women in caring roles. The literature highlights that men are more likely to be recipients of accusations about their conduct, such as inappropriate touch. Again, there is a lack of information about how men perceive their experience in these situations because studies fail to focus on the perspective of men working in these positions. Further inquiry is needed to develop a picture of how men view their roles in CYC settings in relation to their use of therapeutic touch.

### **Chapter 3 – Methodology**

In this chapter I provide a description of the methodology used for my research. This will include an overview of qualitative research that forms the basis of my study. Specifically, I describe narrative inquiry, a type of qualitative research, and the interview process I use to collect and analyze my research data. Additional details of this study will also be provided in this chapter, including my ethical concerns, research procedures, my epistemology and theoretical orientation, and my position as a researcher.

#### **Qualitative Research**

Qualitative research is a type of inquiry that takes on many forms and is difficult to clearly define. Researchers using qualitative methods return descriptive results with their data (Jovanovic, 2011). These results focus on lived experience and attempt to enhance understanding of the human condition. There are a number of methodologies for doing qualitative research. These include ethnography, grounded theory, phenomenology and case studies, to name a few (Denzin & Lincoln, 2003). This wide range of methods makes it challenging to summarise the vast scope of qualitative research.

As opposed to quantitative research that relies on statistical data to derive conclusions, qualitative research collects data through methods such as surveys, questionnaires, and interviews that can develop a deeper understanding of the topic being examined (Denzin & Lincoln, 2003). For example, historians researching the holocaust can collect quantitative data about the number of people sent to concentration camps in Europe in the 1940's that provide valuable statistical information about the atrocities of World War Two. Meanwhile, researchers can also collect qualitative data by examining oral and written accounts of people who were

actually imprisoned in these camps in order to better understand the lived human experiences of individuals. Accounts of lived experience are unattainable using quantitative methods. Denzin & Lincoln (2003) write of this method of research,

Qualitative research is a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible... qualitative researchers study things in their natural settings, attempting to make sense of, or to interpret, phenomena in terms of the meanings people bring to them. (p.4-5)

Making sense of the world and finding meaning in people's experiences is a primary goal of qualitative research. For my research I used a narrative inquiry methodology, a type of qualitative research, to better understand the lived experiences for men and how they use caring touch in their work with children and youth.

### **Narrative Inquiry**

Narrative inquiry is a type of qualitative research that focuses on themes and stories (Clandinin & Connelly, 2000). As the term 'narrative' suggests, this methodology draws from research participants' descriptions of situations and events that are then organized into a coherent and cohesive plot by the researcher (Polkinghorne, 1995). Donald E. Polkinghorne (1995), a researcher who uses narrative inquiry states, "narrative is the linguistic form uniquely suited for displaying human existence as a situated action. Narrative descriptions exhibit human activity as purposeful engagement in the world" (p. 5). This method of research is about capturing people's stories in rich detail and making connections to lived events that help make sense of the world.

Narrative offers the opportunity to gather detailed and layered responses about complex topics (Clandinin & Connelly, 2000). Historically, this type of research has been used in studies of nursing and education, multifaced workplaces where people's experiences are difficult to summarize linearly. For example, a quantitative study of a nurse's working environment would be unable to candidly describe the complexity of managing patients, doctors, and family members in a way that could do justice to their actual experience. Again, Polkinghorne (1995) writes, "stories express a kind of knowledge that uniquely describes human experience in which actions and happenings contribute positively and negatively to attaining goals and fulfilling purposes" (p. 8). There is something distinctly human about storytelling. Stories help connect us to events and link those events to meaning. As a result, narrative inquiry is well suited for the purposes of my research.

In my study of male CYC practitioners' use of touch, narrative inquiry is ideal for unfolding the complexity of this topic. Touch is a complicated topic, especially when centered on men working with children and youth because perceptions of risk, trust issues, men's stereotypical social roles, personal histories and culture that all play interweaving parts in how touch is valued, understood, and used in CYC workplaces. Narrative analysis examines themes that emerge within participants' unique accounts (Polkinghorne, 1995). Themes then support the plot developed by the researcher, who writes a clear and concise story of the larger picture in order to create knowledge and meaning.

There are various forms of narrative methodology and few people agree on which form is the correct one (Clandinin & Connelly, 2000). For my purposes I draw from Polkinghorne (1995) and Clandinin and Connelly (2000) to guide how I navigate through the complicated process of organizing, respecting, and retelling the participants stories. The work of Clandinin

and Connelly (2000) in *Narrative Inquiry: Experience and Story in Qualitative Research* was essential for guiding me through narrative style and techniques, such as using literary techniques, like metaphor, in the writing of my thesis. Additionally, the concept of temporality is an important consideration. They write, “When we see an event, we think of it not as a thing happening at that moment but as an expression of something happening over time. Any event, or thing, has a past, a present as it appears to us, and an implied future” (2000, p. 29). Life happens in the context of temporality, and people’s present perspectives, motivations, and choices are influenced by a past and an uncertain future. The concept of temporality is also present in storytelling, and thus, in the narratives we weave.

Clandinin and Connelly’s (2000) work also helped identify the pitfalls of narrative methodology. For example, identifying my role as a researcher in the narrative process and confronting tensions inherent in narrative inquiry, such as deciphering truth from fiction in storytelling, being true to the participant’s accounts, and situating myself as the researcher in relation to the story being developed and told. Narrative inquiry can be a muddy process that is challenging to navigate without guidance. Their work in this methodology helped to provide that guidance.

Likewise, I use Polkinghorne’s (1995) work *Narrative Configuration in Qualitative Analysis* as a guide for developing plot and structure in my write-up and I employ his style of analysis in my thesis. Polkinghorne’s use of identifying overarching themes to develop a beginning, middle, and end to the narrative was influential to my process of retelling participants’ stories in a way that respects the integrity of their original accounts.

In the process of collecting data from participant interviews, meaningful themes came to the surface. Narrative methodology married well the organizing and reporting these themes. My

hope is that the story that unfolds does justice to the accounts provided by the story's cast members.

### **Epistemology and Theoretical Orientation**

For this study I approach epistemology from a postmodern lens. More specifically, the theory of knowledge I draw from is Michel Foucault as interpreted by Linda Martin Alcoff (2013) in *Foucault's Normative Epistemology*. Alcoff (2013) argues that Foucault saw knowledge as being created in conjunction with power, but that power no longer comes from a central source, such as a king. Instead, power is held by dominant groups who hold expertise. For example, power and knowledge were created in unison during the #metoo movement. Social media enabled groups of women, who had experienced abuse by people in power, such as Hollywood elites, to assert their own power through sharing knowledge. They were able to shift the balance of power and also alter the way we understand and respond to sexually abusive behaviour by men. The collective worldview was impacted by this power/knowledge shift. Knowledge and power are fluid and socially constructed. Alcoff (2013) writes, "What becomes knowledge is determined by historically specific confluence of a host of interrelated elements, *some* of which are socially constructed, such as concepts like 'normality'" (p. 212). She goes on to say, "not only does power provide the site for the elaboration and flows of knowledge, knowledge itself has a constituting effect on power relations" (p. 215). This is significant because my study of men's experience with touch in CYC is imbedded in a set of specific social beliefs and values that inform how these men perform their work. And taking this a step further, each individual holds their own set of socially constructed beliefs and values that help determine how they respond to these wider social constructions of knowledge.

From my standpoint as a narrative researcher, Foucault's theories match well with narrative inquiry because the participants describe the same topic, touch, from varying perspectives, which is in line with the belief that knowledge is constructed based on people's own unique life histories, culture, values, and experiences. We inadvertently construct our own realities and interpret the world based on our position in it (Kohler Riessman, & Quinney, 2005). This means that, absent of a grand narrative, situations and events became complex, tense, and muddy as a result of various individual perspectives interpreting a singular event in a different way (Gergen & Gergen, 2004). A narrative analysis lends itself to identifying themes within this muddy complex mess of knowledge and power. Jovanovic (2011), writing about qualitative research, states, "Both postmodernity and the qualitative approach share an anti-realist and anti-essentialist position and a strong plea for a plurality of forms, perspectives, interpretations. They both see language as a powerful tool in constructing social and subjective realities" (p. 19). Language, as the basis of storytelling, is essential for making sense and meaning out of complex ideas and perspectives. As a result, Foucault's theory of knowledge is an ideal fit for a study using narrative inquiry.

A social construction lens informs how I interpret the research participants storied experiences. My perspective of social construction is based significantly on the work of Gergen & Gergen (2004) and Gergen (2011). In a simplified explanation, social construction argues that peoples' understanding of the world is not based on a universal grand narrative that explains human's existence. Instead, peoples' understanding and foundation of knowledge is a result of their culture, gender, social and physical location, beliefs, ethnicity, sexuality, and personal history (Gergen & Gergen (2004). This means that human understanding of the world is complicated and messy, wrought with varying perspectives, values and beliefs.

Adding to the complexity is the influence of the overarching social rules and conventions that guide people on how to interact within their physical, social, and psychological spaces.

Gergen (2011) states,

We variously speak of persons as possessing mental concepts of themselves, and it is often said that these concepts are saturated with value, that they may be defective or dysfunctional, that they figure importantly in the individual's rational calculus, and that they ultimately supply resources for the exercise of personal agency. And too, many simply identify the process of conscious choice as equivalent to the individual self. Such assumptions are deeply embedded in Western culture and provide the under-girding rationale for practices of jurisprudence, childrearing, education, counseling, and psychotherapy, among others. (p. 108)

Socially constructed realities are both individual and collective. This research seeks to collect individuals' stories and narratives, while recognizing that men's past experiences, perspectives, and beliefs are all unique, varied, and complex in relation to the world around them. As a result, social construction as a theoretical approach is appropriate because it is evident that participants' relationships with therapeutic touch are vastly different from one another as a result of personal values, history, and culture. Following the data collection process, I transcribed each interview and analysed the data for themes using a social constructionist approach to make sense of the data.

### **Framework of Touch as Communication**

Communication comes in many forms. Touch is considered a form of nonverbal communication and is a vital component to giving and receiving information (Mehrabian, 1972; Eaves & Leathers, 2018). At the same time, touch is also a complicated process that requires skills acquired through socialization to accurately decode the intended message. As a result, communication conveyed through touch may be misinterpreted (Gibb, 1965). For example, in their writing about touch, Hertenstein and Keltner (2011) state,

Studies also find gender differences in the perceived valence of a touch. In this research, women are more likely than men to perceive touch from opposite-gender strangers as unpleasant and an invasion of privacy. Moreover, the more women perceive a touch as sexual from a male stranger, the less they perceive the touch as warm and friendly; whereas, the more men perceive a touch as sexual from a female stranger, the more they perceive it as warm, pleasant, and friendly (p. 72).

Tactile communication is nuanced. Touch from a male CYC worker, such as putting a hand on the shoulder of a youth he has just met, could be interpreted in multiple ways. For example, the youth could receive the communication as intended and supportive, or as extreme as it being a display of power and dominance (Eaves & Leathers, 2018). Awareness about the various ways touch is received is something that practitioners must be mindful of. The way that touch is used, the gender(s) of the participants involved, along with verbal communication and posture also influence the message being delivered (Mehrabian, 1972). Thus, there are many considerations to be made when practicing TT in a CYC setting.

Children rely more on verbal than non-verbal forms of communication, suggesting that adolescence is a time of transition and development of different ways to process information

(Eaves & Leathers, 2018). This may result in some confusion if a youth is unable to read non-verbal communication, such as touch, with the sophistication of an adult. Bearing this in mind, practitioners require a framework to make ethical decisions about how to use touch as a form of support and communication. This may include establishing ways to obtain consent from the youth, who is receiving a hug or physical closeness, and determining that it is something that is even wanted. That being said, consent itself is a grey area and is often not as simple as a youth saying 'yes' or 'no' to touch because of power dynamics within the practitioner-client relationship. As a result, issues of consent must be more deeply explored.

In spite of these concerns, consent in one form or another must be part of a framework that includes caring touch as a way to communicate with youth. Additionally, this framework should address factors of who initiates touch. For instance, in my own work, I frequently work with youth who create safety plans that indicate that they do not want to be touched; however, we often notice that after a period of time (4 to 6 weeks) it can be those same youths who are initiating hugs or playfully jumping on a practitioner's back as a way of experiencing closeness and connection. This can be a form a communication to the practitioner that the youth is consenting to touch. To this end, in terms of this research project, therapeutic touch is understood as an important part of communication; however, a model for touch to occur as safe and supporting needs further development in how practitioners can safely implement it within their practice.

### **Ethical Concerns**

There were a number of ethical concerns to consider during this research project. Ethical considerations include confidentiality, anonymity, emotional harm to participants, and my role as

a researcher to represent participants' stories in the way they were intended. These considerations were forefront during the development of this research project as well as during the interview process, data analysis, and writing of research findings. During participant recruitment, ethical considerations were discussed with participants prior to their agreement to participate in the study. Ethical concerns were also discussed with each participant a few minutes before the start of the interviews. During that conversation participants were asked to review the Participant Consent Form (Appendix C) and sign the document in order to indicate that they understood and accepted the risks of participating in the study. In order to complete this research I received approval from the Human Research Ethics Board (HREB) at the University of Victoria.

#### **Anonymity and confidentiality**

One of my primary concerns during this study was the ability to maintain confidentiality and anonymity of participants. Given the relatively small sample size of five participants, and the interconnectedness of the CYC community on Vancouver Island, there was a risk that participants could be identified based on their responses. Participants were all cis-gendered men who worked in prominent agencies on Vancouver Island, meaning there could potentially be minimal separation and anonymity between people who chose to participate. For example, during recruitment, one participant put forward the name of a colleague who expressed interest in being interviewed as well. I found that this type of word-of-mouth recruitment was important in order to find enough people interested in participating in the study. As a result, anonymity between these two participants was compromised because of their pre-existing knowledge of the other's involvement. I mitigated this concern by discussing the situation with each participant. Both agreed that they were comfortable having data from their interviews used in the study in

spite of the lack of anonymity. Additionally, all identifying features, such as agency names, locations, and specific details described during the interviews were omitted in the thesis write-up. Participating in this study, in spite of concerns about anonymity, speaks to the bravery of these men to share intimate details about their lives and work in relation to a topic that can often feel uncomfortable.

In spite of the vast geographical landscape of Vancouver Island, the community of CYC workers is relatively small and interconnected. Agencies often share resources, attend trainings, and connect with mutual community partners. Additionally, based on my own assessment, there are significantly fewer men working in CYC than women. Thus, given the relatively small pool of potential research subjects, it proved challenging to guarantee confidentiality and anonymity. Names of towns, cities, agencies, identifying physical features, and names of individuals have been either omitted or disguised with aliases as best as possible. Prior to the interviews, participants were asked to refrain from using the names of locations, agencies and individuals. However, at times names and locations did slip out. Thus, it was necessary for me to edit these details during the thesis write-up. No participants actual names or locations have been used. Instead, they have been given aliases and geographical locations do not extend beyond the fact participants live and work on Vancouver Island.

Additionally, specific events described by participants are not retold in this thesis verbatim. Rather they are referred to only in broad terms. For example, one participant described an incident where a critical incident occurred. This incident may have been easily identified by many people in the community. As a result, no specific details of this incident are provided here in order to respect the identity of the teller. Throughout the interview process there were multiple occasions when details of stories were described. Consequently, as a researcher, it was necessary

for me to take care around how these stories were retold to protect participants fundamental right to confidentiality.

### **Emotional harm to participants**

Another ethical concern during this study was the potential emotional harm of participants as a result of the topic content and what the subject could bring up. Touch can be, at the very least, an awkward topic to talk about and, at most, very painful to discuss. In all five interviews, participants referenced the discomfort people experience when talking about touch. One participant stated, “touch has got this horrible connotation you know... ‘the priest touched me,’ or something.” The language associated with touch is often sexualized. Even innocent references to physical contact can be misconstrued or made to be a joke because of people’s discomfort about the subject. It was important to check in with participants about their comfort level and address the fact that the interviews could cover topics that could feel awkward or even triggering. Because of this, the emotional wellbeing of participants is something that I took seriously before, during and after the interviews.

Prior to the interviews I spoke with participants about the nature of the topic and the fact that it may bring about unexpected feelings. Past experiences and specific situations involving touch, that interviewees may not have spoken about before, could cause discomfort or feelings of distress, triggering past memories or catching them off guard. Therefore, I checked in with participants about how they felt about the interviews before and after. Again, participants also signed the Participant Consent Form acknowledging the risks associated with participating in the study. Additionally, each interviewee was offered a copy of the Community Resources and Supports form (Appendix E) that provided details of counselling services in a number of communities on Vancouver Island if needed.

Four of the five participants in this study identified having over two decades of experience each working with ‘high-needs’ and ‘high-risk’ youth. It was evident when speaking with these men that they had debriefed and spoken about the topics we covered prior to the interview. It was also evident that the organizations participants were associated with offered strong support systems, including peers support and third-party interventions for employees who required off-site counselling. The other participant who had only been working in the field for just over one year also identified strong support networks that he used for debriefing and self-care. During the research process I fully appreciated the risks of feeling discomfort, distress or being emotionally impacted when talking about touch. However, I also felt strongly that risk of emotional harm for participants was minimal given their years of experience, access to supports, and knowledge of self-care techniques to help cope with negative feelings associated with participating in this study.

### **Positioning myself as a researcher**

My role as researcher to represent participants stories faithfully was a further ethical consideration. Each of the men who agreed to speak openly about personal experiences did so with a reasonable expectation that their stories would be retold in a way that was consistent with their lived experience. As the researcher I felt a great deal of responsibility to remain true to the participants who bravely opened themselves up to vulnerability during the interview process. Writing about this precarious concern in their own narrative research, Kennelly, Ledger, and Flynn (2017) state,

I cared that the narratives were treated with utmost respect. The music therapy participants were colleagues, whose experiences I recognised and appreciated. It was important to me that I portrayed them authentically and that I did not abuse the trust they had given me in

sharing their stories... It was therefore important to me that I not only portrayed the challenges that music therapist experienced, but also the passion and determination that music therapists displayed in developing their services. (p. 77)

Navigating the implied truth and intent of stories can be an uneasy process. For example, during one interview a participant told a story about an accusation made in the workplace related to an alleged inappropriate touch incident that occurred between a youth and a staff. During the interview I interpreted that this incident had a significant influence on this participant's future practice with youth. However, as I re-read the interview transcript weeks later, I felt unclear that this was an accurate assessment. As a result, I considered myself at risk of misrepresenting his experience and using his story to fit in line within a theme that I identified in other participants' stories. As the researcher it was my ethical responsibility to clarify his lived experience. This required additional follow up with the participant to gain a clearer understanding about what meaning this incident had and how he intended it to be represented.

In order to alleviate this issue each participant was provided with a copy of their interview transcript. I asked that they read and provide feedback on any parts of the interview they felt required clarification, needed additional information, or wanted to have omitted from the study (Clandinin & Connelly, 2000). Furthermore, when I required clarification or supplemental information, I contacted the participants either via phone or email in order to gather enough information to represent their stories as accurately and respectfully as possible. I found this process to be helpful in quelling the concern that I either misinterpret participants stories or even do harm by misrepresenting details of their stories.

In narrative inquiry it is almost impossible to separate the researcher from the data because of the nature of the research process (Byrne, 2017). As the researcher, I was aware that my own personal influence over the process was unavoidable. For example, during the interviews I was selecting the questions that were asked and had influence over the direction of the conversation. Likewise, during the analysis stage, my own biases, although unintended, naturally influence how I identified themes that emerged between the various recorded accounts. For instance, another researcher may have observed different patterns within the interviews, based on their own biases, beliefs, and perspective, taking the research in an entirely different direction. As a result, this tension was ever present during the research process and I was mindful of my role as the conduit to, as accurately as possible, faithfully recount the narratives given to me.

Furthermore, the process of writing my thesis influenced me in my professional life. I began to notice that over time I started to use caring touch with more intent than I previously had done. Based on the insights provided during the interviews I found myself challenging my values around touch, being more mindful of how I attuned with my own body in relation to clients. The concept of being able to have a more trusting connection with clients through touch, such by placing a hand on the shoulder, was something that emerged in one of the early interviews. The idea of creating connection by way of caring touch was something that resonated with me personally and influenced my own understanding of how touch is used in CYC. As a result, it was clear that my own values and beliefs were inseparable from the research. Clandinin and Connelly (2000) write,

One of the researcher's dilemmas in the composing of research texts is captured by the analogy of living on the edge, trying to maintain one's balance, as one struggles to express one's own voice in the midst of an inquiry designed to tell the participants' storied experience and to represent their voice. (p. 147)

The tension of being the researcher and doing justice to the participants voices is ever present. Constant reflection and checking in on my own position in the research process are mandatory demands to respect the data collected. In any story the author, to some extent, is a character unto themselves (Byrne, 2017). For instance, Charles Dickens is as much a character in *Oliver Twist* as Oliver. However, the aim of the writer is to tell the story itself as an authentic representation of the lived experience. This consideration was at the forefront of my thoughts during the writing of this thesis.

In the process of doing narrative research I found that talking about therapeutic touch with participants can feel intrusive and uncomfortably personal. The vulnerability these interviews required made it imperative for ethical concerns to be taken seriously and managed with respect. During this research I was mindful of ethical issues related to anonymity and confidentiality, potential harm to the participants, and my responsibility as a researcher. As a result, I took steps to address these concerns to ensure that minimal risk was experienced by the participants of this study.

### **Research Procedures**

For this study I used a sample size of five cis-gender (a person whose personal identity and gender correspond to their sex at birth) male child and youth care workers employed as counsellors, case managers, or support workers on Vancouver Island. I used recruitment emails

(see Appendix B), posters (see Appendix A), word of mouth, and direct contact methods of recruiting. The CYC residential program community is relatively small on Vancouver Island and, as result, in person or word of mouth recruitment was viable for a sample of five participants. Participants were offered a \$25.00 gift certificate as compensation for their participation as well as compensation for parking or other costs associated with participating in the interview.

During the data collection process, interviews were semi-structured, led by several guiding questions related TT and male's experience in their employment settings. The interviews were casual in nature and my aim was for the inquiry to have a conversational feel. Each interview lasted between 45 to 70 minutes.

### **Participant recruitment**

The participant group required for this research included cis-gendered males who were employed in agencies working with child and youth. These positions include counsellors, activity and support workers, and program managers. In total I reached out to five different agencies on Vancouver Island in order to recruit participants. Ultimately, the participant group was represented by three of the five agencies from three different communities on Vancouver Island.

I used a number of methods to recruit participants for this study. These methods included advertising with posters, emailing managers in five different child and youth focussed agencies to identify potential participants, phoning contacts directly who I knew may be willing to be interviewed, and through word-of-mouth recruitment. Of these methods, participants were ultimately recruited using direct phone calls and word of mouth. Although I received responses through emails, no participants were actually recruited using this method. Furthermore, posters put up in three communities yield no responses.

The first method I used for recruitment was to develop a poster (Appendix A) to advertise my search for participants. The poster included information about the demographic of participants required, what would be involved as a participant, the topic of study, the incentive for participation, and my contact information. I put up posters in a number of coffee shops and post-secondary institutions in Campbell River, Courtenay, and Nanaimo. Posters remained up between four to six weeks depending on their location. However, of the respondents, no one identified the posters as the recruitment method they used.

The second method I employed for recruitment was sending emails (Appendix B) to managers of five social service agencies on Vancouver Island. Again, the emails provided information about the demographic of participants required, what would be involved as a participant, the topic of study, the incentive for participation, and my contact information. All of these agencies were mandated to provide support services to children and youth. The purpose of these emails to program managers was to identify men working in these agencies who would be willing to participate in the study. Although I received responses from three of the managers, this method of recruitment failed to lead to any participants joining the study.

The most successful recruitment tool I used was direct phone calls (Appendix F). Given the relatively close-knit community of child and youth care workers, I was able to identify a number of men working in agencies on Vancouver Island that may be willing to participate in my research project. By reaching out directly over the phone I was able to recruit four of the five study participants. Direct phone calls enabled me to provide more detail about the study and answer questions on the spot. Reaching out over the phone is also a more personal form of connection than posters and emails, which may be another reason why I was able to yield more results with this recruitment method.

Lastly, word of mouth about my study was used for recruitment. This method was successful for recruiting one participant. This came about when one of the participants suggested that a colleague expressed interest in being interviewed. The first participant provided me with contact information of the potential recruit. I reached out by phone and provided additional information about the study and arranged a time and place to conduct the interview.

### **Interview process**

To collect data through participant accounts, I conducted five semi-structured one to one interviews. Each interview lasted between 45 to 70 minutes. The interviews consisted of 8 predetermined open-ended questions (Appendix D) that were followed up with additional closed and open-ended questions in order to elicit additional details within participants' responses.

During the recruitment process I set up a date, time and location to conduct each interview. Initially I planned to hold the interviews at post-secondary institutions in each community I was recruiting participants in, such as North Island College, Vancouver Island University, and the University of Victoria. However, as I collaborated with participants to arrange locations for the interviews, it was evident that alternative spaces were more convenient and comfortable for the purpose. Instead, participants identified their own office spaces as convenient, private and, overall, appropriate for the task. As a result, I was able to meet participants in their own professional habitat. This change from my original plan had some welcomed consequences that I had not originally foreseen.

Holding the interviews in the participants' familiar professional surroundings was beneficial. First, it was evident that the interviewees felt comfortable and at ease during the interview sessions. Several participants held their own customized mugs and sipped coffee or tea they had made prior to my arrival. Furthermore, the posture the men assumed while we talked

tended to reflect feeling laid back and relaxed. For example, three of the five participants spent the majority of the interview leaning back in their chairs with their feet resting on chairs or footstools. As the interviewer, it seemed that the posture, space and ease of participants helped the interviews feel casual and informal, which I believe was in part due to the familiarity of the space.

Additionally, having interviews occur in participants' offices gave me additional information about how they created spaces for themselves. Observing the interviewees offices enabled me to gain a better understanding of how they approach their work and create space for the work they do. For example, two of the participants had tidy offices, with bright lighting and walls with minimal décor. These offices were free of clutter and appeared to be well organized. Two other participants' offices I entered for the interviews were dimly lit and filled with comfortable furniture and warm accents, such as a Himalayan salt rock lamp and fabric hanging from the wall. Those offices felt comforting and welcoming and contributed to a more soothing ambiance. As a researcher, these differences in office spaces were noteworthy and provided additional insight, beyond the interview itself, about these men's philosophy, organization, and personality.

Upon meeting the participants just prior to beginning the interviews, I described the study, reviewed the consent form, and informed participants that they could discontinue their role in the study at any point up until my thesis was submitted. I then answered any questions participants had about my research. All participants signed the Participant Consent Form prior to beginning the interviews. Each interview was audio recorded using QuickTime.

Following the interview, I checked in with each participant to ensure they felt comfortable with the process and what was to be discussed. During these check-ins, none of the

participants reported feeling significant discomfort, distress or feelings of being triggered. I then let them know that they would receive a copy of the transcribed interviews once that process had been completed. I asked the participants to review the content of the transcripts and let me know if there was any mistakes or statements they wanted to clarify. I also reminded them that any identifying information would be removed and that they could request the removal of any information they did not want recorded in my thesis.

Once each interview was completed, I wrote case notes about my observations during the interviews and wrote details about the feeling of the space, the posture and presentations of the participant, and any noteworthy details that would not be recorded in the audio. I then sent the interview audio files to be digitally transcribed. Once I received the transcriptions, I forwarded each transcript to the participant they were assigned to for review. Again, none of the participants requested alterations or asked to clarify statements within the transcript. As previously noted, during the analysis process, I followed up with two participants for clarification about their accounts in order to do justice to, and accurately report, their narratives.

### **Data Analysis**

There are numerous ways to analyse data in narrative inquiry. For this research I drew on Polkinghorne's (1995; 2007) analytic style to identify themes that emerged from the participants' interviews. Polkinghorne argues that in order to story the participants' accounts, the researcher finds the common threads in the narrative that describes actions and events to develop meaning and a plot. This concept is explained by Polkinghorne (1995),

Plot is the narrative structure through which people understand and describe relationship among events and choices of their lives. Plots function to compose or configure events into a story by: (a) delimiting a temporal range which marks the beginning and end of the story,

(b) providing criteria for the selection of events to be included in the story, (c) temporally ordering events into an unfolding movement culminating in a conclusion, and (d) clarifying or making explicit the meaning events have as contributors to the story as a unified whole.

(p. 7)

He terms this ‘narrative analysis’. In his writings on narrative analysis Polkinghorne (1995) also states it “synthesizes or configures events into an explanation” (p. 16). This method of analysing the data from interviews enabled me to identify meaningful themes and present them as a unified whole that had meaning.

My social constructionist theoretical perspective and post-modernist lens of this research also influenced the data analysis (Gergen & Gergen, 2004; Gergen, 2011; Alcott, 2013). The participants’ worldviews were each unique, complicated and varied. However, their experiences as male CYC practitioners shared compelling similarities and themes that helped to identify how meaning and values related to TT are developed. As a result, social constructionist perspective melds well with Polkinghorne’s narrative analytic style. From this perspective, knowledge and worldviews of the participants were developed temporally from early life socialization to professional experiences with caring touch. This post-modern lens allows for appreciation of the participants’ diverse individual perspectives in contrast with the powerful shared experiences related to TT.

For this study I took the data from the transcribed participant interviews and read and re-read them over, identifying thematic patterns. I then organized and grouped the themes in order to verify consistency within all of the interviews. For example, all of the participants spoke about risk and fear of causing a client distress through their use of touch. This data was then organized in a way that followed an ordered timeline, a form that told an accurate story, keeping true and

being respectful of the stories themselves. As a result, significant portions of the interviews were cut and discarded through the process of analysis. Stories that failed to fit with the patterns and themes of the interviews were not used. The end product is intended to be a clear and concise narrative about how men use and make sense of TT in their CYC practices.

### **Criteria for themes**

During the data analysis process, themes were developed by identifying commonalities among the five interviews. In order to identify commonalities, I read each interview transcript multiple times and coded topics within the participants' answers. I then compared the topics that emerged within the interviews. The criteria for becoming a theme was all five participants had to identify the thematic topic in order to be included in the findings. For instance, the theme of fear was identified and talked about at length by each participant in the interview process. On the other hand, a topic such as using restraints with youth was only identified by three out of five participants; therefore, it could not be included as a theme in the findings.

It is also important to acknowledge the tension of identifying themes within a narrative inquiry that is intended to centre on unique stories. The implementation of themes was guided by the work of Polkinghorne (1995) who highlighted the value of finding meaning within narratives through the identification of commonalities across different interviews. Even though the findings are grouped within themes, the stories that participants told were unique. For example, vulnerability is a commonality and theme among the interviews; however, what vulnerability represented to each participant was vastly different. Rather than being cookie cutter accounts of events and feelings, each individual story was rich with distinct details and perspectives. As a result, themes then enhanced the narratives by providing contrast and definition to the topics discussed.

## Limitations

Like all qualitative research, narrative inquiry has important limitations (Byrne, 2017; Polkinghorne, 2007). First, data must be delivered with a degree of authority that enables readers to rely on the conclusions. Second, the challenge of separating the researcher from the narrative is a threat to validity. Third, the scope of this research is limited; therefore, it cannot be considered a representation of the general population. The very nature of narrative inquiry, in its complexity, means that there are significant limitations to consider.

To start, in a narrative inquiry, stories are analysed for themes and participants' accounts of events are organized and retold in a way that creates meaning (Polkinghorne, 2007). A byproduct of this aspect of the research is that the reader must trust that the information they are receiving is reliable. This believability of accounts is depended on the level of trust the reader has for the researcher and how they present their argument. Polkinghorne (2007) states,

The statistical analysis used in conventional research produce calculated gradations of the limits of confidence readers can be expected to have in proposed knowledge claims.

Given the complex and changing characteristics of the human realm, narrative researchers do not ask readers to grant validity to their claims only when they reach a level of near certainty about a claim. Readers are asked to make judgements on whether or not the evidence and argument convince them at a level of plausibility, credibleness, or trustworthiness of the claim. (p. 477)

Validity of research is based on the credibility of the researcher. As a result, one of the limitations to this study is whether or not I come across to the reader as trustworthy and credible. Ultimately, the strength of my argument will inform the validity of the research.

Second, separating the participants' stories from the retelling by the researcher impacts validity. Gillian Byrne (2017) writes, "I argue that the researcher's influence is unavoidable, that we cannot claim to have represented, untouched, the voices of others leaving them somehow to speak for themselves" (p. 49). It is inevitable that the participant voices will take on some altered meaning as a result of how I interpret their accounts. I have taken steps to minimize the impact of this condition of narrative research (see Ethical concerns); however, it remains a limitation within the research.

Finally, the scope of this study consists of five participants located with three communities on Vancouver Island. Based on the relatively small sample size, I cannot claim to have the conclusions of this research generalized to a larger population. Furthermore, from a cultural perspective, the way therapeutic touch is used and experienced in other communities may have significant differences. Therefore, the size of the study and relatively small area that this research encompasses is a limitation.

## Chapter 4 – Findings

Through the process of interviews and data analysis, several themes and patterns became evident in my research. Each participant's current perspective of caring touch was grounded in their own unique personal and professional histories. The participants' relationship with touch was a product of childhood experiences, living environment, significant life events, and professional learning and growth. It was evident in the stories the men told that caring touch was a complicated topic of discussion, and heavily influenced by personal and cultural values, gender, morals, ingrained feelings about touch, both positive and negative, and professional guidelines (written and unwritten). Emotions of fear, self-consciousness, embarrassment, care, connection, and safety were all embedded in these stories centered on touch. The confusion and juxtaposition of these emotions are what made this such a compelling topic to explore. This section begins with an introduction of the five participants of this study (it is important to note that each participant has been given a pseudonym and any identifying information has been omitted in order to protect confidentiality). I then present the themes in the narrative form based on Clandinin and Connelly (2000) and Polkinghorne's (1995; 2007) methods. Themes include 'the story of patriarchy', 'fear', 'vulnerability', and 'connection'. These themes are ordered temporally (Clandinin & Connelly, 2000) with a beginning, middle and end.

### Participant Introductions

#### Jeff

When Jeff met me for the interview it was evident that he had a warm and welcoming nature. He met me with a large smile and straight away offered something to drink and a place to sit. The interview took place in his office and I had arrived on the verge of being late for our appointment, feeling a bit dishevelled. However, I quickly felt at ease with Jeff. His office space

felt calm and inviting, with comfortable furniture, dim lighting and the glow from a salt lamp radiating softly from the corner. There was an aura of Zen resting on the surfaces. My immediate impression was that Jeff, and his office, felt safe for me and I had no apprehension settling in for the interview.

Jeff stated that he had worked in CYC for over a decade and his counselling philosophy was embedded in yoga and mindfulness, among other philosophies. Originally from a southern region of Africa, strongly influenced by European colonialism, Jeff's journey took him from a culture of 'machismo' to a place where he said vulnerability is a strength. It was evident from this interview that connection and safety with clients was a primary focus of his practice.

In the interview, Jeff spoke with a steady voice and answered the questions thoughtfully, having a strong awareness of self in relation to speaking about caring touch and human connectedness. It was made clear, throughout our conversation, that Jeff's life journey profoundly informed his work with youth.

### **James**

James reported having worked in the CYC field as a frontline practitioner for over 20 years in a number of different capacities. During the interview he presented as soft spoken, thoughtful, and earnest. He also appeared to feel some discomfort talking about using TT in his practice, at times questioning himself about his knowledge of the topic. Early in our discussion James stated, "it might be a short interview, because basically I don't like, I'm not a touchy-feely person to begin with." In spite of James' concern that it would be a short interview, he was able to share important insights into the threats male practitioners experience in CYC workplace, such as accusations of misconduct, based on gendered assumptions questioning men as safe caregivers.

Our interview took place in his office, which was a clean and tidy space with minimal adornments on the walls. The room was brightly lit with large windows. It had the appearance of being very well organized, with furniture and desks placed with intent, comfortable but also designed for a purpose to work and get things done with limited distraction. James sat opposite me in an office chair for the interview, leaning forward with crossed hands and elbows on the armrests, signifying interest and engagement in the conversation.

James identified as being athletic and had been a member of the soccer community for many years. He spoke to the topic of touch and physical contact on the soccer field and how it differs from using TT in CYC settings. Concepts of masculine ways of using touch was a strong focus of his interview.

### **Tom**

Tom presented as a young man in his late 20's, maybe early 30's. Unlike the other participants, Tom had only worked in the field for a short time and was in the process of developing professional philosophies and values. His work in CYC represented a significant career change after experiencing a serious accident. He had previously had a career in a blue-collar industry where, he explains, ideals of masculinity and toughness were part of the workplace culture.

We met at his workplace but used an interview room, rather than his office. The room was a large space with a couch and chairs. Tom sat on the couch, that appeared to sink quite deep, and he presented as relaxed and at ease in the space. As we conversed, he was soft spoken, maintaining eye contact and gave me the sense that he was genuinely interested in the topic.

In spite of his short time working in CYC, Tom had valuable experience. His perspective of TT was informed by his own life journey and diverse work history. Tom's insights into

stereotypical masculine roles contrasting with work in caring professions added significant information to my research project.

### **Ben**

Ben can be described as a veteran of the CYC field. Early in our conversation he stated, “I’ve been working with youth since about 1978. Started off with youth centers and moved to youth programs up until now.” He had seen and experienced a wide range of changes in CYC over 40 years working with children and youth. In the interview he shared his thoughts on how many philosophical and organizational changes came to be, and how they impact work with clients, including how caring touch is used by practitioners.

Our interview took place at his office. It was a large space where it appeared that there was a lot going on, with folders, books and documents washing over the computer at his desk. There were a number of posters on the walls, and notices posted on corkboards. We sat at a round table in the middle of the room, where paper and pamphlets rested to one side. I felt that, although the space appeared busy and cluttered, Ben knew exactly where everything was and felt comfortable in a bit of chaos.

Prior to sitting down for the interview Ben offered a cup of coffee or water. We sat at the round table in office chairs, with our coffee, and talked casually about TT. His experiences in the field, both positive and negative, had greatly informed how he practiced, how he engaged in proximity and caring touch with clients. Gathered over many years in the field, Ben’s wealth of knowledge contributed to this research and provided a valuable perspective about how TT can be healing for youth, but also pose significant risks as well.

### **Dan**

Dan was another participant with a long history of work in CYC. For over two decades he had worked directly with youth in a supportive capacity, including counselling. Dan was of Asian descent and explained that, although he was born in Canada, he also spent time living with his family in Asia, where cultural norms around touch impacted how he related to and made sense of physical contact with others, including the clients he worked with. Throughout our interview Dan was lighthearted, amiable and amenable to discussing his experience with caring touch.

Dan often used humor while relating stories, which came across to me as a reflection of his enjoyment and passion for his practice, rather than nervousness or discomfort with our touch dialogue. Unlike some of the other interviews, this session took place in a neutral location, so I was unable to get a clear sense of his work space. However, I felt that I gained a good understanding of his engaging nature and, based on how he held the space during the interview, it was evident that he could connect in a meaningful way with youth. Throughout the interview, Dan sat back in his chair, often smiling and laughing while telling stories. He also actively used his arms and hands to compliment his verbal communication. This emphasised his open posture and signalled that he let his guard down as we spoke. Dan was a gracious participant and actually sat for two separate interviews because following our first interview, technical issues with the audio recording prevented me from using it. Thank you, Dan!

## **Interview Themes**

### **The story of patriarchy**

“That's our society. Woman are the nurturers and generally young boys will get hugged from their mothers and not necessarily from their fathers. So, I think it's very much to do with our conditioning and our culture and how we've been raised”

- Jeff

Every story has a beginning, and the beginning of this story belongs with family, culture, and social experience. Influences from our past inform how we interact with the world in the present and future, laying the groundwork for who we become and the choices we make (Gergen, 2011). Each participant in this study told an origin story. These stories described how they came to relate to touch and physical contact, as boys, with the people around them during their childhood and adolescence; how touch came to represent closeness, safety, comradery, humor, play, shame, and fear. The way family, culture and country of origin influences how people make sense of touch is profound (Field, 2014). It was within these contexts that the participants were socialized on how to behave in patriarchal societies and learned how to act like men in adulthood. The participants' stories of early years experience with touch was illuminating, shedding light on how their present relationships with therapeutic touch in professional settings came to be.

When I opened the interviews, I asked how participants developed an understanding of caring touch in their childhood and adolescence. The responses contained a fairly common thread of how physical closeness and contact was viewed for boys, and how they learned to behave when it came to accepting or initiating nurturing touch. All of the participants reported that caring touch was an act perceived to be feminine and something boys just did not do. James said of touch while growing up,

You know, I'm not one to give even with my family like, I mean, my wife and my kids, yes. But, you know, even my parents, you know, I was just never raised that way to be really huggy or feel that sort of thing.

From an early age, James learned that hugging and physical closeness were not necessarily important within the family unit. He did, however, go on to suggest that a hug or a caring touch with the hand was something his sister might do. Similarly, Dan described hugging and having close contact with family as something that felt awkward and uncomfortable. He said,

I grew up-I was born here in Canada but I grew up in [Asian country]. My parents both spoke English. They grew up in Canada. However, we were basically ex pats. And I'd consider myself like a third culture kid. I'm Canadian, growing up in [an Asian] culture so, um, my uh mom-mom liked to give hugs but my dad wasn't very huggy and I wasn't very comfortable with all the hugs from you know, the aunts and... you know, other people, I what's the word, I would do it to be polite. Right. But, in [Asia] too culturally touch as public signs of affection are not really, when I was growing up there was not acceptable.

In the culture where Dan grew up, he received clear messages that physical contact rooted in affection was considered undesirable. He continued by explaining, “when you're on the train, traveling on the bus, you know, people are very polite and quite... you know, if there was any touch it was more because the trains were so packed.” The only forms of touch that were considered publicly acceptable were those that were incidental and made with non-intimate parts of the body, such as the outside of the arms and the back. These messages are made clear in early developmental years and inform how we behave and understand our world as adults (Field, 2014).

What James and Dan described were overt and subtle forms of socialization based on, sometimes imperceptible, feedback from parents, grandparents, peers and other people in their lives (Aznar & Tenenbaum, 2016). This type of feedback becomes internalized and we develop

imbedded responses in our behaviour based on what we receive from others. This context of learning was reinforced by Jeff's experience growing up in a predominantly male dominated, patriarchal society. In our conversation about how touch was used in his early years, he stated,

I was brought up in a very, in a very machismo style of... in a country that is very entrenched in machismo. And my father too was a real man, and-and you know, he would often say, 'Men don't, men don't cry.' You know, and so it was that approach of you don't show your emotions... so like I say, I wasn't, I wasn't raised that way. It's a very...it's a very hard society. They're very distrusting. And uh, have very hard boundaries. Just purely to keep themselves safe.

Jeff received very clear messages that touch and showing emotional vulnerability were not in line with the social expectations of his gender. In fact, showing emotion or intimate social contact could be a potentially dangerous act where he grew up. He later disclosed,

[caring touch was] a direct threat to your masculinity. That's what women do. And so then there would be the fear that someone might think that you're homosexual if you- if you were hugging a man, you know? That's- that's how entrenched that society is in that hard, masculine approach to life, guarded approach.

The threat of having physical contact misinterpreted as an illicit activity was a real condition of that society. Touch could potentially lead to a person's sexuality being questioned in a culture that did not accept or condone variations from normative sexual identities. Jeff reiterated that these powerful messages contributed to his feelings of being closed off and walking around with a "suit of armour." In these conditions it was not only taught that caring touch was not something done by boys, but that doing so could lead to ridicule, or worse.

Ben also reported receiving similar messages about touch and intimacy as the other participants; however, he also spoke about occasions when he did experience care through physical contact. For Ben, this contact included shaking hands and giving hugs upon greeting people. He stressed the importance of greeting friends and family with eye contact and closeness as a way to reinforce connection. He talked about how this continues to be important in his relationships, saying,

I think in my private life, especially lots of my male friends, having a hug upon greeting is a pretty common thing. Yeah, I'd say that's a real common thing, you know, and often for sure a handshake, but for friends of mine of various ages, from young teens to guys my age, having a hug upon greeting is a pretty common... pretty common feature.

Shaking hands and a hug on greeting someone was an accepted social convention and someone was generally not at risk of causing offence with this type of gesture. Still, it speaks to personal values and how they inform how we relate to one another (Field, 2014). Ben learned at an early age that some physical contact between males is okay and, therefore, continued to have similar interactions as an adult.

Tom described having a more complicated relationship with caring touch. Rather than merely having infrequent occasions of receiving nurturing touch with loved ones, he also experienced forms of physical contact that may have destabilized his relationship with his parent. Tom explained,

The physical contact would've been mostly negative, I would say. Yeah. I come from a home of alcoholism and abuse. A single father actually raised me and those interactions

just weren't really there. I wouldn't say they were completely absent, but they're maybe just bedtime. There was some positive touch.

Tom's story speaks to some of the complexity that is involved in any conversation about physical contact and intimacy. Caring touch and negative forms of touch, such as hitting, are often woven together during adolescence and can create confusion about what it means to be close to someone (Field, 2002; 2010). On the one hand, touch can help people feel safe and connected. On the other hand, it can feel threatening and painful. Like Jeff, Tom identified that these familial interactions, instances of abuse and inconsistent physical connection, contributed to him putting up 'walls' as protection from emotional hurt. For Tom, physical connection found its outlet in other ways aside from caring touch. Like many boys, Tom's physical outlet became sports, where more masculine forms of touch, such as body checking and hitting, were socially accepted.

In certain contexts, touch and physical contact were described by participants as safe acts during childhood and adolescence. Specifically, aggressive forms of touch in sports were perceived to be healthy and appropriate. Shoulder to shoulder contact through soccer or hockey, or general 'roughhousing' were typical activities where touch was valued and rewarded. James, Tom and Dan each identified soccer, hockey and wrestling, respectively, as sports where close proximity and touch were regular occurrences and integral aspects of the activity. Tom described the small town he grew up in as "tough, distant, you played hockey. You have a problem with someone at school, you fight it out. I mean that's not what the teacher said, but that's the message you get from the parent at home." He described the atmosphere of the town as hardworking and rural, a place where testosterone and toughness were the norm. It was in this environment where

the culture of masculinity informed how Tom learned how to engage in close proximity with peers, how to settle conflicts in a culturally normative way for boys, and how these styles of conflict resolution were re-enforced at home. As a result, sport offered a safe and socially acceptable form of physical closeness and proximity, a need that may have been challenging to get elsewhere.

In contrast to James experience with immediate family, physical closeness on the soccer field was comfortable and viewed as appropriate for a boy. He described that on the field there is pushing, shoving and contact when legs run into each other while attacking the ball. Additionally, with teammates, there are hugs during celebrations, pats and the back, shoulder, and butt as a sign of comradery. He says,

In soccer like, as you know, it's a very common thing to be putting your arm around your teammate. You know, or your opponent or whatever. And, you know, just talking like that for a while or hugging and, you know, bum pats and all that kind of stuff. Like it's very common in soccer.

In few other contexts can a male touch another male's butt and have it regarded as a positive gesture other than the arena of sports. This idea that the way men physically connect rests on terms of masculinity and in connection with feats of strength speaks to the challenge of men providing caring touch in CYC settings as practitioners. Based on the experiences the participants related about the social values that preceded them into their workplaces it is no surprise that caring touch is such a challenging interpersonal skill for male practitioners.

In these contexts, more aggressive styles of touch are valued, touch with shoulders and arms as opposed to hands. They speak to the gendered ways that touch happens (Hertenstein & Keltner, 2011). Social construction posits that people's realities, worldviews and beliefs are informed by complex factors, including the cultural norms and values prescribed by the social collective, as well as individual lived experiences (Gergen, 2011). This is where ideals related to patriarchy is learned. No person understands the world exactly like another; however, we are guided by, and follow, the same social expectations set forth in the social contract (Alcoff, 2013). For example, Tom, James and Dan's connection to sports played a part in their understanding of how boys should have physical contact. Aggressive forms of touch are socially acceptable while more intimate forms of proximity, such as hugging and putting a hand on someone's back or shoulder, are discouraged as acts of feminine care. As a result, powerful values about touch are communicated to males from their earliest ages. They are often taught that aggressive touch is acceptable for boys and caring touch is not. It coincides with playing within the rules. These social rules originate in the homes, schools, community centers, media, and political systems we live in (Gergen, 2011).

The beginning of this story told of the way participants learned how, as boys and young men, to understand and relate to touch. Gender, family, community, ethnicity, and culture all played a role in forming the men's values and comfort level with touch. The next section tells the story of how feelings and perceptions of fear influence their CYC practice in relation to touch.

### **Fear**

“I think the message has always been, avoid those situations,  
avoid physical contact. Because it can be misconstrued”

- James

From beginning to understanding how participants were socialized about how their gender influenced values around touch in their early years, we move forward to workplace practice. One of the major themes from the data analysis was participants feelings of fear about using caring touch with clients. Specifically, they felt gender played a large part in motivating those fears. They believed that being male was a risk factor for having accusations made against them or having their use of therapeutic touch misinterpreted. These fears were influential to participants' withholding touch in their practice with clients.

Fear about being accused of inappropriate touch was a consistent theme in the interviews. Participants' were generally aware of men in the field who had been accused of misconduct or even had direct experience of being accused of something themselves. Dan, James and Ben described having real awareness of the risks for men in the workplace. Dan stated,

I've learned, you know, from just my upbringing that I am a little more cautious with touch. But I've had discussions, for me, and my experience with it has been more because I've known people that have uh, been to a situation where they've been falsely accused... I had a situation where a youth accused me of touching him and it was incidental. I was supposed to have a phone and I rubbed his thigh area where the cell phone obviously wasn't and he accused me, said, 'Okay, you touched me, I could charge you, you know?'

Dan's caution about using touch with clients was reinforced when a youth accused him of having inappropriate physical contact. Although Dan explains that this situation de-escalated quickly and he was exonerated of any misconduct, it was a situation that highlighted how precarious touch can appear for practitioners.

Participants' fears often increased when working alone with clients. Situations, where their only proof of innocence was the one side of the story they told, could leave them feeling vulnerable. Dan's uneasiness was apparent when he talked about the potential risk of working alone with a female youth. He said,

Right, so let's say you are alone in a vehicle with a girl that has a history of [making accusations] and you want to give them the benefit of the doubt but what happens even though nothing happened? The youth says, "Well, you know, Dan and I started talking about something and he put his hand on me." Right? And I have no, there's no way to definitively say I didn't touch somebody or do something inappropriate unless there is a video camera or someone else was there. It's he said, she said and it's a terrible place to put someone in. Even if the youth thought-I mean, even though it didn't happen but in the youth's mind it happened.

For Dan, as well as other participants, there was an inherent risk in spending time alone with youth because of fears of false accusations. Even in situations where no touch actually occurred, feelings of uneasiness influenced decision making about how participants situated themselves with clients. James echoed these sentiments when he explained,

It crosses my mind a lot because I work one-on-one with girls, guys, everything. Like in my vehicle, the walks everyday almost, right? So, um, sometimes I'm in their place as well. Where they live and, you know, doing whatever. So I think about it a lot. I think about like, you know, accusations that can be made in those sorts of situations. So, I guess that's what I mean by dicey situations. And I think if I was more inclined to be, like if I was more into physical contact as just the way I am as a person, I'd probably find myself I, I think, I'm

guessing, in situations where I might be questioning myself more. Like, 'Oh, I shouldn't have done that.'

The feeling of being open to scrutiny were very real for participants. The fact that an accusation could impact them professionally and personally was often a forefront consideration. James says, "I've known of some people in the field like, just sort of some anecdotes where there have been allegations against male workers, and it's ended their careers." He told of a person he knew that was accused of inappropriately touching a client who ended up losing his job, his home, and his family because of it. James was unsure if the accusation was founded or not, but the story provided lore to an already uncomfortable feeling about using caring touch with clients.

Ben's experience of being accused of misconduct by a client had a significant impact on how he interacted with youth. Not only could an allegation be shocking and terrifying, it could also feel like a grave injustice. Again, even though the allegations were unfounded, when his credibility and livelihood were threatened, it was unsurprising that Ben reconsidered how to approach his practice, evaluating how to keep himself safe in the future. Ben described the aftermath of the allegation,

...so that really hit onto me about how quickly the tables can turn on you when somebody, a young person, accuses an adult of an inappropriate behavior, how fast it can unravel and how variable you as a professional become if a young person accuses you of that. It's... it's almost reverse justice. Whereas in Canada, we have until proven guilty, the sense is when people are accuses of... of some types of inappropriate contact with a minor, it's almost reversal. You've got to be proven innocent to be, and even then, they're saying there can be boundaries of suspicion created.

He continued,

It didn't really influence my professional career as much except that it was a... I mean, it did. It was... it was a really good professional awareness of how vulnerable you can be in your practice. You know, how vulnerable and how that perspective or that perspective, how someone can weave a story, six months, a year later, and you can... can be brought forward that is no... no apparent truth behind it except someone's opinion or story.

It was evident from Ben's statement that personal boundaries and his way of interacting with youth was impacted. Although the allegation did not specifically involve physical contact, his position as a male practitioner was a factor. One could argue that a female practitioner would not have been put in the same position based on Ben's description of the incident. Being a male working with youth in the current social climate sometimes feel precious. Participants also alluded to the current culture of the #metoo movement as adding to their fear.

The #metoo movement, combined with social media, increased the sense of risk for the participants. Although all of the participants spoke about #metoo as a movement representing positive change for women who have experienced abuse by men, many of the participants identified some pitfalls as well. For example, they described concerns that many people rush to judgement about whether an accusation against someone is true or false. This concern was also expressed about the use of social media and the impact of massive flows of unchecked information going out to the world. James summed up much of the worry by stating,

Especially with social media and, you know, the angry mobs out there in the virtual world. And the real world. People very easily like to, well, people like drama. Especially on social media. And they very much would totally get behind someone who said something like

that, that something has happened to them with or without any real evidence about whether it did or not. They just get behind it. It's a scary thing.

Once an accusation is out, there is little anyone can do to stop or counteract it. Men are suddenly in a position to be held accountable for many years of patriarchal abuses. In the process, the participants expressed concern that they could be caught in the crossfire. When Tom explained his position of working with youth and how he evaluated his use of caring touch he said, “with everything that's going on in our world today things can be misconstrued. I'm usually working with youth males, but yeah, I would feel, even if it was appropriate, I would feel very hesitant to do that kind of contact.” In the current social climate, knowledge of anecdotes about accusations made against male practitioners, and lived experience of receiving accusations, combine to amplify a culture of fear about touch. Other fears identified by participants related to concern about doing harm to clients when using caring touch.

One of the most common underlying guidelines of any CYC program is to do no harm. Having therapeutic touch misunderstood, or triggering a negative response from clients, adds to apprehension and fear for participants. Participants described lacking confidence or having knowledge about trauma that suggests touch should be done with caution, or sometimes not at all. Ben, in particular, spoke about how over the past two decades trauma informed practice had become ingrained in CYC work. As a result, practitioners understand more now about how many clients, who have experienced trauma, can be triggered by different forms of physical contact. He explained that in his practice, staff had been trained how to respond to clients who had experienced trauma, including being respectful of personal boundaries and creating safety within the physical space. This meant that caring touch was often avoided in order to minimize the risk

of triggering clients. Jeff told about an experience he had working alongside practitioners supporting a youth with post-traumatic stress disorder,

You know, [practitioners are] just nervous, because they knew that she would often have a reaction to people touching her. So, you know, and so many, and so often children like that will, if you're walking down the corridor, and then you just pat them on the back from behind, that's going to be shocking for them.

Even gentle forms of touch, such as a hand on the shoulder or arm, have potential elicit a negative reaction from clients. Thus, practitioners are often taught to avoid touch, to follow ethics of “do no harm” (Field, 2014). Again, this education was identified by participants as being positive and necessary for creating a path to healing for clients. However, for male practitioners, who are often viewed as perpetrators of violence, this can add to feelings of fear in regard to using caring touch (Parr, M. & Gosse, D. (2011).

Confidence in the practitioners’ skills using caring touch was also a factor contributing to fear. Tom, who was relatively new to CYC, talked about how inexperience was a barrier to knowing how to engage in TT. He said,

For me, my barrier to this is that I don't understand what's appropriate, professionally. Like, it's different with your family at home. Um, but it's also not. It is and it's not. But y- when we're heavily scrutinized and, um, so many bad things have taken place through abuse of power, abuse, abuse of, um, what's supposed to be a therapeutic relationship in churches and in schools. Um, it's almost like, again, I can be the barrier to that and take a step back and say, oh, I don't know. Is this going to be misconstrued? So some of it is me not knowing what's appropriate. Some of it is my own fears of is this okay? Is this ... So I

guess, uh, yeah, there's a couple different barriers there. My own, um, newness to the field.

Um, fear of someone taking the touch a wrong way.

Concern for the client's wellbeing and awareness of the potential for abusing power informed a cautious response to TT with clients. Although caring touch should be done with good intentions, it could be potentially misleading. Ben elaborated on this when he stated,

I think if all the risks are the barriers, it's that... that clarity and intentionality. It can be very, very broad in what message you are sending or receiving, and I think once someone has received the message that you're not sending out, if they misconstrue that message, it's really hard to put it back in the box. It's really hard to kind of reset that... that stage, and especially if that person verbalizes that concern or takes out of context, and I think they can... it can end really... I'd say the power balance when you have a youth and a professional, there's a professional power balance there, and I think if you are accused of inappropriate contact, it can really skew that power balance and that therapeutic relationship, which is a big deal; so I'm very conscious not getting down that path of... of misinterpretation and then verbalizing it back to me their perception, and then we got to... then we got to deal with it. And so I'm just very conscious not to get into that position of... of trying to reset that perspective.

What Ben says is that once you have engaged a client with physical contact, you are unable to take that action back. Furthermore, the power balance is skewed toward the practitioner which can create blurred boundaries and misinterpretation of any interaction. These interactions can quickly become muddy and, rather than contribute to connection and care, can fracture the worker/client relationship and do unintended harm.

Based on the accounts of participants, fear was clearly a fundamental barrier for these men's use of TT in their CYC practice. Participants reported concern about facing accusation from clients. This fear was often perpetuated by anecdotes, lived experience of facing an accusation, and the current climate associated with social media and the #metoo movement. Additionally, the participants expressed fears about doing harm to clients with the use of caring touch. They worried that clients might have misinterpret physical contact or feel triggered touch. Peoples' sense of fear is often imbedded in feelings of vulnerability. In the next section vulnerability will be examined.

### **Vulnerability**

“We're interconnected, right? We are ... we're dependent, and we're interconnected and we're vulnerable and, you know, it's just like anything else in nature”

- Tom

In the previous section, participants shared their stories and perspectives about fear and how it impacted decision making in their practice. In this section, I explore vulnerability and how participants' post-adolescent life events effected how they use TT. It became evident during the interviews that life events, such trauma, influenced how participants philosophically approach and make sense of proximity and physical contact with clients.

During our conversation about personal values of touch, Tom opened up about personal details of his past few years. He related that during his former career he worked in a blue-collar industry where personal traits of masculinity and independence were highly valued. Following an accident these values were forced to change. Tom explained,

I was still in this kind of tough guy kind of culture. I was a [tradesman]. Life on the road, sometimes, everybody's away from their families. It's all guys. Who was the most macho?

So I feel like that my past definitely influenced where I felt like I needed to go for work. But then I was confronted with this car accident where I couldn't do the job anymore. And my whole identity in that started crumbling. Like I couldn't, I couldn't get up in the morning and feel well and go to work. I couldn't be the breadwinner. I couldn't put on a good face and do the thing I was supposed to do. So, I kind of had like this world crumble that happened after that. I feel, in the long-run, it was really positive for me because it softened me very much so.

Having serious injuries from the accident emphasized how his identity was connected with a capacity to be a provider and present a brave exterior to the world. Tom described that, prior to the accident, he had walls up in order to keep emotions buried and in check. However, in the aftermath of the accident, being unable to work, he was forced to confront the walls. Later in the interview he continued,

I go into this just feeling my helplessness, this hopelessness of my situation, made me realize, like, my vulnerability in the world. I was totally vulnerable. But always had this kind of, I always had like a kind of mask that I could put on in the world and operate through that. But then when I didn't have that as a go-to, it's just like you become very desperate. Like, you have nothing if you're trying to push away that vulnerability. But then going into that vulnerability more and more and recognizing it as not something to be afraid of, that the vulnerability's actually a gift. Made me feel a lot more, started feeling a lot more connected with my family. And I noticed the more I'd go into this vulnerability, the more connected I was with them.

Tom's ability to be more emotionally open resulted in his increased acceptance to receiving care from others, rather than having to assume the role of breadwinner and tough guy. He explained that even prior to the accident he meditated; however, after the accident meditation and spiritual connection took on new meaning and helped him to reconcile his state of vulnerability. As a result, it became easier to make meaningful connections with the people in his life. Vulnerability became an asset.

In terms of his use of caring touch in his work, being able to connect with his own vulnerability marked a dramatic shift. He described that when he returned to school following the accident to pursue a new career working with youth, the program offered additional supports and information about mediation, connection, and attachment theory. This learning combined with his changing perspectives of identity and self then informed his practice. Again, Tom said,

So the vulnerability ended up being a gift in that I get authentic connection without trying hard at all. Just being myself. Mindfulness is a lot more natural than I thought and touch also arises. Like, that's what I was saying at the start. Like [kids] gravitate towards, and now I feel like there's that healthy attachment. And they gravitate towards it. At first, I felt more like I'm seeking out because there's kind of a rupture... now I feel it's, it flips. It's like they know I'm a safe place, and they, it's like they gravitate towards that. So that vulnerability is kind of, I discovered as a gift in the end.

Life events, such a traumatic accident, can alter values, perspectives and how we interact with other people. Tom's life journey took him to a place where his sudden and unexpected vulnerability forced him to examine and change his way of making sense of the world. He went from embodying stereotypical masculine qualities of strength and independence to needing to

receive care and open himself up to emotional connections. As a result, his relationships, both personally and professionally improved. Although Tom said he continued to feel some discomfort using caring touch with clients, this was more to do with insecurity about how to go about engaging in TT in a way that respected client's boundaries.

Both James and Ben's experiences reflected how vulnerability could be a barrier to using TT. Both of these participants described situations where they had felt at risk in their workplaces. James told of concerns of often working alone with female clients and questioning if it was safe for him to do so. He described feeling vulnerable to having his reputation tarnished if an accusation was made based on his proximity to clients and the fact he often worked alone. He related a story about a female client who sent him a text with disparaging remarks about him. James had thought that his connection with this client had been positive; therefore, he was caught off guard by her comments. This incident, as well as similar incidents he was aware of that happened to other male CYC practitioners, highlighted how vulnerable workers could be. This vulnerability helped to reinforce boundaries and create physical and emotional distance from clients. James described himself as not being 'touchy-feely' as a trait of his personality. However, his professional experiences support feelings of discomfort with caring touch, reinforcing those boundaries.

Similarly, Ben elaborated on the feeling of vulnerability male practitioners experience when working alone with clients. His own history of having allegations made against him and awareness about how quickly misinformation can be disseminated influenced how he shared space with clients. Ben's caution about putting staff in potentially compromising positions was evident in his statement,

I think we are very vulnerable in cars with kids. We're very vulnerable in work sites. You know, the amount of time that our staff spends with kids in cars, and when we drive kids around, our staff are in a very strong position of authority and control; and we do sometimes have male staff drive female clients, and female clients drive male clients, or female staff drive male clients around that... you know, it's a very vulnerable place we put our staff into.

It was clear that vulnerability of staff riding in cars and being alone with clients was associated with risk. In these scenarios the youth were seen as unsafe and a threat to the professional integrity of the staff. This interpretation of vulnerability had a direct impact on how staff interacted with clients. When clients are inferred to be a risk to staff and a source of vulnerability, it is challenging to engage in certain types of therapeutic intervention, such as touch.

For Ben, it was evident from the interview that he valued the use of TT as a tool to promote clients' healing. However, TT was a double-edged sword that could potentially cause harm to clients and to staff. It was a conflict for Ben that was identifiable in our conversation. For example, he said,

If some young fella's going through some acute crisis, something's happening in his life, he's going through an acute crisis, there is occasion where I may put my hand on his shoulder very briefly, say, 'Hey, John, let's go walk over here and talk about this for a moment.' And so, I think what that does, it... it breaks up that space he's in, and... and if there is any sense of a retraction or a flinch, then I'm like, 'Okay, you need lots of space in your bubble,' so I'll definitely not go back in his space again, and that's just a good heads up for me. At the same time, if he welcomes that touch, I don't encourage any further than

that. It'll be a very brief touch on the shoulder, 'Hey, John, let's go walk over here and talk about what's happening, make a plan.' That's a very conscious extent of that... of that touch and not proceeding any further with that contact.

Ben described a cautious approach to touch. While speaking to the value that a hand on the shoulder can have for a client, he also treaded lightly to read the youth's response. The function of touch was to help redirect the youth and the contact was "very brief". Ben's approach to this interaction was based on a culmination of learning and personal and professional experiences. His caution and feeling of vulnerability were embedded in negative experiences and social warnings about possible dangers posed by clients under certain conditions.

For Dan, vulnerability and caring touch evolved in his relationship with family. Growing up in a country and a home where touch was discouraged and public forms contact were viewed as inappropriate, Dan described himself as uncomfortable with physical closeness. In fact, he explained that the culture he was raised in perceived touch as shameful and was used publicly as a form of humiliation or degrading humour. For example, T.V. shows he watched typically portrayed people engaging in forms of touch that were intended to cause embarrassment, such as game shows. As a result, for Dan, touch was connected to specific feelings and emotions, like shame.

The one space Dan expressed feeling comfortable with physical contact was in sports, in particular wrestling. He described wrestling as an activity that promoted physical closeness within a set of black and white rules. These rules created safety and boundaries about how the touch was performed. For Ben, wrestling provided a place where the need for physical closeness and connection could be met in a way that mitigated feelings of vulnerability because to rules

provided a common set of guidelines that were universally agreed upon and followed. For Dan, this was his first foray into physical closeness with others.

His journey toward more vulnerable forms of caring touch occurred when he met his wife who challenged his values and boundaries around touch. Dan said,

I'll be honest and that was pretty much the way all the way you know, through university. I saw how other kids were, you know, some kids are really touchy. But it was when I um met my to-be wife. When we met she was, you know, very affectionate. In fact, that was one of the ways that she communicated the most. So I recognized that was, you know, if I were to look at a need, it was very important to her. But, it was awkward for me. Right. And so I, I think over the years you know it's been good because I've had to practice that. Even our first date. I mean, I joke about it but she-I was the one, she was the one that had to grab my hand to hold my hand, 'cause I was, it's kind of funny thinking about it, right? But I had to learn to speak her language. About touch.

Dan was prompted to confront his discomfort with touch because it was a fundamental part of communication with his loved one. He describes opening up over time and becoming more comfortable sharing close proximity with other people and even incorporating it into his work. Like several of the other participants, Dan explained that he understood the value and healing properties of touch with clients. However, he continued to be mindful of the risks associated with touch, including fear that physical contact could be misinterpreted. Yet he reported his willingness and openness to use caring touch, such as a hand resting on a youth's shoulder, in times when a client was in distress. He said, "you share opinions and you share your feelings.

And you know, as I find too, as people get close to each other they're more comfortable I think being able to connect with each other in different ways.”

Jeff’s story also took him on a path to being open to vulnerability. He described learning to build up his guard during his early years. Where he lived, social conventions dictated that men needed to be strong and unemotional. He told of eventually carrying a proverbial ‘suit of armour’ to protect himself from extreme emotions that threatened his feelings of safety. Following a traumatic event in his life, Jeff said he became closed off to his emotions and connections to people. He said of this time in his life,

I mean, it took a while, 'cause in [country of origin] we had conscripted military, so I had to go into that. So there, then you're reinforced with that hardness and with that tough veneer. And then it took years after that to let that go, 'cause then through, 'cause I fought a war in [country omitted] and then I had this suit of armor on that I could not let go 'cause I was, I was unsafe. I had PTSD for years after that. So then, and I'm trying to think if I had any problems with touch. I was very hard then and I was very closed off to, to human, to reciprocal relationships, as we know is a big symptom of that disorder.

Life events had a profound impact of Jeff’s ability to connect with people and to feel safe with close proximity. Any sense of vulnerability was perceived as a threat to his wellbeing.

It was from these experiences that his journey towards a different way of being and interacting with the world around him began. Like Tom, Jeff described coming to terms with his vulnerability and beginning understanding it as a benefit. He told of the start of this journey,

I think it was probably when I first, when I was searching so desperately to find peace again. And started to meditate. Then I started opening, re-opening my mind, and then I

started doing yoga, and then I started opening my body, and then I started really seeing those benefits of touching and of human contact... and [developing awareness of self] can take a long, long time because you have to, if you're going within, you've got to walk that journey of going through the dense overgrowth of regret and guilt and conditioning and shame and, you know, it's a long, long journey. A lot of people prefer not to take it because it's the harder journey. It's the path less traveled.

Jeff presented a powerful description of the process of letting his guard down and finding peace within himself through practices of mindfulness, meditation, and yoga. These tools eventually helped Jeff accept openness with others. He said of his relationship with his father, "You know, maybe towards the end of his life I started hugging him. And at first, he was a little shocked or, you know, uncomfortable with it. And then I think he actually started really enjoying it." In his state of opening up to vulnerability, Jeff was able to make changes in his family relationships and engage in caring forms of physical contact. He reiterated, "This isn't something that I was conditioned to believe. And um, so it was a journey which, where I started to acknowledge the benefits of- of touch for myself."

Jeff carried this openness to his work with youth. In his practice he described using yoga, meditation and mindfulness to help youth heal from personal challenges and trauma. This included the use of TT. He said, "So, it all starts with us. We have to drop our guard. And then that person will, we can encourage them to drop their guard and, and then we can have an actual real human connection which involves touch."

All five participants experienced and interpreted their feelings of vulnerability in different ways. On the one hand, for a few of the participants, vulnerability was something that was

threatening and a barrier to engaging in TT with clients. These perspectives were well justified based on personal and professional experiences. Feeling caught in a state of vulnerability was prohibitive. On the other hand, significant life events created a different meaning of vulnerability for other participants. They viewed it as a strength, something that could enhance interpersonal connectedness. Giving into and accepting their feelings of vulnerability contributed to them challenging internalized beliefs about masculinity. As a result, their vulnerability was a pathway to being more open to using caring forms of touch and developing nurturing ways to connect with youth. It was evident from the interviews that vulnerability played a central role in how participants engage in TT with clients.

### **Connection**

“I did see it, just a kind of a realization, I had this all backwards... so the vulnerability ended up being a gift in that I get authentic connection”

- Tom

In the end it all came down to connection. Connection was a theme that participants repeatedly came back to as central to their practice. They recognized that to develop a safe and supportive environment for youth to heal and thrive, basic human connection is necessary. For some of the participants TT was a significant part of their practice and an important means of connecting with clients. For other participants, caring touch was acknowledged as an important therapeutic tool, but one that carried potentially high risks for both the practitioner and the client. But in the end, connection with clients, whether involving caring touch or not, was the basic starting point for the work.

Jeff described TT as an important part of his practice. He talked about being comfortable with close proximity and as a means to develop stronger connections and relationships with clients. In his experience, he said, that clients responded well to physical connection and felt safe and validated when they received a hand on the shoulder or arm. He stated, "...every single client is different. Every human being is different and every approach I take with them is different. But the part of my approach is 100% connection." It is worth noting that Jeff's office space felt welcoming and comfortable. The dim lighting and openness of the room created a sense of being wrapped up and safe. This was significant because it reflected how he practiced therapeutic work with youth. Jeff said about peoples' need for physical contact,

I think the more of a village we have the more open we are to touch. 'Cause the more wrapped in support we have, and so that metaphor of wrapping someone in support actually sort of comes back towards being more open to being wrapped in a supportive hug by another human being. I mean as we know, you know, if you, if you hug someone, you're releasing oxytocin. And, therefore, we have this- this cuddle hormone, we have this soothing hormone that's released in a human being. And so we're designed to comfort each other through touch because the brain then releases this hormone which soothes someone.

Jeff described touch and physical human contact as a biological necessity. Touch is not just something that creates awareness between people, it is a physiological process that connects people to one another (Field, 2014). He also lamented that in this day and age of social media, with cell phones, and other electronic devices, people have moved further away from natural human touch. The less we touch one another, the more disconnected we become (Cocozza, 2018). Jeff argued that the culture of fear and interacting primarily through devices is harming

our ability to truly relate to each other. By engaging in caring touch in his CYC practice, he helps to normalize touch and reminds people that it is a natural part of being human.

Ben shared similar sentiments about losing human connection as a result of current social norms and values. He stressed the importance of having physical contact and connection with clients. However, he also acknowledged balancing it with rational concerns. He stated,

Well, I think also there's a bit of, we need a bit of a societal recheck that human contact is normal and expected. There is, I think that we've, we've gone down a wrong path of litigious governance, and it sometimes drives our practice in important ways. We are, our humanity, our people's humanity have had physical contact forever, and so trying to extinguish that in certain quadrants of society is a bit odd, but I think that at the same time, you want to have healthy conversation that look like in this one practice, in the practice of a group home, a care family, a prison, or whatever. Where's that? Where's that sense of practice happen?

For Ben, being mindful about using caring touch and refraining from using it was a way to maintain connection. Avoiding further traumatization or discomfort that may arise for clients, if he did use touch, keeps the relationship safe. At the very least practitioners need to begin having meaningful conversations about how to meet clients' needs for human contact. At this point in time CYC programs' inability to meet these needs is a glaring gap in many practice settings (Piper & Smith, 2003). By opening up a dialogue about how to use TT with children and youth, practitioners can be better equipped to understand the real risks and the genuine benefits of using touch and make professional judgements more easily. It is important to remember that any kind

of touch with clients comes with some risk (Johnson, 2001). However, the question must be asked: are those risks greater than the possibility of losing long-term connection?

Touch and human connection are lifelong process that contribute to healthy development (Field, 2014). Connections and the need for close proximity and contact with caring adults is something that begins at an early age. Participants talked about those early developmental processes in relation to their own families and spoke to importance of physical closeness. Tom said,

I guess just you see your child born and you're just instantly, I felt attached to them, and it felt natural to just, you want to be near them, you want to be close. And I noticed, like, my kids gravitate towards it. Different times of the day, like in the morning, they're craving touch. After school, they want to come back into proximity again. They want that connection. They want not just you there, but also that feeling that you're side-by-side.

Tom saw touch and closeness as vital to the parent/child connection. It is associated with healthy routines and rituals in the day, such as the morning and after school, and helps create predictability and safety. He also identified that clients show the same patterns of wanting closeness. He explained,

I notice again it's, it's a lot like just being at home with my kids in the family setting, that when you build an authentic relationship with a youth, they gravitate towards it. It's almost like they're looking for it. So, I've witnessed a couple times with me, a couple youth that I've built closer relationships with, will be sitting on the couch and they'll back into you. Get close. And they're just wanting proximity it seems. And, just like they're, they're

seeking for that. They're seeking for that and they'll seek it out if they have this connection, if they feel they can trust you somewhat.

For many clients, Tom said, connection is safety. Even just sitting closer to someone on a couch can fulfill a need for physical contact that is not being met elsewhere. It is these types of moments, moments of subtle engagement that can lead to deeper forms of connection between clients and practitioners.

Dan also shared how this type of connection can happen on a subtle level. Not all touch is as direct as a hand on the shoulder or a full hugging embrace. Connections are made and developed through normal social conventions, such as a handshake. Dan explained,

When you first meet someone, you introduce yourself and you shake their hand. You give them eye contact and so it's not, it's not a threatening thing, it's simply just a form of greeting. And then, you know, it can move to, just thinking, what would be the next level. It could move to simply, like I said, you're more familiar so you feel fine giving people high fives. You wouldn't give a stranger high fives you know, unless you know, it's like a team event or whatever and you get all excited.

Connections do not form immediately. Over time connections are developed by building trust, creating intellectual intimacy, and spending time together. It takes time, but when practitioners attune to their clients' needs and can assess what appropriate action to take, deeper connections are formed. It is by developing connection that practitioners can respond therapeutically. James provided an example of this connection, noticing when therapeutic touch was an appropriate tool to use, and responding to the client. He said,

So sometimes, like even though I'm not a very huggy kind of person, or, you know, a touchy kind of person in general, there have been times where I have though. In work situations where I felt like that is appropriate and I do that. In a very sort of well thought out kind of way I think. I mean you have to make a quick decision about those things. But, you know, where I've thought about and thought like, 'Yeah, I should hug this person' or offer for that or whatever, right? So, I've done that.

Even in spite of discomfort, James engages a client in a hug when he is attuned to that need. That is the connection. And, in the end, it's all about connection.

### **Summary**

This chapter described the findings of the participant interviews. In the first section, 'the story of patriarchy', the men each provided explanations of their early life experiences and how aspects of their family, culture, and gender influenced values related to touch. The second section, 'fear' offered details about how concern around facing accusations, negative events in the workplace, and consideration for clients' wellbeing contributed to feelings of uneasiness and fear about how they work with clients, including the use of TT in their practice. 'vulnerability', the third section, focused on how transformative life events, such as trauma, either reinforced or altered how the men approached their work with children and youth. Finally, the fourth section, titled 'connection', shared how participants use, or refrainment, of caring touch was imbedded in recognition that connection and safety within therapeutic relationships was paramount in their practice. Each of the men who participated in the interviews expressed dedication to promoting health and betterment for their clients.

## **Chapter 5 – Discussion and Conclusion**

In this chapter I discuss the findings of this study relative to the themes identified from the interviews. I also examine how this inquiry helps answer my research question: How do male child and youth practitioners make meaning of and navigate therapeutic touch with clients? Additionally, implications for this research, considerations and recommendations for future research and practice, personal learning, and concluding thoughts will be shared in this chapter.

### **Thematic Summary**

The five participants for this study each told unique stories about how they make meaning of therapeutic touch in their CYC practice. James, Jeff, Tom, Ben, and Dan bravely opened up about their early life experiences and personal histories. They also provided a wealth of information about their professional values, beliefs, and important life and career events. Their stories carried a number of themes and patterns that helped create a clearer understanding of how male CYC practitioners make meaning of and navigate therapeutic touch with clients. Specifically, themes that came to the surface during the data analysis process include, the story of patriarchy, fear, vulnerability and connection. In the following sections I will provide a brief overview about each of the themes and discuss their significance to this study.

#### **The story of patriarchy**

The first section of the ‘Findings’ chapter, titled ‘the story of patriarchy’, set the stage for a deeper understanding of the participants’ personal histories and how they came to learn values related to masculinity. My goal was to create a baseline perspective about how the men learned to relate to touch based on their community, family, culture, gender, and beliefs. The socialization that occurs in early life plays a significant role in how we perceive the world and our own place in it (Gergen, 2011). Gergen (2011) states,

Perhaps the most generative idea emerging from the constructionist dialogues is that what we take to be knowledge of the world and self finds its origins in human relationships.

What we take to be true as opposed to false, objective as opposed to subjective, scientific as opposed to mythological, rational as opposed to irrational, moral as opposed to immoral is brought into being through historically and culturally situated social processes. (p. 109)

Participants learned, early in life, their role, as males, within the society they belonged to. They learned these roles and social norms through relationships with family, friends and teachers (Aznar & Tenenbaum, 2016; Buschmeyer, 2013; Cameron et al., 1999). Boys learned to behave like boys, often learning that caring touch was something done by sisters, mothers and women in caring professions, such as nurses (Field, 2014). Gender played a central role in the men's stories. Their stories emphasized how cultural norms and stereotypes about gender have profoundly influenced the way they relate to the world. For example, Jeff's upbringing in a highly 'machismo' community taught him to close off his emotions, refrain from nurturing interpersonal touch, and to present a hard exterior as a way to stay safe. This is in line with research on touch deprivation that suggests that withholding touch from children can negatively impact them both emotionally and physically (Smith, 2009; Simms, 2017). Jeff describes feeling disconnected from other people, lacking closeness his with loved ones. It can be argued that children and youth in care settings often experience similar touch deprivation from caregivers. As a result, the notion that boys should not engage in forms of nurturing touch is perpetuated.

It is these same gender stereotypes that exist in many CYC workplaces where men are viewed as less emotional and nurturing than their female counterparts (Buschmeyer, 2013). Understanding the participants' personal histories helps to shed light on why men struggle to

reconcile their masculine identities with gestures of therapeutic touch while working alongside clients. Men are often conditioned to believe that caring touch is unnatural and somehow is a reflection of deviant behavior (Evans, 2002). As a result, caring touch, for many male practitioners, is an unsafe practice because of their own learned experiences from early life. Jeff's account of his early learning certainly mirrors this pattern.

James describes a similar experience when it came to physical closeness with people in his early years. At home he did not feel comfortable with hugs or other "touchy-feely" gestures. Instead, he had his need for touch and proximity met on the soccer field and other sports. Human beings need touch, we require it for healthy development and to help us regulate many body functions, such as the nervous system (Field, 2014). James fulfilled this through feats of strength and toughness, activities considered socially acceptable for a boy to do. Powerful ideologies about gender contribute in laying the groundwork for future behaviour in the workplace (Cameron et al., 1999). These same values become ingrained for men in their work with children and youth.

In CYC practice, men are often responsible for leading physical activities and intervening in crisis situations that may require forms of restraint (Steckley, 2012). Based on how men are conditioned to behave, it can be argued that gendered tasks, such as leading restraints, are self-imposed by men themselves, rather than merely being roles assigned by co-workers and supervisors. Men play along with masculinity in care settings as much as masculine tasks are imposed upon them (Buschmeyer, 2013). This is important because practitioners' and clients' understanding of how values about masculinity play out in CYC practice may be perceived to contradict acts of nurturing care. The lack of congruence between learned values about male gender roles and the necessity of providing care as a CYC practitioner may result in uneasiness,

discomfort, and lack of trust for both the worker and the client. Consequently, it is no wonder why many men feel at risk or have strong apprehension about engaging in TT. Boys are socialized and taught that TT is in opposition of their gender roles (Aznar & Tenenbaum, 2016). In the interviews, participants acknowledged that, when growing up, touch often felt inappropriate. It generated feelings of guilt, shame, and vulnerability. Caring touch was not safe to do. What the participants learned in their childhood and adolescence informed how they were to behave as men.

Tom, Ben and Dan's stories reinforced the idea that their gender, culture, family, and lived experience are factors that influenced their future work. Dan describes living in a culture where touch was shamed, where intimate touch, such as holding hands, was considered inappropriate. His conditioned understanding about the role of touch came from watching game shows that depicted people in states of humiliation or shame in relation to physical touch. At the same time, physical closeness in a highly populated part of the world, where he grew up, came on commuter trains and busses where people touched shoulder to shoulder or back to back. As a result, Dan says when it came to performing acts of caring touch later in life, he felt vulnerable, uncomfortable, and unsure of himself. Like several of the other participants, he indicated that touch was a source of confusion. In Dan's case his perception of touch was heavily influenced by the culture he grew up in. Touch takes on very different meanings depending on what country, region, or ethnicity a person comes from (Field, 2010; 2014). Moving from one culture to another can amplify confusion and shame about closeness and physical contact. As far as implications, the way Dan connected with others in his life and interacted with clients in his practice was informed by his understanding of how to use his physical proximity. Caring touch, being a source of discomfort, was a source of confusion and shame. For Dan, using TT in his

practice was not a skill he chose to employ, in part because of factors related to culture, gender, and his upbringing.

In a similar way Tom's learning around how boys touch came from forms of aggression, such as contact sports and fighting as a way to resolve conflict. Those values about touch were reinforced by the adult in his home. His socialization around gender roles, such learning how men solve problems differently than women, was an adaptive skill well-suited to the environment he grew up in, where masculine attributes of blue-collar workers were valued. This set Tom up well for the future line of work he performed prior to entering the CYC field. The relationships and environment children are exposed to help to set a trajectory for future occupations and interests (Gergen & Gergen, 2004). The ability for Tom to be vulnerably or to give and receive caring touch was influenced by his family, friends, and the town he grew up in.

For Ben, physical contact was something that happened with formality in the form of handshakes upon greeting family and friends. Touch lacked intimacy and physical contact was held with some distance between bodies. Ben describes handshakes with eye contact as a form of connection between close friends and loved ones. It is a masculine form of connection that establishes boundaries around proximity (Field, 2014). For both Tom and Ben, the role of touch was less about nurturing and more connected to sport, conflict resolution, and forms of formal greeting. My aim in this section was to establish that touch had different meanings for each of the participants based on how, where, and with who they were raised. Specifically, the interplay between culture and gender was identified as a significant factor through the data collection process. Ideals about how men are conditioned to perform masculinity during childhood was evident in all five interviews. Touch and physical proximity happened in specific ways, such as in sports. The absence of touch in relationships also reinforced ideals of toughness and

independence, boundaries that established safety from social ridicule and shame. These learned behaviors as boys become performed behaviors as men.

### **Fear**

Fear was another central theme within the interviews. The men described that fear often preceded them into their workplaces. Their accounts were much in line with the widely believed concept that men carry an inherent risk with them to their work with young clients (Parr & Gosse, 2011; Pépin-Gagné & Parent, 2016). This social construct often leaves male practitioners feeling open to accusation of suspicion about how they interact with clients. Consequently, physical contact with clients is frequently considered off-limits or agencies have policies of “no touch” (Piper & Smith, 2003). This is problematic. Writing about paranoia in care settings, Piper, Powell and Smith (2006) state, “Many child-related settings are becoming ‘no touch’ zones as adults become increasingly fearful of accusations that may ensue if any touch is misunderstood or misinterpreted; yet touching is nevertheless still regarded as vital to children’s emotional and physical development” (p. 152). Fear about men using TT with clients comes at the expense of important aspects of development that are promoted by touch. However, given the climate of fear expressed by the participants, it is unsurprising that they were apprehensive about using TT. In fact, lived experiences and anecdotal evidence often exacerbated this fear.

Two of the participants of this study, Ben and Dan, describe situations where they were faced unfounded accusations of misconduct. James also relates an incident when a female client sent him accusatory messages, making him feel vulnerable to scrutiny. These direct experiences had profound impacts on these men’s approach to practice. Ways they responded to the accusations were to avoid physical contact with clients, to not work alone when possible, and to

view clients as a potential risk to their reputation and livelihoods. Again, Piper et al. (2006) write,

Risk must now be anticipated and recorded so that liabilities cannot be established in any potentially punishable instance (the door was open, there was a table between them, the risk assessment recorded, the parent had signed the form). Retributive justice gives way to a more anticipatory justification based on the professional responsibility to take proper precautions, rather than to take responsibility for the professional 'mission'. *But* it is important to note that as fears increase and we take more and more 'proper' precautions the number of false allegations against professionals has remained more or less static. (p. 155)

In spite of safety measures being put in place, the actual risk of being accused of improper behaviour has not changed. Ben described the feeling that an accusation could quickly get out of hand and concern that he had no proof of innocents because it was his word against his accusers. These are legitimate concerns. Yet, this type of trepidation about the workspace has consequences (Buschmeyer, 2013). The ability to fully connect and develop trust with clients can be significantly impacted when feelings of fear and uneasiness exist (Smith, 2009). Practicing with caution and appropriate boundaries with clients is strongly recommended and part of best practice (Calmes et al., 2013). However, approaching work from a perspective that practitioners are a risk to the safety of clients and that men as CYC professionals will be view through that lens is problematic. If men are truly a risk to clients, then men should not be working with children and youth. This begs the questions: why do men continue to be understood as potentially dangerous, or risky to clients; are men's fears about entering CYC practice legitimate; and, are men actually a risk for clients? The interviews in this study do not provide answers to

these questions, but they do provoke the asking of the questions. No matter the answer to these questions, participants in this study directly experienced fear and concern about allegations. As a result, caution about how they approach their work was evident and created barriers to engaging in forms of caring touch.

The participants' fears extended beyond the threat of facing accusations. Fears also emerged concerning how therapeutic touch actually was for clients. For example, several of the men reported uneasiness about physical contact with clients who had experienced past trauma. They worried that their own actions could trigger symptoms of a client's traumatic past, causing further harm. On one hand, this is a valid concern that should be taken into consideration. On the other hand, research has shown that by avoiding caring touch and close proximity with clients, practitioners are perpetuating the claim that caregivers are unsafe and require strong boundaries (Smith, 2009; Simms, 2017). The benefits of touch have been well documented and suggest that risks associated with touch need to be weighed against the overall benefits, rather than cutting of TT with clients altogether (Field, 2010; 2014; Piper & Smith, 2003; Piper et al., 2012; Neufeld & Maté, 2013). The participants' fears about doing more harm to clients is grounded ethics of care and good intentions. Consequently, it is possible that these ethics require further examination to help determine if depriving clients of caring touch is doing more harm than good.

The participants lived experiences inform how they use therapeutic touch in their work. Accusations, or fear of accusations have influence over their decision to practice one way or another. What is clear is that the participants of this research had the best intentions of their clients and their own livelihood in mind when they made decisions about how touch is woven into their work.

### **Vulnerability**

The purpose of this section was to highlight the way vulnerability informed how participants lived experience directly informed their practice. The men's life journeys influenced their practice decisions and played a part in developing their philosophies about working with youth. Each of the participants unique experience made them qualified to approach their practice in a way that was safe and fit their own worldview. The way people interpret the world around them and make sense of their place in it depends greatly on direct lived experience (Gergen, 2011). For some, personal journeys helped to teach the participants the value of caring touch and how to use it intentionally; whereas for others, their journey taught the need for more distinct boundaries and distance with clients. Given that there can be different perspectives on the same type of therapeutic intervention reinforces the need for a framework that addresses touch as a healthy form of communication (Hertenstein & Keltner, 2011). Again, I believe from an ethical perspective touch is something practitioners must examine as part of their practice to meet the needs of the children and youth they work with.

Dan spoke at length about coming from a culture that disapproved of public forms of touch and how he grew up feeling discomfort and shame about physical contact and close proximity. He explains that, as he got older and developed new relationships, his perspectives changed, and he was able to open himself up to share more physical contact. For example, he describes that his wife's primary form of communication was through touch and closeness. It took him time to come to terms with how to relate in this way and had to evolve from feeling discomfort to being able to give and receive close physical contact. A cultural shift was necessary to Dan in order to develop more effect communication with his wife. Dan was eventually able to form a new relationship with touch that felt safer and based on respect. Cultural norms and values about touch vary greatly (Traina, 2005). Dan had to learn how caring

touch could be safe and socially acceptable by understanding it from a different cultural lens. As a result, this ultimately transitioned to his work with clients, now being more comfortable to enter situations where a hand on the shoulder or close proximity of a client is something that he is more open to.

Conversely, Ben and James both reported having strong boundaries with touch. In part, these boundaries were influenced by professional experiences that contributed to feelings of fear and vulnerability. For example, both men explain that they have heard anecdotal evidence about false accusations being made against male practitioners and well as encountering situation with youth where their reputations had been potentially threatened. An allegation, or a threat of an allegation can have devastating long term impacts on how practitioners perform their work (Farquhar, 2001). Consequently, Ben and James, caring touch, as a therapeutic tool, carries risk for themselves and their clients. Both participants are mindful about how quickly and innocuous encounter can be misread or misinterpreted and become threatening to their livelihood and their personal lives. Thus, their feelings of vulnerability inform their use of boundaries in their work. The balance between the risk and benefits of using TT regularly in practice is weighted far to the side of risk. This is significant because it speaks to how men make sense of TT in their practice. Both personal and professional life events inform how they make decisions about whether it is safe and beneficial to use touch. For Ben and James, practice decisions were based on balancing the risks with the benefits.

The journeys of Jeff and Tom are much different. Both participants experienced life events that impacted how they respond to feelings of vulnerability. For Jeff, his journey to heal from PTSD enabled him to be comfortable and open to feelings of vulnerability. From a state of disconnection and being closed off to emotions, his healing through meditation and yoga helped

him to let his guard down. For Jeff, accepting his vulnerability was vital to his recovery. As a result, when he let his guard down, he realized that his connection to people was stronger and more meaningful. This openness to vulnerability filtered into his work environment. He explains that, when working with youth, he is able to present a more authentic version of himself when he is open to showing his vulnerability, which then helps his clients let their guard down. For Jeff, this openness includes using touch to develop connection with clients.

Similarly, Tom's vulnerability was the result of a car accident. He too engaged in practices of mediation in order to help come to terms with his feeling of vulnerability. Tom describes this change as a gift rather than being something to be afraid of. Like Jeff, Tom found that relationships with family and friends were more accessible when he was able to let his own guard down. His journey eventually informed how he interacted with clients. For Jeff, vulnerability is a tool that can be used for connection, including caring touch. Again, this is important because it speaks to how participants related to clients and informed their practice philosophies. For Jeff and Tom, caring touch is understood as a way to form deeper connections with clients rather than a high-risk practice. Their lived experiences of being vulnerable themselves and healing from trauma provided an alternative lens from which to view how people interact and connect. Although both Tom and Jeff recognize the risks associated to having physical contact with clients, the balance between risk and benefits of touch are favoured toward the benefits. This is not to say that engaging in TT with clients is better practice than having stronger boundaries. Instead, the point is that the participants developed practice style partly based on significant life events.

Each of these participants' life journeys are vastly different. However, there is a clear pattern in how vulnerability is felt and interpreted by participants impacts how they approach

their CYC practice. For some of the participants vulnerability influences how clear and direct boundaries are set around touch, while, for others, vulnerability is interpreted as a means to develop connection.

### **Connection**

Finally, connection is a theme that emerged during the data analysis. Safe and trusting connection with clients was an important consideration for participants. How touch was used, or not used, was very much informed by the value of connection. For some of the participants, Jeff and Tom in particular, TT was an important part of building trust and developing relationship. Touch was understood less as a risk and more of an opportunity to support clients. Jeff's use of TT was connected with his own experience of letting his guard down and showing his own vulnerability. From this perspective, caring touch and proximity are nature aspects of the human condition. Touch is vital to people as a means to communicate and connect with each other. As a result, philosophically, caring touch within Jeff's practice fit with his personal journey and healing from PTSD. By shedding his suit of armor, he was able to be more open to using therapeutic tools, such as caring touch.

Likewise, Tom's openness to sharing proximity and connecting with clients was informed by his journey following an accident. Prior to his accident Tom's role as breadwinner helped to form an identity of masculinity and toughness. However, following the accident and being in a position to embrace his vulnerability, Tom's perspectives and philosophy were altered. Consequently, like Jeff, Tom reported be able to develop closer and more meaningful relationships with people in his life. Again, connection with clients is about being open to vulnerability and emotions. For Tom, caring touch was an important part of connection so long as it was done in an informed way. Being early in his career he stated that he is not entirely sure

how to go about TT in practice; however, felt that caring TT could be part of developing strong connections with clients.

For some of the men, refraining from use of touch was a means to maintain connection, rather than reinforce it. Based on professional experiences and personal history, other respondents such as James and Ben were more cautious about how to use TT in their practice. For them, the risk to themselves and the potential harm to clients precluded using touch as a means of connection. Instead, more clear physical boundaries were used as measures of safety so that connection was maintained, and trust remained unbroken. For example, Ben explains that if a worker put a hand on a youth's shoulder as a gesture of support, the youth may misinterpret the touch as threatening. As a result, that relationship would be damaged and may be difficult to repair. Having boundaries around using TT can reinforce the sense of safety in the relationship. Therefore, connection is established and maintained by avoid touch and creating connection through other means.

Whether TT is the most appropriate of effective way to develop and enhance connection with clients differs depending on which participant's voice is being heard. For the men in this study, TT is seen as an import part of human connectedness; however, there is disagreement about how it is used in practice with children and youth. Given that studies show the vital importance of touch to the physical, emotional, and developmental well-being of children and is also a form of communication, practitioners should consider ways to incorporate touch into their work. Having employers develop a framework in how to use touch could help to not only create stronger connections, but improved communication (Hertenstein & Keltner, 2011). No matter if these practitioners chose to use caring touch in their practice or not, they all agreed that connection with clients to paramount to their work.

## Implications

I have identified two implications for this research. First, it may prompt practitioners and agencies to reconsider policies about how caring touch is used. Second, my hope is that it opens a dialogue about how men can use touch in their practice, or if they should at all.

Many agencies have written, or unwritten, policies about “no touch” with clients (Piper & Smith, 2003). However, several researchers identify that there is value in therapeutic touch for healthy development and connection (Field, 2014; Johnson, 2001; Owen & Gillentine, 2011). One implication of my research may be to prompt agencies and practitioners to reconsider how they use touch in their practice. At the very least, I believe there is value in exploring how TT can be used in CYC setting to contribute to healing and connection with youth. In today’s day and age, especially for youth people, interpersonal connectedness is being threatened (Cocozza, 2018). Practicing positive and caring forms of touch may help to demystify and normalize touch as a basic condition of being human. It goes without saying that if agencies open up the use of TT between practitioners and clients they should do so cautiously. But it is a practice that agencies may want to consider. Bringing this topic to the forefront could be a first step in evaluating how to proceed with written and unwritten practice policies about therapeutic touch.

Another implication of this research could be the creation of an open dialogue about how men, in particular, use TT in their work. The pervasive notion that men are a risk to young clients is influential to how they work in CYC settings (Parr & Gosse, 2011). To some extent these concerns are valid as there are many documented cases of men abusing vulnerable children and youth in these settings (Briggs, 2014; Burgess et al., 2010). However, the actions of a few have had a significant impact on the majority of men working in CYC in the form of feelings of fear and vulnerability about false accusations or unintentionally doing harm to clients. My hope

is that this research can contribute, in some small way, to the conversation about men's roles as CYC practitioners, including how they use TT in their practice. The idea that men are a risk to their clients alters how professional tasks are performed, how colleagues develop trust for one another, and the way practitioners interact with clients. The participants of this study shared their experiences and how they came to make sense of TT in their work. If their voices can be added to the dialogue, this can take practitioners as small step forward in understanding how men, in general, approach their work. Continuing to have conversations about men's roles and value in CYC can hopefully create safer workplaces for practitioners and clients.

### **Considerations and Recommendations for Future Research**

#### **Ethics of 'no-touch policies'**

It is important to acknowledge, based on research identified within my literature review, that touch is vital for survival and normal human development (Field, 2002; 2010; 2014; Piper & Smith, 2003; Piper, Taylor, & Garratt, 2012; Tobin, 1997; Vuolanto, 2015). Studies show that touch can accelerate healing, reduce anxiety and stress, activate the immune system, reduce aggressive behaviour, as well as contribute to profound physical, emotional, and behavioural benefits (Field, 2014). At the same time, touch deprivation can result in more aggressive behaviours, lack of intimacy, sleep disturbance, depressed immune response, growth deprivation, and touch aversion (Smith, 2009; Field, 2014; Simms, 2017). Given this, an argument can be made that it is unethical for CYC practitioners responsible for the care of children and youth to refrain from using caring touch. Touch is an important human behaviour. If we want to contribute as positive role models and promote the development of healthy behaviour, 'no-touch policies' and unwritten rules about refraining from touch need to be challenged and changed. By

failing to do so, we are at risk of contributing to a cycle of dehumanizing relationships of children in care.

‘No-touch policies’ represent a knee jerk reaction by agencies worried about protecting themselves under the veil of protecting children (Farquhar, 2001; Coccozza, 2018). Putting the needs of agencies ahead of the needs of clients is not only unethical but contrary to good practice policy. This is an example of how the fear of liability, criticism, and appearances, can take precedent over years of literature promoting the use of physical contact with children and adolescents. Furthermore, it perpetuates the notion that practitioners are dangerous, and adults cannot be trusted. It is paramount that when working with children, the focus is on supporting healthy development and nurturing relationships in a client centred model, which should include caring touch.

### **Toxic masculinity**

There needs to be a guiding principle that men are safe caregivers. What takes away from the aforementioned statement is the notion of toxic masculinity, which suggests that men embody characteristics that may threaten and intimidate others (Kimmel & Wade, 2018). This includes hyper sexualization, toughness, lack of vulnerability and sensitivity, as well as being untouchable. Generalized beliefs about what it means to be masculine are reinforced by the concept of toxic masculinity. The idea that men are predators is often born from this mentality; however, in reality only a minute percentage of men actually meet this profile (Timson, 2019). The idea that men are not safe caregivers needs to be taken on by confronting and challenging generalized beliefs about men at an agency and larger social level. By villainizing behaviour of all men based on the horrific behaviour of a select few, creates challenges for men of all ages. Men are equally as safe as women to work with children and youth (Briggs, 2014). Even though

there is a small number of women who also display characteristics of individuals who are unsafe to work with children, females as a group are not generalized as being dangerous to them because social convention dictates that women are safe and nurturing caregivers (Cameron et al, 1999; Buschmeyer, 2013). For men to feel trusted and valued in their work with children and youth, they must be recognized for their capacity to provide nurturing care. As noted above, fear about facing accusations related to TT is often guided by perceptions of fear and vulnerability because of how men are viewed in terms of risk. As a result, unethical practices continue by failing to provide adequately for the basic needs children and youth have for physical contact. Toxic masculinity has implications for all men. The consequences of these implications then filter down to clients. It is important for this to be challenged.

### **Recommendations for future research**

One recommendation for further research is about how to educate people about caring touch in CYC settings. Participants referred to a number of trainings they attended to teach restraining techniques and how to safely pin a client to the ground when their behaviors were escalating. According to the participants, these holds were often referred to as therapeutic interventions. Tom says,

The program was called SIVA. The way that it's sold is Secured Interventions Through Valued Attachment. But the actual program didn't talk anything, it had nothing to do with attachment. It was actually how to protect yourself. If a kid became unregulated and violent. And then also how to safely escort them to the quiet room. And it usually ended very violently for the youth.

The type of touch Tom describes is often traumatic for clients (Fox, 2004). However, participants also describe a significant amount of training to do it the right way. What is missing are trainings for staff that educate on caring ways to use therapeutic touch. I would recommend that trainings are developed to help practitioners recognize the actual risks and boundaries involved in using therapeutic touch. By providing education, practitioners may feel more informed and safer to make decisions about how, or if, they will use therapeutic touch in their practice.

Another recommendation is to have more inquiry into the topic of consent. To my surprise consent was not a theme that was discussed at length in the interviews. However, issues about consent are important when discussing different forms of touch, particularly now in the age of #metoo and more trauma informed practices (Blaustien & Kinniburgh, 2018). The reality is that many youths who have experienced trauma will not respond positively to any forms of touch by practitioners. Therefore, inquiry, learning, and training to help practitioners understand the implications of trauma and how it can impact how touch and proximity are received from caregivers is important in order to minimize perpetuating traumatic experiences of clients. Examining the topic of consent could help to mitigate some of the risks associated with using TT in CYC settings.

Finally, I recommend that more research needs about how children and youth describe their response to caring touch. Although the research speaking overwhelmingly about the benefits of therapeutic touch (Field, 2002; 2010; 2014; Coppa, 2008; Hanley et al., 2017; Monroe, 2009; Coccozza, 2018), many factors influence how people actually receive touch. Many of the youth participants work with are living with the PTSD or other conditions that impact how touch is received. Until we can better understand how to safely engage these youth with caring

forms of touch, or if we should at all, it will continue to be a precarious practice. An inquiry and conversation about whether children and youth even want to receive touch from professional caregivers is much needed. In many respects, understanding male CYC practitioners use of therapeutic touch, whether touch should be used and when and how it is used, is important to order develop and maintain informed programs for children and youth that honors safety, comfort, and trust. However, researchers also need to examine how the client's make meaning and understand the role of caring touch with professionals.

### **Personal Learning**

I have learned a great deal over the course of completing this research project. Narrative inquiry was new to me; therefore, every stage presented additional areas of learning. I believe one of the biggest challenges I had was to analyze the data in an unbiased way. The story itself evolved quickly as the themes seemed to pop off the page, even in the early stages. The patterns that repeated during the interviews could not be ignored and it became clear to me that the men's relationships to therapeutic touch shared evolutionary pathways. The pathways did not always end up at the same place, but the sign posts were there. Specifically, in relation to how vulnerability, imbedded insecurities based on life experience, played a role in how men made sense of caring physical contact with clients. However, there were also many interesting topics that came up during individual interviews that I was forced to eliminate during the data analysis because they failed to follow the themes.

I had to be open to following the data and themes rather than chase the topics I found interesting. For example, I was surprised that topics of restraints and consent with clients were not more central to the conversation. Even though a couple of the participants discussed the use of restraints, this topic failed to fit with themes in general. Prior to the interview I had anticipated

that these would be major topics of the thesis. However, it didn't turn out that way and I had to come to terms with following the path presented in the data analysis. This was excellent learning for me because it reinforced the importance of being true to the data and being mindful of my own biases during the data analysis process.

Furthermore, some of the learning for me pertained to the hardship of discarding parts of the interview content that did not fit the themes. Individual accounts that stood as outliers had to be forcibly trimmed from the edges. This was a challenge because these stories were important, they provided a glimpse into participants lives and had value in their own right. As a research, the desire to do justice to the participants words is strong, and, for me, omissions sometimes felt like acts of betrayal. One example came from Dan who told a story about his aging father's dog. The dog helped Dan's fulfill his need for physical contact by cuddling on his lap and offering his belly to be scratched. Dan stated, "have you ever heard of a dog that's been accused of inappropriate touch?" I found this story touching and insightful, yet this wasn't a study about aging fathers or how pets can be used therapeutically. As a result, the editing process played its part and the story was left off the page (until now). This was only one example of many that challenged me as a researcher to provide strong evidence but also value the voices of participants. Finding a balance between following the patterns in the data and honoring the men's accounts was excellent learning for me. I believe that process made me a more mindful researcher.

Additionally, representing participants in a way that felt accurate was another consideration that created learning. I found that narrative inquiry felt very personal for me as the writer. Even writing the participant introductions felt like a precarious task as I was developing biographies based on limited interactions and from a very specific context. Also, being conscious

of anonymity and needing to minimize descriptive characteristics that may unintentionally reveal identifies was a tricky process. As a result, it was easy to get stuck and fail to move forward with the writing process. I learned that, in times when I felt a block and got hung up on details, it was effective to just get words on the page. Procrastination became the enemy. The enemy was motivated by my desire to get it all right, to present the participants and the data in a way that justice was being served. Eventually, I learned to just get the words down, because once the words were down, I was then able to edit and eventually end up with descriptions that I felt rung true. The prospect of “wronging” participants by misrepresenting them was a major worry for me. I learned that sometimes you just do the best you can and hope that it is good enough.

### **Concluding Thoughts**

The five participants for this research project, James, Tom, Jeff, Ben and Dan, fearlessly told stories about their fears and feeling of vulnerability, and how connection plays a central role in their practice. For these men therapeutic touch continues to be an act of care that carries risk, both personally and professionally, yet it is one of the most natural and important ways human beings communicate and connect. For me, this research has illuminated how muddy and complex therapeutic touch is for men in their professional lives. From an ethical and practical standpoint I feel as though I am left with many questions unanswered: Do the benefits of using TT outweigh the risks; is TT something that CYC clients are seeking from professionals; and how can we learn to use TT in an informed way that minimizes risks for both clients and practitioners? My hope is that future research, bravery in practice, and more education about how to use caring touch can help to answer these pressing questions.

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## Appendix A

### Recruitment poster

# Department of Child and Youth Care University of Victoria

## PARTICIPANTS NEEDED FOR RESEARCH IN

I am looking for volunteers to take part in a study of cis-gendered male child and youth care practitioners' use of therapeutic touch.

As a participant in this study, you would be asked to participate in a 60 to 90 minute interview about your experience as a cis-gendered male working in child and youth care settings.

In appreciation for your time, you will receive a \$25.00 gift certificate.

For more information about this study, or to volunteer for this study, please contact:

Christopher Bennett  
at

Email: [cwb@uvic.ca](mailto:cwb@uvic.ca)

**This study has been reviewed by, and received ethics clearance through a University of Victoria Research Ethics Committee.**

## Appendix B

### Recruitment email

Hello, my name is Christopher Bennett. I am a graduate student at the University of Victoria in the Child and Youth Care department. I am conducting narrative research study for my thesis on cis-gendered male child and youth care practitioners' experience with therapeutic touch. I am inviting cis-gendered male child and youth care workers on Vancouver Island to participate in this study.

Participation in this research will involve a 60 to 90 minute interview about your experience with therapeutic touch, including personal history, values, and professional ethics. If you agree to participate in this study, you will be compensated with a \$25.00 gift certificate.

If you have any questions or would like to participate in the research, I can be reached at [cwb@uvic.ca](mailto:cwb@uvic.ca).

I look forward to hearing from you,

Christopher Bennett  
University of Victoria  
Graduate student, Child and Youth Care

## Appendix C

### Participant consent form



**University  
of Victoria**

### *Participant Consent Form*

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#### **Risky Business: A Narrative Inquiry of Male Child and Youth Care Practitioners Use of Therapeutic Touch**

You are invited to participate in a study entitled Risky Business: A Narrative Inquiry of Male Child and Youth Care Practitioners Use of Therapeutic Touch that is being conducted by Christopher Bennett.

Christopher is a Graduate student in the department of Child and Youth Care at the University of Victoria and you may contact him if you have further questions by emailing to [cwb@uvic.ca](mailto:cwb@uvic.ca).

As a Graduate student, I am required to conduct research as part of the requirements for a degree in Child and Youth Care. It is being conducted under the supervision of Dr. Jennifer White. You may contact my supervisor at 250-721-7986 or [jhwhite@uvic.ca](mailto:jhwhite@uvic.ca).

#### **Purpose and Objectives**

The purpose of this research project is to form an understanding of cis-gendered male practitioners' experience with therapeutic touch in their work with male and female adolescents in CYC settings. By telling the stories cis-gendered men share about therapeutic, or caring, touch, such as what personal and professional experiences inform their practice, emotions and values related to therapeutic touch and, as a male, how your workplaces influences your use of therapeutic touch with clients.

#### **Importance of this Research**

Research of this type is important because it can develop a clearer picture of how men engage as caregivers with youth. Additionally, it may help to create and add to a dialogue of males' perceived gender roles working with young people and how therapeutic touch can be integrated into practice to provide care, support, and appropriate human contact to clients.

#### **Participants Selection**

You are being asked to participate in this study because you meet the study criteria as a male practitioner at child and youth care work setting.

#### **What is involved**

If you consent to voluntarily participate in this research, your participation will include a 60 to 90 minute in-person interview about your experience as a male working in child and youth care settings and the use of therapeutic touch. An audio recording of the interview will be made and transcribed. I may also take written notes during the interview.

**Inconvenience**

Participation in this study may cause some inconvenience to you, including up to two hours of your time, the need for transportation to and from the interview, and small costs associated with parking and gas.

**Risks**

There are some potential risks to you by participating in this research and they include emotional and psychological discomfort and risk of incidental findings. Topics related to gender and the use of touch in the workplace can be uncomfortable. Male practitioners in child and youth care settings may have experienced suspicion, accusations, negative feedback, or internalized guilt or fear about how they engage with children and youth. As a result, focusing on this topic may trigger past emotions, or identify new concerns for participants in the study. Furthermore, talking about therapeutic touch may lead to discussion about inappropriate touch that the participant may have experienced or witnessed at their place of employment or other areas of their life. Therefore, this research does pose a possibility that negative emotions or past trauma may emerge during the process.

This study may also pose a possibly risk of incidental findings. As a researcher, if the participant discloses or alludes to an event in which inappropriate touch or interaction with a child or youth has occurred, I may be obligated to report this information to either the police or the Ministry for Child and Family Development. Given that the topic of conversation centers on interactions with a highly vulnerable population, any disclosure of inappropriate conduct will require additional follow up. Therefore, participants may be at risk of incriminating themselves or others inadvertently during the interview.

To prevent or to deal with these risks the following steps will be taken. In the event of emotional distress or feelings of discomfort I may pause the interview to check in or debrief. I will also allow time following the interview to debrief. If additional support is required I will provide you with my contact information in order for you to access support or I can refer you to a counseling agency that can provide additional supports.

**Benefits**

The potential benefits of your participation in this research include filling a gap in current literature about male child and youth care practitioners' perspectives and roles in their workplaces. It may also contribute to agencies policy development related to therapeutic touch.

**Compensation**

As a way to compensate you for any inconvenience related to your participation, you will be given a \$25.00 gift card. If you consent to participate in this study, this form of compensation to you must not be coercive. It is unethical to provide undue compensation or inducements to research participants. If you would not participate if the compensation was not offered, then you should decline.

**Voluntary Participation**

Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study your data will be destroyed and will not be included in the study. If following the interview, you decide to withdraw as a participant of the study you will still receive your compensation for your time.

**Anonymity**

In terms of protecting your anonymity, your name or identifying information will not be used. For this study any information provided by you will be identified with a pseudonym and no identifying information, such as work place or specific geographical location (i.e. city or employment agency) will be included.

**Confidentiality**

To ensure that confidentiality is maintained during the interview, please refrain from using names of organizations or people in your responses. When writing this thesis, I will change any descriptions of people and/or events in order to avoid unintentionally identifying a person or organization and compromising confidentiality. Your confidentiality and the confidentiality of the data will be protected by storing audio data and digital transcriptions on an encrypted, password protected flash drive. Raw transcribed data will be stored in a locked cabinet in my home office. All data will be destroyed after five years.

**Dissemination of Results**

It is anticipated that the results of this study will be shared with others in my thesis. As a result, it may be read by university staff, students and professionals. The results may also be disseminated in articles, presentations, directly to participants and be posted the University of Victoria Library's UVicSpace page.

**Disposal of Data**

Data from this study will be disposed of after five years. Digital data, such as copies of transcriptions and audio files, stored on an encrypted and password protected flash drive will be deleted. Raw data on paper will be shredded and destroyed.

**Contacts**

Individuals that may be contacted regarding this study include the primary researcher, Christopher Bennett, or the research supervisor, Dr. Jennifer White.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or [ethics@uvic.ca](mailto:ethics@uvic.ca)).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

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*Name of Participant*

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*Signature*

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*Date*

***A copy of this consent will be left with you, and a copy will be taken by the researcher.***

## Appendix D

### Guiding interview questions

1. Can you tell me how the use of touch has informed your practice in CYC?
2. Describe a time that you had to examine your values related to touch in your work with children and youth.
3. Can you tell me how your values of touch evolved or came to be?
4. Can you remember me about a time early in your life when being a male impacted your understanding about touch boundaries?
5. Can you tell me about a time in your CYC career when you have questioned your use of touch with clients?
6. Can you tell me about a time when your use of caring touch was misinterpreted by a client or colleague?
7. Describe how the culture of your agency influences your use of touch with clients.
8. How does social and political culture and climate impact your use of touch?

## Appendix E

### Community resources and supports

#### *Campbell River*

Campbell River Community Services - (250) 287-2421

Upper Island Counselling Services - (250) 287-2266

Campbell River Family Services Crisis Line – (250) 287-7743

Vancouver Island Crisis Line - 1-888-494-3888

#### *Courtenay*

Vancouver Island Crisis Line - 1-888-494-3888

Comox Valley Family Services Association – (250) 338-7575

Pacific Therapy & Counselling Inc. - (250) 338-2700

Comox Valley Counselling – (250) 703-1558

#### *Nanaimo*

Nanaimo Family Life Association - (250) 754-3331

Vancouver Island Crisis Line - 1-888-494-3888

Island Integrated Counselling Services – (250) 716-8888

Restorative Counselling - (250) 619-0901

#### *Victoria*

Vancouver Island Crisis Line - 1-888-494-3888

Family Services of Greater Victoria – (250) 386-4331

Citizens Counselling Centre - (250) 384-9934

Waypoint Counselling & Referral Centre – (250) 888-0979

## Appendix F

### Recruitment phone invitation script

Hello, my name is Christopher Bennett. I am a graduate student at the University of Victoria in the Child and Youth Care department. I am conducting narrative research study for my thesis on male child and youth care practitioners' experience with therapeutic touch. I would like to invite you to participate in this study.

Participation in this research will involve a 60 to 90 minute in-person interview about your experience with therapeutic touch, including personal history, values, and professional ethics. If you agree to participate in this study, you will be compensated with a \$25.00 gift certificate. You are under no obligation to participate in this study and your participation would be on a voluntary basis.

Please let me know if you have any questions or concerns about participating in the study. I can be reached at [cwb@uvic.ca](mailto:cwb@uvic.ca). You can also contact my direct supervisor, Dr. Jennifer if you have questions or concerns. She can be contacted at 250-721-7986 or [jhwhite@uvic.ca](mailto:jhwhite@uvic.ca). I look forward to hearing from you.