

Presence: a facilitating condition, therapeutic intervention, and modifiable factor in Haptotherapy

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Abstract

This article examines presence in Haptotherapy through the lens of a three-day continuing education course. Presence is presented as a facilitating condition, a therapeutic intervention, and a modifiable element within Haptotherapy. Presence, in all its facets, plays an essential role in Haptotherapy. Haptotherapy distinguishes itself from other forms of therapy through the use of affective, contact-oriented therapeutic touch, which both invites the patient into presence and helps guide the way toward it. A shared foundational concept across all three haptotherapy training programs in the Netherlands is ‘feeling one’s way toward meaningful contact’. In this context, feeling is understood as an affective reaching out toward the other through the sense of touch, in which one simultaneously allows their enlivened presence to be felt, thereby inviting the other into affective contact. Further empirical research is needed to evaluate and refine the theoretical models underlying this process.

Keywords: presence, haptonomy, haptotherapy

Introduction

Presence

In his seminal publication *Haptonomie: Wetenschap van de Affectiviteit* (translated as *Haptonomy: The Science of Affectivity*, 1988), Frans Veldman (1921-2010), founder of the field of Haptonomy, articulates the concept of presence as a core element of the haptonomic approach (pp. 356-357). According to Veldman (1988), the concept of presence forms part of the P.T.P. principle (Presence, Transparency, and Prudence) which he identified as a foundational ethical framework for the professional practice of haptotherapy.

Presence is described as an open-minded attitude of encounter, characterized by clarity, truthfulness, and sincerity. It involves being genuinely present with the other, fully attentive and without prejudice. Transparency refers to contact that is open and unambiguous, ensuring that communication between therapist and client is clear and straightforward, free from hidden agendas. Prudence reflects an attitude of respect, caution, and care, emphasizing the importance of a careful and respectful approach to the client, being attentive to their boundaries and needs.

In 2007, a revised version of *Haptonomie: Wetenschap van de Affectiviteit* was published under the new title *Levenslust en Levenskunst: Zin, inhoud en betekenisverlening aan het persoonlijk leven binnen de menselijke samenleving* (translated as *The Joy and Art of Living: Finding*

meaning, substance, and significance in personal life within human society). In *Levenslust en Levenskunst (The Joy and Art of Living*, 2007), Veldman states on page 168: “Being Present, when pertaining to an ‘affirmative being’, means being present in the sense of Being, and implies in its very nature the state of ‘being-with’ the other.” In the *Woordenboek van de Haptonomie (2013) (Dictionary of Haptonomy*, 2013), presence is defined as “being there, in a dynamic impact that summons anticipation”. (Veldman & Soler, 2013).

A synthesis of the aforementioned texts on presence might be articulated as follows: “Being consciously present in the moment and in the relationship with the other, in a manner that stimulates mutual response and alignment, i.e., that invites contact.” In contrast, the Dutch encyclopaedia (2025) defines presence as “being present in a place” or “being somewhere,” reflecting a more literal interpretation. Given the depth and complexity of the concept, it is worthwhile to further explore the term ‘presence’, especially considering that a comprehensive theory has been developed on this subject by Andries Baart in *Een theorie van de presentie (A Theory of Presence*, 2001).

Andries Baart, the founder of the theory of presence, describes presence as “an attentive, humane way of providing good healthcare, whereby the ‘being there with’ the other precedes the ‘being there for’ the other” (Baart, 2007). While this brief quotation cannot

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fully encapsulate the depth of the presence theory, it illustrates that, within the context of pastoral care, presence is primarily regarded as a facilitating factor for providing compassionate and effective (palliative) care. This approach is also applicable in other areas of care, such as nursing, spiritual care, and medicine (Baart, 2001, 2007; Grypdonck, 2007; Van Heijst, 2005).

The haptotherapist's presence is recognized as a crucial facilitating factor in establishing an effective therapeutic relationship (Veldman, 1988, 2007; Plooi, 2005).

As of 2025, it has been 55 years since Frans Veldman, in his book *Lichte Lasten* (*Light Burdens*, 1970), introduced the haptonomic approach to patient care and treatment, emphasizing the significance of human connection.

The importance of this connection was affirmed by Baart (2001, 2007), who, over 30 years later, developed the presence approach in the 1990s, drawing on research into healthcare practices in disadvantaged neighborhoods.

Both approaches emphasize the human connection, but in different ways: Baart (2001) places emphasis on being and sharing this presence, focusing primarily on the relational presence of the healthcare provider. The goal is to be there *with* and *for* the other person, both emotionally and physically.

The key here is to develop an instinctive awareness and use physical contact as a means of communication and connection. In both the haptonomic approach (Veldman, 1970, 1988, 2007) and the presence approach (Baart, 2001, 2007), presence can be seen as a facilitating factor. However, in Haptotherapy, the therapist's presence is also methodically applied as a therapeutic intervention, and the presence of the patient can be considered a modifiable variable.

Objective

The objective of this article is to research and identify presence, not only in terms of its facilitating significance, but also as a therapeutic intervention and a modifiable variable.

Method

To investigate the latest insights into presence within current Haptotherapy programs in the Netherlands, both authors attended a three-day course on presence at the Instituut voor Toegepaste Haptonomie (Institute for Applied Haptonomy) (2025), the Academie voor Haptonomie (Academy for Haptonomy) (2025), and the Synergos Vakopleiding (Synergos Professional Training) (2025). Additionally, a practical exercise highlights the significance of distinguishing between presence as a facilitating factor, a therapeutic intervention, and a modifiable variable. The similarities and differences in the educational approaches of the three programs are discussed, along with the assumed added value of Haptotherapy.

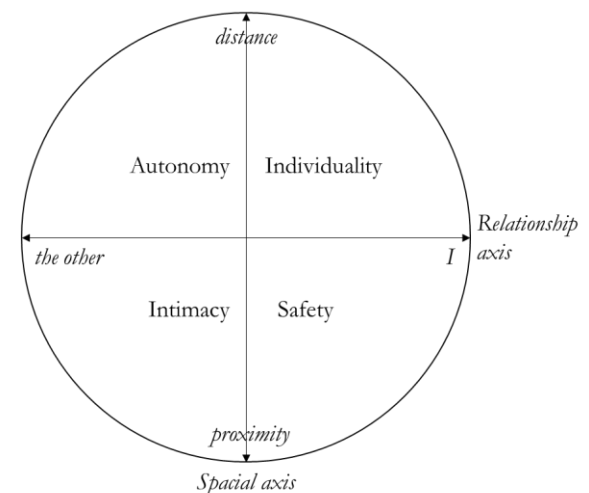
Three-day Course on Presence

This three-day continuing education course for haptotherapists was an initiative of the three Haptotherapy educational programs in the Netherlands, providing an opportunity to explore the possible similarities and differences in the institutions' educational approaches. The course promotional material emphasized, among other things, that presence during patient contact is a fundamental attitude for the haptotherapist. Another point raised was that the degree to which the patient is visibly and tangibly present – or perceptively present – reveals something about how the patient safeguards their existence and/or expresses their personal being. Below are three concise reports of the three course days.

Day 1: 30-01-2025

At the Instituut voor Toegepaste Haptonomie (ITH) in Nijmegen (Netherlands), the concept of presence was explained and clarified by haptotherapist Monique van Bilderbeek (director and lecturer at ITH) and haptotherapist Gonny van Boxtel (lecturer at ITH). A developmental diagram (see Fig. 1), developed by Anne-Jan van Minnen (founder and former director of ITH), was used to illustrate the explanation. The development diagram is based on the experienced space of 'distance and/or proximity' (y-axis) and the orientation felt in the relationship between 'I and/or the other' (x-axis), as illustrated in Fig. 1.

Fig. 1:
Development diagram (ITH)



A possible description of presence, formulated by a working group of participants during the ITH training course (2025), is as follows: “Being tangibly present in the here and now, in relation to yourself and the other, thereby inviting the other person to reciprocate.”

In his book *Haptonomie: wetenschap van de Affectiviteit* (1988, pp. 375–376), Veldman asserts that Haptonomy cannot be fully understood without

firsthand experience. While this claim may contain a degree of truth, the following section aims to articulate its core principles in an intelligible manner through the use of a practical example.

Starting point: The haptotherapist is seated at the edge of a treatment table beside the patient, who – either dressed or partially undressed – is lying prone on the table. **Action:** The haptotherapist places a hand on the patient's back. Up to this point, the scenario is likely familiar and easily imaginable for the reader. What follows, however, is a verbal or non-verbal exchange in which the 'distance and proximity' between therapist and patient is sensed and explored. Together, they also examine how the experienced orientation within the interaction relates to the dimension of 'self and/or other' in their therapeutic relationship. The objective is for the patient, in collaboration with the therapist, to begin recognising their own patterns in: (1) relational connection, (2) spatial awareness, and/or (3) physical movement and/or movement as felt internally

When the haptotherapist makes themselves truly present, they are able to observe with precision what occurs in the therapeutic interaction:

1. In connection: whether the patient enters into relationship or withdraws from contact.
2. In space: whether the experienced space expands or contracts; whether it opens up or becomes closed.
3. In movement: whether the movement is directed away from or toward the other, and away from or toward the self. This process can lead to the emergence of, or a deeper connection with, the patient's sense of self.

In this way, the contact functions as a mirror, allowing the patient to explore whether they wish to develop the capacity for greater awareness and choice. This may ultimately enable them to make different decisions in their daily lives, should they choose to do so. At this point, some readers may have begun to lose their grasp of the explanation, underscoring Veldman's (1988) assertion that haptonomy must be personally experienced in order to be fully understood.

To illustrate this point, consider an experience that most people can relate to: learning to ride a bicycle. If you know how to ride a bike, how would you rationally explain to someone who has never ridden one how to maintain their balance while cycling? In truth, this is difficult to convey through words alone. One must get on the bicycle, whether independently or with assistance, and experience the act of balancing while in motion.

Haptotherapy functions in much the same way: while much can be explained, there must always be room for awe and direct experience within its practice. Additionally, it is important to consider the context in which the therapy or coaching occurs. The earlier description of the situation on the treatment table

might give the impression of a static starting point; however, this too is an ongoing process of exploration until a mutually suitable starting point is found. Presence is always a continuous process of responding to and anticipating the perceptions and sensations of the present moment, which is in a constant state of flux.

What sets ITH's methodology apart is that there is no initial confrontation with 'inability' before 'support for ability'; rather, help is offered immediately. There is a continuous affirmation of what is already positive and what has improved.

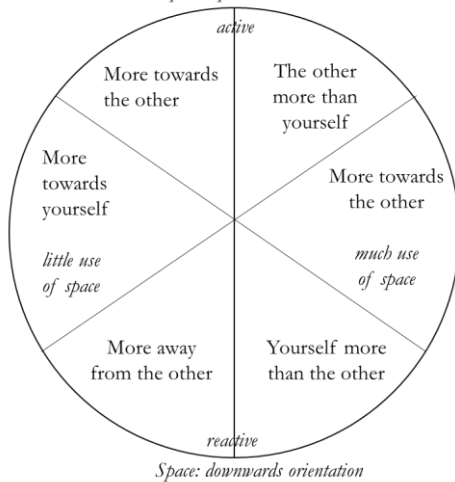
In the book *Vorm en Inhoud, een keuze uit de essays van H. C. Rümke (Form and Content, a Sample from the Essays of H. C. Rümke)*, in the chapter 'Divagaties over het probleem zich openen en zich sluiten' (Digressions on the Problem of Opening Up and Closing Off), it is stated that the pace at which one can psychologically open and close oneself in interpersonal contact is crucial (Nijdam & Rooymans, 1981). The ability to regulate this pace requires a developed sense of feeling, an ability that haptotherapy assumes can be heightened or sensitized. The therapeutic situation where the haptotherapist sits beside the patient on the edge of the treatment table and places a hand on their back (as described in the example from Day 1) represents a process of exploration and balance between opening and closing emotionally on a psychological level. This dynamic can be acutely felt in the body, and serves as a unifying theme in Haptotherapy.

Day 2: 13-2-2025

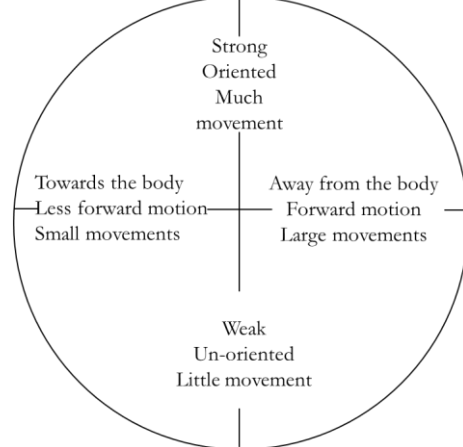
At Synergos, presence was explained by haptotherapist Nico Pronk (lecturer/manager at Synergos) and haptotherapist Paula Groeneveld (lecturer/manager at Synergos) using four models (circles) to help better understand the non-verbal interactions between the therapist and the patient: the Emotion Circle, the Attitude Circle, the Movement Circle, and the Interaction Circle (see Figures 2-5).

Fig. 2:
Emotion circle

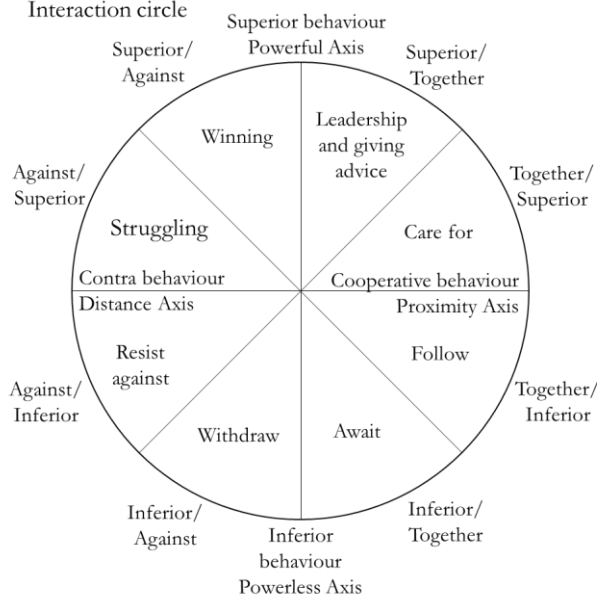


Fig. 3:Attitude circle *Space: upwards orientation***Fig. 4:**

Movement circle

**Fig. 5:**

Interaction circle



The Synergos training stands out because it focuses strongly on the dynamics that happen during insightful conversations, body-oriented experiential exercises, and affective contact-oriented therapeutic touch. Key elements of this approach are learning through experience, emotional support, and the interaction between the patient and the haptotherapist.

The circle diagrams serve as valuable instruments for interpreting events as they occur in real time. They support the integration of observations concerning attitude, physical movement and/or movement as felt internally, and behavior with the patient's emotional regulation and individual preferences. The Emotion Circle provides the foundational structure upon which the other circles are organized. The core premise is that emotions manifest through attitude, movement, and interpersonal interaction, thereby making them observable and subject to interpretation.

An example of an exercise is to stand together on a wobble board to see if you can find balance together in a limited space. The presence of both participants can be observed during this exercise; for example, who takes the initiative, who takes the lead, which attitudes and movements are visible and what intentions the patient and haptotherapist experience.

In the Haptonomy Dictionary (p. 52), the term 'physicality' is defined as the physical manner in which an individual manifests their existence (Veldman & Soler, 2013). From this perspective, the wobble board exercise can be regarded as a physicality exercise. The focus on physicality as a component of presence represents a crucial element within Haptotherapy.

During an exercise at the treatment table, the aim was for both the haptotherapist and the patient to experience what changes when a third person enters the contact space. When a third person is introduced into the space, the quality of presence often shifts. This third presence can be consciously or unconsciously felt by both therapist and patient, and it can influence the interaction in subtle but meaningful ways. The patient often senses these changes through the therapist's altered presence or through shifts in the broader relational field.

The way this was demonstrated was unique; it was not communicated through words or cognition, but rather through an experiential exercise. Participants were able to discover this for themselves in the following manner: while the haptotherapist stood beside the treatment table and made contact with the patient through touch, a colleague stood behind the therapist and placed two hands on the haptotherapist's lower back. In this way, the haptotherapist was invited to not only make contact with the patient, but also with the hands on their back, creating an automatic connection with themselves. This connection enabled them to literally begin standing more firmly on their own two feet.

When later asked, the patient on the treatment table reported that they could actually feel when the haptotherapist began to stand more firmly on their own two feet.

There is no need to elaborate further on this, as its value lies in the experience itself; not everything needs to be explained. This aligns with Veldman's assertion (1988) that one must experience it personally.

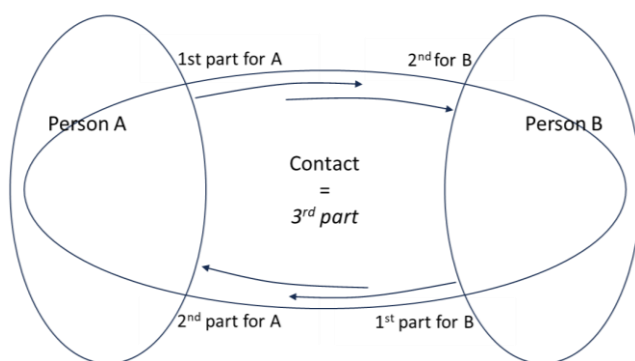
At Synergos, the circle diagrams serve as a foundation for the so-called Intervention Scheme, which is applied in the treatment of patients. The underlying idea at Synergos is that, by fostering awareness of the emotional guidance of behaviour, the use of the circle diagrams provides insight into the patient's functioning. However, due to time constraints, it was not possible to elaborate fully on the Intervention Scheme. Therefore, in this article, we will limit ourselves to merely referencing it and conclude that this training day merits a future follow-up.

By the way, this also applies to the other two training days in this three-day continuing education course.

Day 3: 13-3-2025

During the continuing education training day at the *Academie voor Haptonomie*, presence was explained by haptotherapist, Margreet van Nieuwkoop (director and teacher/lecturer at the Academy) and haptotherapist, Denis Broeren (teacher/lecturer at the Academy). An essential resource for teaching didactics at the *Academie voor Haptonomie* is the so-called Haptonomic Contact model (see Fig. 6).

Fig. 6:
Haptonomic Contact model (Circular process)



The Haptonomic Contact Model (see Fig. 6) illustrates schematically that reciprocity in affective contact can only emerge when both parties (the 'I' and the 'Other') are affectively present. This means that each must not only reach out affectively but also be affectively receptive to the other.

The training at the *Academie voor Haptonomie* was structured accordingly: the morning sessions focused on the affective presence of the haptotherapist, while the afternoon sessions addressed the affective presence of the patient. This structure was

supported by the use of the 'Modes of Existence and Modes of Being' model (see Fig. 7). These modes, originally formulated by Veldman (2007) and grounded in the developmental model of Bastiaans (1990), formed the central thematic framework for the training day (see Fig. 7).

Fig. 7: Modes of Existence and Modes of Being

Bastiaans	Veldman	AvH
Unbounded		
Bounded	E Extentus X Insensu I S T Extentus E Rationalis N (partly open) C E	Self-preservation Self-confidence
Open	B Extentus E Affectus I N Extentus G Conventus	Be-your-self Be-ing together

AvH: Academy for Haptonomy

Explanation (AvH PowerPoint presentation)

The mode of existence *Extentus Insensu* (Self-preservation) is characterised by the following features: a natural drive for self-preservation, expressed through self-actualisation, and self-protection: relating to the body as something one has rather than is; reason taking precedence over and dominating emotional experience; a diminished or absent sense of presence; most commonly found in highly rationalised societies where efficiency and functionality are prioritised.

The mode of existence *Extentus Rationalis* (self-confidence) is characterised by the following features: the courage to present oneself to the world; self-reliance; independence; self-awareness; a strong sense of responsibility; autonomy; a balanced approach to rationality; acting from a solid foundation; and a spirited physicality.

The mode of being called *Extentus Affectus* (Being-Your-Self) is characterised by the following features: living in affectivity; the ability to engage with others authentically; existing in 'being' rather than in 'doing'; existential basic sense of safety; an open/expanded sense of Being, that is, the ability to be present with full and affective attention; self-confidence arising from an attuned process of self-actualisation; self-assured and self-aware behaviour; the absence of defensive reactions stemming from vulnerability; the ability to be with others without losing oneself; and the capacity to open and close emotionally as needed.

The mode of being called *Extensus Conventus* (Being Together) is characterised by the following features: two or more individuals being present together in an affective mode of being; a sense of social significance; amicable love that is not self-oriented; and a form of connection that transcends personal love.

The overview of the characteristics associated with the modes of existence and modes of being provides the haptotherapist with a valuable framework for guiding patients in their developmental processes. This was reflected in various aspects of the training day, for example, during role-plays of initial interviews, the performance of physical experiential exercises, and the practice of affective, contact-oriented therapeutic touch.

Observing and experiencing presence in oneself and in others, based on the modes of existence and being, requires yet another translation into concrete expressions of presence. As Johan Cruijff (1947–2016) famously said: “You only see it when you get it.” While this may not be an academic statement, the authors suspect that it expresses a familiar and widely shared experience.

There is an assumption in Haptotherapy that a similar emotional experience is helpful in order to truly ‘get it’. Veldman (1988) stated this even more strongly, arguing that such an experience is, in fact, essential. A surprising outcome of the practical exercises was that, following the initial interview, each workgroup developed very different work formats. This also suggests that Haptotherapy is a highly individualised, tailor-made approach, guided by the treatment request and the evolving dynamics of each session. As with the first two course days, a summarised report cannot fully capture the richness of the training programme offered on this third day. This report merely presents a concise reflection of the authors’ impressions and is intended to illustrate the relevance of presence within Haptotherapy.

Letter

The following letter was written by a patient upon completing 24 sessions of haptotherapy, conducted between February and December 2023. With her informed consent, the anonymized letter is presented here as a personal account of the therapeutic process.

The narrative offers a compelling reflection on an inner transformation from a state of disconnection and emotional distress to a renewed sense of embodiment and emotional integration, i.e., a transformation of the patient to being present. Central to this process was not only the therapeutic use of touch, but also the consistent, attuned presence of the therapist, which fostered a sense of safety and enabled the conditions for healing. This testimony provides valuable insight into the experiential dimensions of haptotherapy and the significance of therapeutic presence in facilitating psychophysical restoration.

"Time to face the pain. To go through it, to really feel it. To weave pain and sadness together. My pain was too much. My despair, overwhelming. I couldn't see a way out. I didn't dare to trust. Switched off my emotions. I stood next to my body, just to avoid feeling. Got lost in addiction, trying to numb the sadness. I felt so lost. Lost in myself. Afraid I'd lose myself completely. So far away. My body was calling me, but I couldn't reach it. I'd lost all connection to what I felt. How was I ever going to win the battle with myself? Then I was touched. Pain, sadness, shame, fear, anger. And also, warmth, love, gentleness, attention, trust. I started to feel what my body was trying to tell me. The heavy stone slowly began to break apart. I let go of emotions. It gave me comfort, space, peace. I felt safe and held. Connected. It made me feel alive again. It was a special journey, back to my body, back to my feelings, back to myself. I show more of what's inside to the outside world. I stand stronger. I feel my emotions in a softer way. I'm allowed to be here again. I want to live again. I can carry myself again. I look around and follow my heart. It was a truly inspiring experience. It was exactly what I needed. I'm so glad you were there for me, and that you taught me how to really feel again. Thank you."

Reflections on the letter

The letter may be viewed as a testimony to the role of presence in haptotherapeutic practice. To further illustrate this, the following section presents a description of a situation from the aforementioned treatment process. In this example, presence of the therapist is interpreted as a facilitating factor and/or a therapeutic intervention, and the presence of the patient as a modifiable variable within therapy.

In Practice

Starting point: The patient is seated on a stool with her back to the therapist. Action: The therapist (with informed consent) places both hands on the patient's lower back. A conversation then unfolds, which might proceed as follows: Therapist: “You are being touched by me. Ask yourself: are you also touching me, or are you only allowing yourself to be touched?” Patient: “I'm allowing myself to be touched.” Therapist: “And can you change that, so that it feels like you're touching my hands with your back?” In other words: “I'm literally giving you a helping hand. Can you receive that? And would you like to explore whether you can engage in the contact?” Explanation: With supportive words, the haptotherapist, through their presence, invites the patient into their own presence of being. Patient: “A helping hand on my back feels good.” Therapist: “Can you ask for this at home?” Patient: “Yes, I can.” Therapist: “And do you ever do that?” Patient: “Too little, actually, not at all.” Therapist: “Would you like to try that as a homework exercise?”

Facilitating Factor

Throughout the therapeutic process, the haptotherapist is expected to maintain a continuous presence, which can be regarded as a facilitating factor. This sustained presence of being is essential for creating the sense of safety necessary to establish and nurture a trusting therapeutic relationship over the course of the treatment.

Therapeutic Intervention

The act of the haptotherapist placing both hands on the patient's lower back is a therapeutic intervention in which the therapist quite literally places their presence into their hands, allowing the patient to physically experience this presence. In cases of an impaired ability to feel, for instance, when instinctive participation has been chronically withdrawn, the haptotherapist can methodically structure and attune the creation of contact. A specific example of such an impaired capacity for feeling, as seen in fear of childbirth, has been described by Klabbers (2014) as 'Restrained Internal Sensitive Participation' (RISP).

Treatable Variable

The invitation extended to the patient to become aware of the therapeutic touch on their back through sensory perception, and to allow and accept this support, can be seen as an appeal to the patient's presence. In this way, the patient's presence may be regarded as a treatable variable within the therapeutic process.

Haptotherapeutic Process

The description of the exercise on the stool, where the haptotherapist touches the patient, may give a rational impression, as if it follows a kind of propositional logic: if this, then that, therefore so. In reality, however, it is a therapeutic process in which the patient is often emotionally affected by the haptotherapist's presence, and in which intimate conversations may emerge. If desired, homework exercises can serve as a way to involve the home environment as a form of support for the therapy. In this particular case, social support was provided by a daughter and a friend.

Haptotherapeutic Well-Being Scale

In addition to the patient's own positive subjective experience, progress in this case was also measured using the Haptotherapeutic Well-Being Scale (HWS). The HWS was developed to measure patient well-being from a haptotherapeutic perspective (Klabbers & Vingerhoets, 2021, 2022).

Although the HWS was not specifically designed to measure presence, the subscales include factors that are essential for experiencing presence. These factors can be found in the HWS items (Klabbers & Hagg, 2025). As such, the results of the scale can offer an

indirect indication of the extent to which a patient experiences presence.

The HWS consists of fourteen clinical items, each rated on a 5-point Likert scale. The scale is divided into five subscales: psychological well-being (items 1, 9, 11, 14), physical well-being (items 2, 3), autonomy (items 4, 7, 10), relationship to others (items 5, 6, 8), and touching and being touched (items 12, 13).

In a study on the effects of Haptotherapy on patients with chronic pain, the Cronbach's alpha for the HWS, measured at three different time points, ranged from .78 to .89 (Klabbers & Vingerhoets, 2021). The reliability of the HWS was confirmed in two further studies (Klabbers & Vingerhoets, 2022; Küçükkaya, Işık, & Rathfisch, 2024).

Discussion

The way presence is discussed in this article may give the impression that Haptotherapy is a supply-oriented therapy. However, this is far from the case. Haptotherapy operates based on a demand-driven approach, where the first session always begins by identifying the patient's challenges and their request for help or development before any treatment can commence.

Differences

In the development scheme, "Distance and proximity" is represented on the vertical y-axis (see Fig. 1), while in the interaction circle, it is positioned on the horizontal x-axis (see Fig. 5). Veldman (1970) defined four zones in relation to "distance and proximity": the proximity zone, the individual zone, the encounter zone, and the social zone. These zones are not directly reflected in the models of the Academy for Haptonomy, the Institute for Applied Haptonomy, or the Synergos educational programme.

To our knowledge, no studies have yet been published that provides insight into which model is most effective in haptotherapy practice, or whether this depends on the specific indication.

Similarities

When analysed through a haptotherapeutic lens, the letter reveals a discernible progression from Existence to Being, a core developmental trajectory as conceptualised within the curriculum of the Academy for Haptotherapy.

The practical exercise that was described with reference to the letter, aligning contact within the therapeutic touch on the back can be recognised in the exercise on the treatment table, as is taught as the Institute for Applied Haptonomy (ITH).

Moreover, the dynamic of mutual response, observing and verbalising reactions, is also reflected in the letter and corresponds with the dyadic wobble board exercise used in the training at Synergos.

Although the dynamics of the touch on the back is different than the exercise of standing on the wobble board together, the essence appears the same: *'Tasten* naar zinvol contact'*, (translated as "Feeling the Way towards Meaningful Contact", which was the title of one of Veldman's first publications (1977). This work discusses at length the human capacity to feel.

**Tasten* (feeling your way) is defined in this context as reaching out to another affectively and from the tactile sense. In the process, one allows oneself to be known, from a spirited presence, so that an appeal can be made to the other, in the sense of an invitation to enter into affective contact.

Physicality

When "feeling the way towards meaningful contact," a connection may be sought between one's own being-there and that of the other, understood as a process leading toward genuine encounter. According to Buytendijk, the essence of this lies in the ontological relationship between the person and their body; more specifically, in the manner in which the person is present in their body (Dekkers, 1985, p. 170). He writes: "The person in the body begins through the body. I am not only a body; I also have my body. And this body is not yet complete in its subjectivity. The other person is the complement, the completion of my subjectivity, of my being-there." This argument underscores the importance of experiencing one's physicality in the act of being present, and the necessity of this being affirmed by the other. In this respect, the concept of presence in Haptotherapy (Veldman, 1988, 2007; Plooi, 2005) appears to differ from the notion of presence as articulated in Baart's presence theory (Baart, 2001, 2007).

In presence theory, the emphasis lies primarily on the existential aspect of presence, focussing on listening, providing support and guiding people in their personal quest. Haptotherapy places a stronger accent on physicality, which means being present in the here and now, paying special attention to the body and the physical experience of the patient.

The haptotherapist makes use of affective, contact-oriented therapeutic touch and aligns this with the client's physical sensations and responses, in order to attune to and better understand their emotional and psychological processes.

Reports from the three-day training course indicate that in all three haptotherapy educational programmes in the Netherlands, physicality plays a key role as an essential component of presence and of *feeling the way toward meaningful contact*.

Therapeutic touch

The therapist's presence is generally regarded as a facilitating factor in all therapeutic approaches, particularly when it is crucial for a patient to feel safe and secure. This is true for therapies such as

acceptance and commitment therapy, emotionally-focused therapy, eye movement desensitization and reprocessing (EMDR), gestalt therapy, mindfulness, narrative therapy, and psychotherapy. In several of these therapies, presence itself is identified as a modifying factor.

However, outside the field of Haptotherapy, no publications were found that specifically mention affective, contact-oriented therapeutic touch as a method for inviting the patient to become fully present or for guiding them in the process of being present. This approach appears to be unique to Haptotherapy (Klabbers, Boot, Dekker, & Hagg, 2024; Plooi, 2005). Although the effectiveness of Haptotherapy has been demonstrated for various indications (Klabbers & Vingerhoets, 2024), further research is needed to determine the specific added value of affective, contact-oriented therapeutic touch.

Limitation

The educational programmes have not yet formally discussed or published, in scientific literature, the work models presented in this article, such as the development diagram, the emotion circle, the attitude circle, the movement circle, the interaction circle, the haptonomic contact model, and the modes of existence and modes of being (see Figures 1-7).

Strengths

This article highlights the common ground shared by the three haptotherapy educational programmes, illustrating the collaboration between the institutions. This collaboration was clearly reflected in the three-day continuing education course.

Recommendations for Future Research

In addition to quantitative studies designed to substantiate the effectiveness of Haptotherapy, qualitative research is essential to further explore and elucidate its underlying mechanisms.

Conclusion

The presence of the patient, when appropriate, can be considered a modifiable variable in Haptotherapy.

What distinguishes Haptotherapy from other therapies is its use of affective, contact-oriented therapeutic touch, which invites the patient to be present and offers a pathway toward achieving this.

The concept of 'feeling the way to meaningful contact' serves as a shared principle across the three Haptotherapy educational programs in the Netherlands. Further scientific research into the theoretical models underlying these programs is needed.

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