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The relational effect of haptotherapy: an exploratory study from the partner's perspective

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Abstract

Background: Within haptotherapy, a person is understood as developing in relational connectedness. From this perspective, changes that occur during haptotherapy may also become noticeable within the partner relationship. Empirical research into this experienced relational effect, however, is scarce. This study explores how partners of clients experience the relational effect of haptotherapy within their relationship. In addition, the newly developed Scale for Affective Relational Attunement (SARA) is explored psychometrically.

Method: A cross-sectional exploratory questionnaire study was conducted among 75 partners of clients who were receiving or had previously received haptotherapy. The online questionnaire consisted of 43 items, including 20 items comprising the SARA, which was developed to assess relational changes experienced by partners. The factor structure and internal consistency of the SARA were explored using exploratory factor analysis and calculation of Cronbach's α. In addition, relational changes experienced by partners, partner involvement and experienced burden were assessed.

Results: The exploratory factor analysis yielded a three-factor structure: (1) affective attunement, (2) partner well-being and (3) perceived client well-being. The SARA showed high internal consistency (Cronbach's α = .96). Partners reported predominantly positive changes in felt connection, communication and bodily attunement, as well as in their own well-being and perceived client well-being, including openness, calmness, self-confidence and emotional accessibility. Affective attunement was strongly associated with partner well-being and perceived client well-being. In addition, some partners reported feelings of insecurity and increased visibility of existing relational tensions.

Conclusion: Partners reported changes in relational attunement and in their own and perceived client well-being in association with participation in haptotherapy. Within the SARA, three related dimensions were distinguished, with affective attunement showing the strongest associations with partner well-being and perceived client well-being. The findings provide a basis for further investigation of the relational effect of haptotherapy from the partner's perspective. At the same time, this effect may also be accompanied by insecurity and increased visibility of existing relational tensions. The SARA showed promising psychometric properties in this exploratory study, but validation in larger and independent samples is required.

Keywords: haptotherapy, partner relationships, affective attunement, relational effect, sara

Introduction

Change in individuals is often accompanied by changes in their relational context. Within haptotherapy, change is not understood exclusively as an intrapsychological process, but as a process that is partly shaped through relational connectedness.

From a haptonomic perspective, a person is understood as developing through interaction with others, with affective attunement and reciprocity regarded as fundamental conditions for personal growth (Veldman, 1988, 2007). This relational foundation is succinctly expressed in the Dutch slogan 'Samen meer jezelf' ['Together, more yourself'] (Institute for Applied Haptonomy, n.d.).

Although this relational perspective is widely acknowledged within haptotherapy, little research has examined how therapeutic changes affect significant relationships, and particularly partner relationships. Partners experience these changes at close range and can observe changes in the quality of contact, mutual connectedness, emotional

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availability, communication and bodily attunement in daily life. Nevertheless, little is known about how they experience these changes and what significance they attribute to them.

The present study therefore focuses on the experienced relational effect of haptotherapy from the partner's perspective. For this purpose, the Scale for Affective Relational Attunement (SARA) was developed, a new questionnaire intended to assess changes in affective and relational attunement as experienced by partners.

This study forms part of a broader research line into changes associated with haptotherapy. Previous research has focused primarily on client-oriented outcome measures, including psychological distress assessed with the Four-Dimensional Symptom Questionnaire (4DSQ) (Terluin, 1996), and experienced well-being assessed with the Haptotherapeutic Well-being Scale (HWS) (Klabbers & Vingerhoets, 2021, 2022, 2024). The present study examines a further dimension: the relational effect of haptotherapy as experienced by partners. The 4DSQ and the HWS were not administered or analyzed in the present study, but are mentioned here to clarify the position of the current study within this broader research line.

The primary aim of this study is to gain insight into how partners experience the relational effect of haptotherapy, particularly changes in affective attunement, partner well-being and perceived client well-being. In addition, the newly developed SARA is explored with regard to its underlying structure and internal consistency.

Table 1 provides an overview of the different dimensions of change addressed within this research line, the corresponding perspectives, and the instruments used.

Table 1. Three dimensions of change and outcomes measures

Dimension	Informant	Outcome measure	Core of the Change	Role in this article
Psychological complaints	Client	4DSQ	Experienced psychological distress, tension, and symptomatic imbalance	Context
Well-being	Client	HWS	Experienced quality of functioning vitality, and subjective well-being	Context
Scale for Affective Relational Attunement	Partner	SARA	The way in which a person relates affectively, bodily, and relationally to themselves and to others	Primary outcome

Note. The three dimensions are analytically distinguished and are not hierarchically ordered. In the present study, the Sara constitutes the central research instrument, whereas the 4DSQ and the HWS are included to position the findings within a broader conceptual framework. SARA = Scale for Affective Relational Attunement; 4DSQ = Four-Dimensional Symptom Questionnaire. HWS = Haptotherapeutic Well-being Scale.

Research Question

The central research question is: How do partners of clients experience the relational effect of haptotherapy? In addition, the underlying dimensions that can be distinguished within the SARA and the extent to which the scale is internally consistent are explored. This research question is addressed through the following sub-questions:

1. What underlying factor structure can be identified within the SARA?
2. How do partners experience the relational effect of haptotherapy, including positive, negative and ambivalent changes within the partner relationship?
3. How do partners experience their involvement in the haptotherapeutic process?
4. Are there differences between male and female partners in experienced relational effect, partner involvement and experienced burden?

Theoretical Framework

Within haptotherapy, a person is not understood as an isolated individual, but as someone who develops in relation to others. Affectivity, bodily presence and reciprocity are important principles in this regard. Within haptotherapy, change is not considered separately from the relational context in which a person lives. Changes experienced by the client may therefore also acquire significance in contact with others (Veldman, 1988, 2007).

This relational view is consistent with perspectives in which the individual is primarily understood in terms of their connectedness with others. One example is the Ubuntu philosophy within African thought, in which being human is understood in relation to the humanity of others: 'I am because we are' (Forster, 2010). Although Ubuntu originates from a different cultural and philosophical tradition than haptonomy, both perspectives emphasize that human development

and identity cannot be understood separately from connectedness and mutual involvement.

Psychological and relational theories emphasize the mutual influence between people. Affect and emotion regulation can be understood as processes that are partly shaped through interaction with others. In interpersonal encounters, attunement takes place, whereby one person influences the experience and actions of the other, and vice versa.

Affective attunement can be understood as the process through which people attune to one another in feelings, bodily signals, proximity and responsiveness (Siegel, 2001; De Jaegher & Di Paolo, 2007). Experience and meaning-making are not exclusively individual or intrapsychological, but are also shaped through the ongoing interaction between body, person and environment (Fuchs, 2020; Siegel, 2001; De Jaegher & Di Paolo, 2007). Change in one partner does not necessarily have to be experienced as positive; it may also bring existing tensions or differences within the relationship more clearly to the fore.

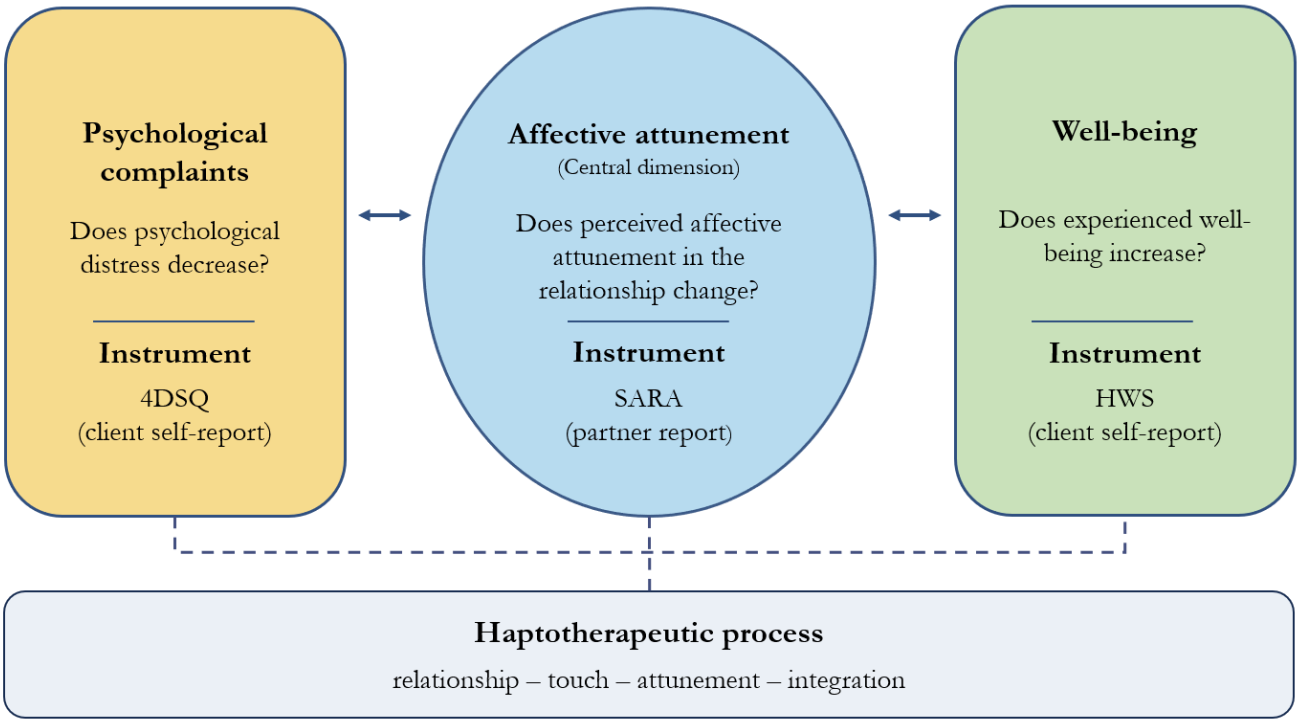
From these theoretical perspectives, it is conceivable that changes experienced by the client during haptotherapy may also be perceived by the partner and acquire meaning within the partner relationship. The partner does not assess the change from an external position. Rather, the partner is part of the relationship in which the change becomes noticeable. The partner's perspective may therefore provide information about aspects of change that are less visible from the client's perspective alone.

The present study builds on this perspective by examining the experienced relational effect of haptotherapy from the partner's perspective. Affective attunement is central to this approach, referring to the experienced quality of emotional closeness, mutual understanding, communication, bodily attunement and relational connectedness. The SARA was developed to systematically assess these experiences.

Five substantive domains were distinguished during the development of the SARA. These domains provided the conceptual framework for item construction, but were not considered empirically established dimensions in advance. The factor analysis was intended to determine how the items were empirically related to one another.

The principles described above and the position of the SARA within this relational approach are schematically illustrated in Figure 1.

Figure 1. Conceptual model of the three dimensions of change in haptotherapy



Note. The SARA (partner report) constitutes the primary outcome measure of the present study. The 4DSQ and the HWS (client self-reports) are included solely to provide contextual information on the clients' psychological symptoms and well-being.

Method

Research design

This study had a cross-sectional and exploratory design and consisted of two components. First, the SARA was explored psychometrically, with attention to its underlying factor structure and internal consistency. Second, the study examined how partners of clients experience the relational effect of haptotherapy.

In addition, questions were included regarding partners' involvement in the haptotherapeutic process and experienced tension or burden. Exploratory analyses examined whether men and women differed in their reported experiences. All SARA items were rated on a five-point Likert scale (Likert, 1932), ranging from 1 (strongly disagree) to 5 (strongly agree).

Recruitment

Respondents were recruited through various channels. Healthcare haptotherapists were asked to inform clients about the study, after which partners could volunteer to participate. In addition, partners were recruited through calls for participation on LinkedIn and through an announcement in the journal Haptonomisch Contact.

The questionnaire was administered using an online survey platform (Google Forms). Data were stored using the security and privacy provisions of this platform.

The study was aimed at partners of persons who were receiving haptotherapy at the time of participation or who had previously received haptotherapy. Informed consent was obtained prior to participation. Participation was voluntary and anonymous. Because the call for participation was distributed through multiple independent channels, the number of potential participants reached, and therefore the response rate, could not be determined.

Procedure

After providing informed consent, participants completed the online questionnaire independently. Completion took approximately 10-15 minutes. Responses were automatically stored in Google Forms and exported to jamovi (version 2.6.44) for analysis.

Inclusion and exclusion criteria

Only persons who were partners of someone who was receiving or had previously received haptotherapy were eligible to participate. Participation required informed consent. The questionnaire could be submitted once all mandatory questions had been answered. Fully completed questionnaires from participants who met the inclusion criteria were included in the analyses.

Ethical review

The study did not fall under the Dutch Medical Research Involving Human Subjects Act (WMO; Wet medisch-wetenschappelijk onderzoek met mensen), because no interventions were applied and participants were not subjected to procedures as defined by this Act (Wet medisch-wetenschappelijk onderzoek met mensen, 1998). Therefore, review by a medical research ethics committee was not required.

Scale of Affective Relational Attunement

The Scale for Affective Relational Attunement (SARA) was developed for this study. The SARA consists of 20 items and assesses the relational effect of haptotherapy as experienced by partners. The complete questionnaire consisted of 43 questions, including the 20 SARA items.

The remaining 23 questions concerned background characteristics, the relationship, the reason for seeking treatment, partner involvement and experienced tension or burden.

The SARA items were developed based on literature on affective attunement and co-regulation (Siegel, 2001; De Jaegher & Di Paolo, 2007), relational and systemic approaches (Lebow & Snyder, 2022); Johnson & Greenman, 2006), and the theoretical principles of haptonomy (Veldman, 1988, 2007). Five substantive domains were distinguished as a starting point for item development: felt connection, communication, bodily attunement, experienced effects on one's own functioning, and perceived client well-being. These domains provided the conceptual framework for item construction but were not considered empirically established dimensions in advance.

The items were rated on a five-point scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Higher scores indicated a more positive experienced relational effect. The SARA is provided in Appendix A.

Additional questions

In addition to the SARA, the questionnaire contained 23 questions concerning background characteristics, the reason for seeking haptotherapy, partner involvement in haptotherapy, and experienced tension or burden. These questions are provided in Appendix B.

Analysis

The analysis focused on the psychometric exploration of the SARA and the description of the experienced relational effect.

Psychometric analysis of the SARA: An exploratory factor analysis (EFA) was conducted to examine the underlying structure of the SARA. The suitability of the data for factor analysis was assessed using the

Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test of sphericity.

The number of factors was determined on the basis of parallel analysis, inspection of the scree plot and substantive interpretability of the factor solution.

The factor analysis was conducted using the minimum residual method with an oblique direct oblimin rotation, because correlations between the factors were expected. The internal consistency of the identified factors and of the total SARA was assessed using Cronbach's α (Cronbach, 1951).

In addition, corrected item-rest correlations were calculated, and it was examined whether removal of individual items would result in a meaningful improvement in internal consistency.

Analysis of the experienced relational effect: The experienced relational effect was described using mean scores for the SARA factors and the three substantive SARA subscales. Descriptive statistics were also calculated for partner well-being, perceived client well-being, partner involvement and experienced tension or burden. The associations between these dimensions were examined using Pearson correlations.

Differences between men and women

Exploratory analyses examined differences between male and female partners using independent-samples *t*-tests. All tests were two-tailed. Differences were examined in experienced relational effect, partner involvement and experienced burden. Effect sizes were expressed as Cohen's *d*. All analyses were conducted using jamovi (version 2.6.44; The jamovi Project).

Results

Sample

The sample consisted of 75 participants, of whom 39 were men (52.0%) and 36 were women (48.0%). The mean age was 54.0 years (*SD* = 13.1; range 20-81). The majority lived with a partner and had been in a long-term relationship. Perceived relationship quality was generally high (*M* = 3.9, *SD* = 1.0).

An overview of the sample characteristics is provided in Tables 2a and 2b.

Table 2a: Sociodemographic characteristics of the sample

Variable	Category	Total	Men	Women
N		75	39 (52.0%)	36 (48.0%)
Age	*M* (*SD*)	54.0 (13.1)	55.6 (13.4)	52.3 (12.9)
	Range	20-81	25-81	20-72
Living situation	Living alone	12 (16.0%)	6 (15.4%)	6 (16.7%)
	Living with partner	63 (84.0%)	33 (84.6%)	30 (83.3%)
Children	none	24 (32.0%)	13 (33.3%)	11 (30.6%)
	One	5 (6.7%)	1 (2.6%)	4 (11.1%)
	Two	31 ((41.3%)	19 (48.7%)	12 (33.3%)
	More than two	15 (20.0%)	6 (15.4%)	9 (25.0%)

Table 2b. Relationship and therapy-related characteristics of the sample

Relationship duration	< 1 year	2 (2.7%)	1 (2.6%)	1 (2.8%)
	1-3 years	5 (6.7%)	4 (10.3%)	1 (2.8%)
	3-6 years	2 (2.7%)	0 (0.0%)	2 (5.6%)
	≥ 6 years	66 (88.0%)	34 (87.2%)	32 (88.9%)
Relationship quality	*M* (*SD*)	3.9 (1.0)	4.0 (1.0)	3.8 (0.9)
Haptotherapy	< 1 month	2 (2.7%)	0 (0.0%)	2 (5.6%)
	1-3 months	12 (16.0%)	7 (17.9%)	5 (13.9%)
	3-6 months	13 (17.3%)	4 (10.3%)	9 (25.0%)
	≥ 6 months	48 (64.0%)	28 (71.8%)	20 (55.6%)
Knowledge of haptotherapy	*M* (*SD*)	4.0 (1.2)	4.0 (1.1)	4.2 (1.3)

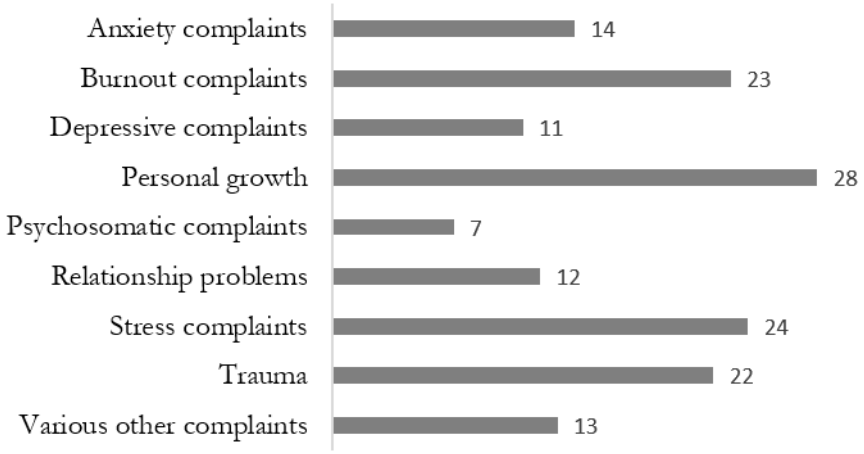
Note. Relationship quality and knowledge of haptotherapy were measured on a 5-point Likert scale (1–5),+A1:F24 with higher scores indicating a higher level of the respective variable.

Nature of the treatment requests

Respondents were asked about the complaints or reasons for seeking help that had led their partner to receive or seek haptotherapy.

Because multiple responses were allowed, the number of reported complaints exceeded the number of respondents (see Figure 2).

Fig. 2: Frequency of client help request reported by partners (N = 75) (multiple responses possible).



Of the 75 respondents, 31 reported a single reason for seeking help; the remaining respondents reported multiple reasons. Personal growth was mentioned most frequently, followed by stress-related complaints, burnout complaints and trauma. Anxiety-related complaints, various other complaints and relationship problems were also reported. Depression-related and psychosomatic complaints were mentioned less frequently. Personal growth was reported both as a reason for seeking help in its own right and in combination with complaint-focused reasons for treatment.

Psychometric properties of the SARA

Factor structure: The data were suitable for factor analysis. The Kaiser-Meyer-Olkin (KMO) value was .908. Bartlett's test of sphericity was significant, $\chi^2(190) = 1482, p < .001$.

Parallel analysis and inspection of the scree plot supported a three-factor solution. An exploratory factor analysis was conducted using the minimum residual method with an oblique (direct oblimin) rotation, because correlations between the factors were expected.

The analysis resulted in a three-factor solution. The first factor comprised twelve items and was interpreted as affective attunement. This factor concerned emotional closeness, mutual understanding, communication, and bodily and affective attunement within the relationship.

The second factor consisted of four items and was interpreted as partner well-being, referring to the partner's own experienced functioning and well-being.

The third factor comprised four items and was interpreted as perceived client well-being, including perceived changes in emotional openness, self-confidence, presence and the ability to set boundaries.

The factor loadings were predominantly high. None of the items showed problematic cross-loadings that warranted removal. The oblimin rotation showed that the three factors were correlated. The estimated factor correlations were .66 between affective attunement and partner well-being, .43 between affective attunement and perceived client well-being, and .22 between partner well-being and perceived client well-being.

Internal consistency: The SARA showed high internal consistency (Cronbach's $\alpha = .96$). Corrected item-rest correlations ranged from .56 to .86.

Removal of individual items did not result in a meaningful improvement in reliability; the highest α after item removal was .97.

Experienced relational effect

Mean scores for the three SARA factors and the individual substantive domains are presented in Table 3. The highest mean scores were found for felt connection (M = 3.9, SD = 0.9), communication (M = 3.8, SD = 0.9) and perceived client well-being (M = 3.8, SD = 0.8). The lowest mean scores were found for bodily attunement (M = 3.6, SD = 0.9) and partner well-being (M = 3.6, SD = 1.0).

No significant differences were found between men and women in felt connection, communication, bodily attunement, partner well-being or perceived client well-being (all $p > .05$). Effect sizes ranged from d = .08 to .30.

Partner involvement in haptotherapy

In addition to the experienced relational effect, partner involvement in the haptotherapeutic process was examined. Joint exercises at home were reported infrequently (M = 1.9, SD = 1.0), as was attendance at therapy sessions (M = 1.7, SD = 1.2).

Conversations about haptotherapy occurred more frequently (M = 3.8, SD = 1.0).

On average, partners reported a reasonable sense of involvement (M = 3.6, SD = 1.2) and evaluated their involvement as positive for the relationship (M = 3.7, SD = 1.1).
The extent to which the haptotherapist encouraged such involvement was rated more moderately (M = 3.1, SD = 1.3).

Of the respondents, 33.3% (n = 25) indicated that they would like to be more involved. The most frequently mentioned forms of desired involvement were attending a therapy session, joint exercises at home, and advice on communication and contact within the partner relationship.

Table 3. Mean scores on the SARA factors and subscales

Partners (N = 75)	α	No. of items	M	Sd
SARA-total score	.96	20	3.8	0.8
○ Affective attunement	.96	12	3.8	0.8
○ Felt connection		4	3.9	0.9
○ Communication		4	3.8	0.9
○ Bodily attunement		4	3.6	0.9
○Partner well-being	.94	4	3.6	1.0
○Percieved cliënt well-being	.86	4	3.8	0.8

Note. The SARA consists of three factors: Affective attunement, Partner well-being, and Perceived client well-being. Within the factor Affective attunement, the subscales Felt connection, Communication, and Bodily attunement are distinguished. Items were rated on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree). The reported scale scores were calculated as the mean of the corresponding items.

Tension and burden

In addition to positive experiences, possible feelings of tension and burden were also assessed. The mean score across the four items was relatively low (M = 2.0, SD = 0.9). Some partners reported feelings of insecurity and indicated greater awareness of existing relational tensions.

Correlations between the SARA factors and the additional dimensions

The associations between the SARA factors and the additional dimensions are presented in Table 4.

Affective attunement was strongly associated with partner well-being (r = .75, p < .001) and perceived client well-being (r = .69, p < .001). In addition, moderate associations were found with actual involvement (r = .43, p < .001) and experienced involvement (r = .50, p < .001).

Partner well-being was also associated with perceived client well-being (r = .60, p < .001), actual involvement (r = .30, p = .008) and experienced involvement (r = .50, p < .001).

Perceived client well-being showed moderate associations with actual involvement (r = .29, p = .012) and experienced involvement (r = .46, p < .001). Actual and experienced involvement were strongly correlated with each other (r = .65, p < .001).

Tension and burden were not significantly associated with the SARA factors or the involvement dimensions (all p > .05). The retrospective assessment of relationship quality before the start of haptotherapy was also not significantly associated with the SARA factors or the involvement dimensions. The correlations ranged from r = .02 to .18 (all p > .05).

However, a moderate negative association was found between the retrospective assessment of relationship quality and tension and burden (r = −.37, p = .001).

Table 4. Correlations between the SARA constructs (A/B/C), the two partner involvement dimensions (D/E), tension/burden (F), and retrospective relationship rating (G)

		A	B	C	D	E	F	G
A	Perceived improvement in affective attunement							
B	Perceived improvement in own well-being	0.75 ***						
C	Perceived client well-being	0.69 ***	0.60 ***					
D	Actual partner involvement	0.43 ***	0.30 **	0.29 **				
E	Experienced partner involvement	0.50 ***	0.50 ***	0.46 ***	0.65 ***			
F	Tension/burden	-0.21	-0.17	-0.03	0.04	-0.03		
G	Relationship rating (retrospective)	0.18	0.04	0.03	0.08	0.20	-0.37 **	

Note. *p < .05, **p < .01, ***p < .001.

Discussion

This study aimed to gain insight into how partners experience the relational effect of haptotherapy. In addition, a psychometric exploration of the newly developed Scale for Affective Relational Attunement (SARA) was conducted.

Partners reported changes in the quality of contact, mutual connectedness, emotional availability and bodily attunement. They also described perceived changes in the client, including greater openness, calmness, self-confidence and emotional accessibility. Mean scores across the dimensions examined were predominantly positive.

Psychometric findings

The exploratory factor analysis of the SARA resulted in a three-factor solution comprising affective attunement, partner well-being and perceived client well-being. This structure differs from the five substantive domains that were distinguished as the basis for item construction. The original domains provided a theoretical framework for item development, but were not reproduced on a one-to-one basis in the empirical structure.

The first factor, affective attunement, comprised twelve items and brought together different aspects of relational contact, including felt connection, communication and bodily attunement. The second factor concerned the partner's own experienced well-being, while the third factor concerned changes perceived by the partner in the client. This suggests that partners may experience relational changes as less differentiated into separate substantive domains than was assumed during questionnaire development.

The three factors were correlated, with affective attunement showing the strongest associations with both partner well-being and perceived client well-being. These associations provide a starting point for further theoretical development. However, they should not yet be regarded as confirmation of an underlying theoretical model.

The high internal consistency of the SARA (Cronbach's $\alpha = .96$) supports the coherence of the items. At the same time, very high internal consistency may also indicate substantive overlap between items. The findings show that, in this sample, the SARA had an interpretable factor structure and high internal consistency. The scale therefore provides a useful starting point for further research. Further psychometric testing is needed to determine whether the three-factor solution can be replicated in other samples and whether the factors can also be sufficiently distinguished from one another.

Experienced relational effect

Partners described changes in the client, but also in their contact with the client. Felt connection, communication and perceived client well-being received particularly positive ratings. These findings are consistent with the relational principles of haptotherapy, in which change is not considered separately from the relational context in which a person lives.

The partners' responses suggest that changes they perceive in the client are also experienced by them in everyday contact.

The associations found between affective attunement, partner well-being and perceived client well-being are relevant in this regard. In particular, the strong association between affective attunement and the partner's own experienced well-being suggests that the perceived quality of relational contact and the partner's experienced well-being may be intertwined. Here too, however, the cross-sectional nature of the study does not allow us to determine which change precedes which other change.

Partner involvement

The actual involvement of partners in haptotherapy was relatively limited. Partners were rarely present during sessions and reported few joint exercises at home. Conversations about haptotherapy, in contrast, occurred more frequently. At the same time, one-third of respondents indicated that they would like to be more involved.

This raises the question of what place the partner can or should have within haptotherapy. The findings do not provide grounds for considering partner involvement a necessary component of haptotherapy. They do suggest, however, that some partners would value more opportunities to understand therapeutic changes and relate them to everyday relational contact.

Tension and burden

The experienced relational effect was not exclusively positive. Some partners reported insecurity or noticed that existing relational tensions had become more visible. Although the mean score for tension and burden was low, some partners reported feelings of insecurity and indicated that existing relational tensions had become more visible.

This is a relevant addition to the positive findings. Change in one partner may also make existing differences or tensions within a relationship more visible. A change in the way a person expresses themselves, sets boundaries or is emotionally present may affect existing interaction patterns.

The data do not, however, allow us to determine whether haptotherapy caused, intensified or merely made these tensions more visible.

Theoretical significance

The findings are consistent with relational and embodied approaches to human functioning, in which experience is not understood exclusively as an individual or intrapsychological process, but as something that also emerges through interaction between people (Fuchs, 2020; De Jaegher & Di Paolo, 2007). From systemic and attachment-theoretical perspectives, individual change is likewise understood in relation to mutual influence and emotional attunement (Siegel, 2001; Lebow & Snyder, 2022).

Within these theoretical frameworks, affective attunement may constitute a link between changes in the client and changes in the partner's relational experience. The associations found provide a first indication in this direction, but are insufficient to speak of a mechanism. Nor can the correlations be interpreted as evidence of a causal relationship.

Longitudinal research is needed to examine how changes in the client, relational attunement and well-being are related to one another over time.

The findings are therefore consistent with the premise that the person cannot be understood separately from their relational context. The Ubuntu perspective, in which being human is understood in relation to connectedness with others (Forster, 2010), is also compatible with this view. The present findings do not provide grounds for equating these different theoretical perspectives, but they do show that the relational associations identified may acquire meaning from several theoretical perspectives.

Implications for haptotherapy

For haptotherapeutic practice, these findings suggest that the relational context deserves attention. According to partners, changes occurring in the client may become noticeable in everyday contact. It may therefore be useful, where relevant, to explore how changes in the client affect the relationship.

This does not imply that the partner should be routinely involved in treatment. Rather, the partner relationship may be regarded as a context in which therapeutic changes become visible and in which both positive changes and new or more visible tensions may occur.

Limitations

Several limitations should be considered when interpreting the findings. The sample was recruited through multiple channels: through haptotherapists, LinkedIn and an announcement in the journal Haptonomisch Contact. Consequently, a response rate could not be determined and selection bias cannot be ruled out. It is possible that partners with a high level of involvement in haptotherapy, a particular interest in the subject or pronounced experiences were more likely to participate.

In addition, it is unknown to what extent haptotherapists informed clients about the study, meaning that additional selection bias related to the recruitment route cannot be excluded. It is also unknown to what extent the client populations of participating practices differed from one another, limiting the extent to which the representativeness of the sample can be assessed.

The cross-sectional study design also has limitations. Because no baseline measurement was available, the reported changes can only be interpreted as retrospective partner observations. Recall bias and subjective interpretations may have influenced the findings. Furthermore, the study design does not permit conclusions regarding causality or the temporal sequence of the associations identified.

The SARA was psychometrically evaluated in this study. Although the findings showed an interpretable three-factor solution and high internal consistency, further psychometric validation is required. This includes confirmation of the factor structure through confirmatory factor analysis and examination of convergent, divergent and criterion validity.

Finally, the data were based exclusively on partner self-reports. Comparison with client and therapist perspectives was therefore not possible. In addition, the sample size is limited for psychometric research, making confirmation of the factor structure in larger and independent samples desirable.

Conclusion

Partners reported changes in relational attunement and in their own and perceived client well-being in association with participation in haptotherapy. Within the SARA, affective attunement, partner well-being and perceived client well-being emerged as related dimensions. Affective attunement showed the strongest associations with both partner well-being and perceived client well-being.

The findings show that the partner perspective may provide additional information about the relational effect of haptotherapy. This effect does not appear to be experienced as exclusively positive; some partners also reported insecurity and increased visibility of existing relational tensions.

In this exploratory psychometric evaluation, the SARA showed an interpretable three-factor solution and high internal consistency. The scale therefore provides a useful starting point for further research, but further psychometric validation in larger and independent samples is required. Because the study was cross-sectional and exploratory, no causal conclusions can be drawn regarding the relationship between haptotherapy and the reported changes.

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Appendix A

Scale for Affective Relational Attunement (SARA)

Instructions: This questionnaire is intended for partners of individuals who are currently receiving or have previously received haptotherapy. The statements below concern changes you have experienced since the start of your partner's haptotherapy with regard to yourself, your partner, and your relationship. For each statement, indicate the extent to which you agree.

1. I experience a greater sense of connectedness with my partner.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

2. My partner expresses themselves more easily.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

3. Physical contact feels more pleasant.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

4. My partner is calmer and more emotionally balanced.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

5. I feel more at ease in our relationship.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

6. I understand my partner better.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

7. I feel safer in physical closeness.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

8. My own well-being has improved.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

9. My partner is better able to set personal boundaries.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

10. I experience greater emotional closeness.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

Appendix A

11. Conflicts are now handled more calmly or constructively.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

12. There is greater attunement in our physical touch and closeness.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

13. I feel freer to be myself.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

14. My partner is more present in our interactions.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

15. I feel more seen by my partner.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

16. My partner is more aware of their body during interpersonal contact.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

17. We find it easier to talk about our feelings.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

18. I experience greater calmness in our interactions.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

19. My partner is more emotionally open.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

---

20. I experience greater reciprocity in our relationship.

	1	2	3	4	5	
Strongly disagree	O	O	O	O	O	Strongly agree

Scoring
Affective Attunement (12 items): 1, 2, 3, 6, 7, 10, 11, 12, 15, 16, 17, 20
Partner Well-being (4 items): 5, 8, 13, 18
Perceived Cliënt Well-being (4 items): 4, 9, 14, 19

Appendix B

The Remaining 23 Questions

Background and relationship

1. What is your year of birth?
2. What is your gender?
3. What is your partner's gender?
4. How long have you been in a relationship?
5. What is your current living situation?
6. How many children do you have together?
7. How long has your partner been receiving haptotherapy, or how long did they receive it?
8. How well do you know what haptotherapy involves?
9. How would you rate the quality of your relationship before your partner started haptotherapy?
10. For what complaints or concerns is your partner receiving, or has your partner received, haptotherapy?

Involvement in haptotherapy

11. How often do you do exercises together at home that are related to haptotherapy?
12. How often do you attend your partner's haptotherapy sessions?
13. How often do you talk with your partner about haptotherapy?
14. Do you feel appropriately involved in your partner's haptotherapy?
15. Does your involvement help you understand your partner better?
16. Does your involvement strengthen your relationship?
17. Does the haptotherapist encourage your involvement?
18. Would you like to be more involved in your partner's haptotherapy?
19. In what way would you like to be more involved in your partner's haptotherapy?

Tension and burden

20. Has haptotherapy brought tensions to light that you find difficult or burdensome?
21. Do you experience uncertainty as a result of changes in your partner?
22. Do the changes in your partner resulting from haptotherapy place a significant burden on your relationship?
23. Do you find haptotherapy burdensome?