

## Clinical reasoning in Haptotherapy: Use of the SCEBS and Questions about Affectivity.

Letter to the editors of the IJHH  
Gert A. Klabbers<sup>1</sup>

---

### Introduction

The website of the International Journal of Haptonomy and Haptotherapy (IJHH) lists thirty-two papers (IJHH, 2013-2023), including various case descriptions, a review, some vision articles and several research articles. The research papers report the use of more than twenty different validated questionnaires, such as the Haptotherapeutic Well-being Scale (HWS) (Klabbers & Hagg, 2021; Klabbers & Vingerhoets, 2022) and the Four-Dimensional Symptoms Questionnaire (4DSQ) (Terluin, Marwijk, Adèr, et al., 2006). Anamnesis, however, is only mentioned once in one article – without any further explanation (Klabbers, Wijma, Paarlberg, Emons & Vingerhoets, 2014). Nevertheless, the anamnesis is an essential part of haptotherapy. With this letter to the editors of the IJHH, I would like to draw attention to the anamnesis in haptotherapy and call on colleagues to write and publish about it. A plea is also made for the use of the SCEBS model, which is explained below, and for extending this model with some specific questions regarding affectivity.

**Key words:** Haptonomy, Haptotherapy, Anamnesis, SCEBS, SCEGS, Affectivity.

---

### Anamnesis

Clinical reasoning is the basis of methodical action and can be summarized in the following question: 'With whom do you do what and how and why?' During the intake, it should become clear what the indication is for haptotherapy, i.e., what is the problem, which factors influence the problem and what is the request for help? It is a process that starts with exploring the patient's story and symptoms. Patients consult a healthcare haptotherapist with a variety of complaints. The four most common indications for haptotherapy are (1) stress and/or tension-related complaints and/or burnout, (2) a request for help regarding personality development, (3) depression complaints and (4) anxiety complaints (Klabbers & Vingerhoets, 2021). For all patients, it is very important that an explanation for the complaints or a conjoint problem definition is identified together with the patient. A model that can be used as a tool to discuss and understand the complaints together with the patient is the SCEBS model (Somatic, Cognitive, Emotional, Behavioral, Social) (Hoedeman, Wijers, van der Beek & te Koppele, 2006).

### SCEBS (Dutch: SCEGS)

#### S: Somatic (Dutch: somatisch)

Can the complaint be influenced or not (by yourself or by others)? What aggravates / reduces the complaint? In which environments does the complaint worsen / decrease? Are there other complaints (selectivity)?

Due to the direct accessibility of haptotherapy, the healthcare haptotherapist has a responsibility to screen each patient for contraindications and red flags at the start of therapy in order to reduce the risk of missing serious pathology.

If the complaints are suspected to have a specific cause, or in case of doubt, patients should first be referred to the general practitioner.

In case of a direct referral by the general practitioner, the somatic part has already been determined and the healthcare haptotherapist is informed about this diagnosis by means of a referral letter or by the patient himself.

#### C: Cognitive (Dutch: Cognitief)

What thoughts does the patient have about his or her complaints? What are the patient's expectations regarding the recovery? What are the

---

<sup>1</sup> **Dr. Gert A. Klabbers**, postdoctoral researcher at the University of Tilburg, Warandelaan 2, 5037 AB Tilburg, the Netherlands & Healthcare Haptotherapist, Ietje Kooistraweg 25, 7311 GZ Apeldoorn, the Netherlands. Correspondence: [praktijk@gertklabbers.nl](mailto:praktijk@gertklabbers.nl)

patient's expectations regarding haptotherapy? What are the patient's beliefs regarding his or her own ability to recover?

### **E: Emotional (Dutch: Emotioneel)**

What does the complaint mean for the patient? Is the patient scared, angry, happy or sad (about the complaint or himself or about the possibility of recovery)?

### **B: Behavioral (Dutch: Gedrag)**

What does the patient do/don't do (e.g. avoidance behaviour)? Use of alcohol, drugs, coffee, coca cola, chocolate and medicine?

### **S: Social (Dutch: Sociaal)**

What consequences does the complaint have for work, private life, hobbies? How do people in the patient's environment react? Has anything drastic happened recently (life-events)?

## **SCEBS + A**

However, the SCEBS model alone is not sufficient to make the scope of haptotherapy fully accessible. Therefore, I added the following questions about affectivity to the SCEBS model:

### **A = Affectivity (Dutch: Affectiviteit)**

What was affective contact like at home in the past (attention, sitting on a parent's lap, play-wrestling)? Was crying allowed at home in the past, were you comforted, was anger allowed and was this talked about? What is the affective contact like in the current relationship with a partner or in other relationships (intimacy, tenderness, sexuality)? What consequences does the complaint currently have for affective contact? Has something happened recently or in the past that affects affective contact??

When I presented the questions about affectivity in the chronic pain network in Apeldoorn in June 2023, I received the following feedback from a general practitioner: "The questions about affectivity are a valuable addition to the SCEBS, so you are more likely to find out about traumas, which are often hidden behind Persistent Physical Complaints (Dutch: Aanhoudende Lichamelijke Klachten (ALK)). I'm going to use these questions as well!".

This positive response from a GP's perspective encouraged me to write this letter to the editors of the IJHH, because I think it would be useful if many more care providers used these questions about affectivity. Adding this dimension may also make it easier to

communicate about haptotherapy, because we will then speak the same language within and between specialties. For the same reason, I argued ten years ago for the multidisciplinary use of one and the same validated questionnaire, such as the Four-Dimensional Symptom Questionnaire (4DSQ) (Klabbers, 2013).

## **Haptotherapy**

The healthcare haptotherapist uses insightful conversations, experiential exercises and affective touch to make patients aware of their ability to feel and to let them experience it first-hand (Plooi, 2005; Klabbers, 2020, 2023; Veldman, 2017; VVH, 2023).

The working method of the healthcare haptotherapist is partly offer-oriented and partly demand-driven, based on an indication. In all cases, a good anamnesis is important and the use of the SCEGS + A can be helpful.

Affectivity is the core business of haptotherapy (Veldman, 2007; VVH, 2023), and the daily work of the healthcare haptotherapist is, among other things, restoring a patient's impaired ability to feel (Klabbers, 2020).

It can be assumed that the SCEBS questions and of course also the questions regarding affectivity are generally addressed by healthcare haptotherapists. However, I suspect that the answers are not always classified in the structured order of the SCEBS model, because healthcare haptotherapists are not trained to use this model. Doing so may provide opportunities for improving communication between healthcare haptotherapists and professionals in other healthcare specialties.

## **Plea for SCEBS + A**

It would be good if all the users of the SCEBS model extended this model with the questions regarding affectivity and if they communicated, wrote and published about their experiences.

## **References**

- Hoedeman, R., Wijers, J. H. L., Beek, E. J. van der, Koppele, A. te (2006). Toepassing van het SCEGS-model in de begeleiding van somatiserende werknemers. *Tijdschrift voor Bedrijfs- en Verzekeringsgeneeskunde*. 14: p. 441–444.
- IJHH (2013-2023). *International Journal of Haptonomy and Haptotherapy*. Available via: [www.ijhh.org](http://www.ijhh.org)

- Klabbers, G. A. (2013). Four-Dimensional Symptom Questionnaire (4DSQ) in the Primary Healthcare Practice of Therapists. *International Journal of Haptonomy and Haptotherapy*. 1, 1-16.
- Klabbers, G. A. (2020). Impaired ability to feel: indication for haptotherapy. *International Journal of Haptonomy and Haptotherapy*. 3, 12-14.
- Klabbers, G. A., Bouwman, P. M., Dekker, M., Hagg, J. W., Harte-Sluman, R. R., Spil, C., & de Vos, R. H. (2023). Impaired ability to feel in cases of pelvic floor issues: two case descriptions of haptotherapy treatment. *International Journal of Haptonomy and Haptotherapy*. 1: p. 1-8.
- Klabbers, G. A., Hagg, J. W. (2021). *Haptotherapeutische Welbevinden Schaal (HWS)*. Digital Dutch version; available via: [www.gertklabbers.nl/vragenlijst](http://www.gertklabbers.nl/vragenlijst)
- Klabbers, G. A., Vingerhoets A. J. J. M. (2021). Satisfaction and specific and non-specific therapy factors: haptotherapy from a patient perspective. *International Journal of Haptonomy and Haptotherapy*. 3: p. 20-29.
- Klabbers, G. A., Vingerhoets, A. J. J. M. (2022). Measuring patient well-being: an exploratory study of the Haptotherapeutic Well-being Scale (HWS). *International Journal of Haptonomy and Haptotherapy*. 1: p. 1-7.
- Klabbers, G. A., Wijma, K., Paarlberg, K. M., Emons, W. H. M., & Vingerhoets, A. J. J. M. (2014). Treatment of severe fear of childbirth with haptotherapy, a multicentre randomized controlled trial. *BMC, Complementary and Alternative Medicine*. 14, p. 1-10.
- Plooij, E. (2005). *Haptotherapie, Praktijk en theorie*, Amsterdam, the Netherlands: Harcourt.
- Terluin, B., Marwijk, H. W. van, Adèr, H. J., Vet, H. C. de, Penninx, B. W., Hermens, M. L., Boeijen C. A. van, Balkom A. J. L. M. van, Klink J. J. L. van der & Stalman, W. A. (2006). The Four-Dimensional Symptom Questionnaire (4DSQ): a validation study of a multidimensional self-report questionnaire to assess distress, depression, anxiety, and somatization. *BMC Psychiatry*, 6(1), 1-20.
- Veldman, F. (2007). *Levenslust en Levenskunst. Zin, inhoud en betekenisverlening aan het persoonlijke leven binnen de menselijke samenleving*. Van der Veer Media.
- VVH (2023). *Vereniging van Haptotherapeuten*. Available via: <https://www.haptotherapeuten-vvh.nl>.