International Journal of Haptonomy and Haptotherapy (2020)

Impaired ability to feel: indication for haptotherapy

Gert A. Klabbers PhD, GZ-Haptotherapist, Physiotherapist and Haptonomic pregnancy counselor

Abstract

In this article, I attempt to provide insight into my vision of haptotherapy. Illustrated with an event from my own life and based on experiences in my haptotherapy practice, I come to the conclusion that 'impaired ability to feel' can be an indication for haptotherapy.

Keywords: impaired ability to feel, ability to feel, feeling, haptotherapy, haptonomy, therapeutic touch.

Introduction

People can think and act, they can be conscious of perceiving themselves, feel the space around them and have a sense of other people. People can empathize, intuit, imagine, sympathize and, above all, they can be aware and become aware of their own and other people's inner feelings. However, what feelings are normal, when is the ability to feel impaired, and how can someone with an impaired sense of feeling know what is normal?

If a small child falls and is in pain and cries, what do we do? Do we write the child a letter, start a discussion group or take the child onto our lap? Most people, when asked, feel what the answer should be. However, if that intuitive knowledge is impaired and no longer functions well, then this can impact one's sense of one's own feeling and of other people's feelings. You no longer know how to act adequately in relational situations. In this example, you no longer know how to react to the startled or sad child.

Impaired ability to feel

An impaired ability to feel can be understood through the example of shaking hands without feeling any involvement, which is also a metaphor for many other situations in human contact. For example, you might shake or squeeze somebody's hand without feeling the other's hand or the other as a person and without allowing yourself to feel anything.

If this occurs unintentionally and undesirably in daily life or at work (and not only when shaking hands), this may indicate an impaired ability to feel, which can be examined and treated by a healthcare haptotherapist.

To restore an impaired sense of feeling, no detailed descriptions are needed of what caused the damage. If someone has fallen off his or her bicycle, it is not useful for a therapist to ask what colour the bicycle was and where exactly the fall occurred because that is not the point. It is relevant to know that something happened, but the details are not important. In this example, the point is whether the person experienced a shock, whether that state of shock is still present and how this affects the person's perception of their own body and the interaction with other people.

A personal example can illustrate this. When I was a child, I fell from a tree at the age of six. On the way down, I tried to grab hold of something to save myself and I caught a barbed wire with my right hand. When lying on the ground, I didn't notice anything at first, nor did I feel anything at all, but quite a large piece of skin on my right hand had been torn right up to the tip of my ring finger. In the end, it all worked out well. The only trace of that fall is now a sizeable scar in the shape of a divining rod. Since there were no dressing materials on the spot, a tea towel was wrapped around my hand. I was taken to the hospital on the back seat of a bike. Gradually a sharp, burning pain emerged in my hand. When I was on the treatment table, I had to extend my right hand so the surgeon could examine it. I allowed the surgeon to take my hand, because I understood that something had to be done, but I had personally withdrawn all feeling from my hand. I looked the other way. Afterwards I looked at my hand, which was wrapped in a thick white bandage. Ten days later, the stitches were removed. Eventually the skin healed, and the muscle strength and mobility returned to normal. However, my hand did not function as before. In my perception, it had become an object that was no longer integrated into my own body experience. If someone touched my arm, I had to cry. Time and again, there was that sadness, but it gradually became less intense. There was nothing wrong anymore with my hand, but nevertheless I could not

Gert A. Klabbers, PhD, Postdoctoral researcher Tilburg University, Warandelaan 2, 5037 AB Tilburg, the Netherlands.
GZ-Haptotherapist, Physiotherapist and Haptonomic pregnancy counselor at Therapy Center.
Address: Ietje Kooistraweg 25, 7311 GZ Apeldoorn, the Netherlands.
Email: praktijk@gertklabbers.nl

reach it anymore with my feeling. Then a haptotherapist taught me how to integrate my arm and hand into my own physical experience. This ability opened the way for me not only to experience that my hand was touched, but that I was also touched as a person, and then the real tears came and I could slowly but surely find my way back to feeling my hand from inside my body and use it to express myself.

The story about my hand illustrates that the human ability to feel can be impaired if our body is damaged by an accident or an operation and that it is possible to restore the original natural ability to feel with haptotherapy. Likewise, the ability to feel can be impaired as a result of psychological trauma. For example, victims of sexually transgressive behaviour usually also experience a disruption of their ability to feel.

Haptotherapy

In my practice as a haptotherapist (1982 - present), I have treated many patients with physical or psychological traumas who experienced disruptions in their ability to feel. These patients came to me with complaints that could be classified under the traditional physiotherapeutic or psychological indications. However, there were often also signs of an impaired ability to feel, but such am impairment is not the therapeutic focus of the physical therapist or the psychologist, who deal with the functioning of the musculoskeletal system or the mind, respectively. For the healthcare haptotherapist, on the other hand, this impaired ability to feel is the pre-eminent focus of treatment.

The problem with recognizing, diagnosing and treating such an impaired ability to feel is that it is often part of other indications. Moreover, these other indications are usually mentioned as indications for haptotherapy without stating that the patient's ability to feel is also impaired. Burnout, for example, is simply regarded as an indication for haptotherapy, just as it can be an indication for many other therapies. Here, however, a distinction could be made between a 'burn-out with impaired ability to feel' and a 'burn-out without impaired ability to feel', so that the impaired ability to feel is a clear indication for haptotherapy.

In my dissertation, 'Can haptotherapy reduce fear of childbirth?' (Klabbers, 2018), I specifically described the impaired ability to feel in pregnant women with extreme fear of childbirth, under the heading 'Restrain Internal Sensitive Participation' (RISP). While this restraint may be functional in certain unpleasant or even dangerous situations, chronic and unconscious RISP prevents these and many other women, as well as many men, not only from internal sensitive participation, but consequently also from meaningful social and emotional participation as a responsive, authentic and empathic human being.

Haptotherapy is a field in health care in which the haptotherapist helps patients to open themselves to their own and other people's feelings. To make patients aware of their ability to feel and to let them experience these for themselves, the haptotherapist uses insightful conversations, skills training and direct touch. The use of therapeutic touch is a central feature of haptotherapy, and healthcare haptotherapists are specially educated and trained to apply this form of touch (Plooij, 2005).

However, in the context of psychotherapy (and other therapies), touch is a subject of debate among supporters and opponents (Bonitz, 2008; Hetherington, 1998; Storksen, 2012). For instance, Kertay and Reverie noticed that touch in psychotherapy could become counter-therapeutic if the therapist employs it as a technique or in an unauthentic manner (Kertay, 1993). Therefore, Bonitz (2005) argued that a therapist should be adequately trained in the way touch is applied (Bonitz, 2008). This then raises the question when the training might be considered 'adequate' and what precisely should be trained.

Touching is mostly a normal part of everyday life between parents and their children or within the intimacy of a partner relationship. At the same time, it is not common in a therapeutic relationship. Therefore, for the sake of clarity in the relationship with their clients, healthcare haptotherapists are trained in therapeutic touch.

Therapeutic touch in haptotherapy means that the client is touched respectfully, achieving maximum closeness while professional distance is maintained (Rümke, 1958). In this way, it is clear, for both the client and the therapist, what the meaning of touching is within the framework of the treatment, whereby the patient regains insight into his own ability to feel adequately and can correctly interpret those feelings.

Conclusion

An impaired ability to feel can be an indication for haptotherapy, to help the patient to reacquaint themselves with their own physicality of feeling. Looking to the future, more research is required to understand the mechanism of the impairment and restoration of the ability to feel.

References

Bonitz, V. (2008). Use of physical touch in the "talking cure": A journey to the outskirts of psychotherapy. *Psychotherapy, Theory, Research, Practice, Training,* 45(3), 391-404.

Hetherington, A. (1998). The use and abuse of touch in therapy and counselling. *Counselling Psychology Quarterly,* 11(4), 361-364.

Kertay, L. (1993). The use of touch in psychotherapy: theoretical & ethical considerations. *Psychotherapy*, 30, 32-40.

Klabbers, G. A. (2018). *Can Haptotherapy reduce fear of childbirth. A randomized controlled trial.* Apeldoorn: Haptotherapie Nederland.

Plooij, E. (2005). *Haptotherapie. Praktijk en theorie.* Amsterdam, the Netherlands: Harcourt.

Rümke, H. C. (1958). *Nieuwe studies en voordrachten in de psychiatrie.* Amsterdam: Scheltema en Holkema.

Storksen, H. T., Eberhard-Gran M., Garthus-Niegel S., Eskild A. (2012). Fear of childbirth; the relation to anxiety and depression. *Acta Obstetrica et Gynaecologica Scandinavica*, 91(2), 237–242.