

## Satisfaction and specific and non-specific therapy factors: haptotherapy from a patient perspective

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### Abstract

**Background:** The main aim of this study was to assess patient satisfaction with haptotherapy treatment and to identify aspects of the therapy that patients consider essential for recovery. The study also aimed to evaluate to what extent patient satisfaction was influenced by the haptotherapist's educational background and by the type of complaints for which the patient consulted a haptotherapist.

**Method:** During four weeks, Dutch haptotherapists asked all their patients aged 18 and older to complete a digital questionnaire at home after the haptotherapy treatment. Satisfaction with the haptotherapist was measured with questions about the haptotherapist's understanding, involvement, listening attitude, and expertise, about the patient's experience of the therapeutic touch, and about what the patient had learned from the treatment (measured on a 5-point Likert scale (1-5)). The questionnaire also examined the presumed therapeutic importance of six therapy factors: (1) patient expectation and confidence that haptotherapy helps; (2) professional practice setting in which the therapy took place; (3) patient motivation and involvement; (4) therapeutic touch; (5) insightful conversations; and (6) the therapist. Open-ended questions were asked about what patients had learned from the therapeutic touch, the skills exercises, and the insight-providing conversations, and which treatment factors had most affected them.

**Results:** Seventy-two participating haptotherapists received 640 completed questionnaires, 500 from women and 140 from men. The respondents' average age was 46 years. Patient satisfaction was high regarding the haptotherapists' understanding (4.6), involvement (4.6), listening attitude (4.7), and expertise (4.4). The ratings for the six investigated therapy factors differed significantly ( $F(5.3834) = 83.003, p < .001$ ). The factors 'therapeutic touch', 'insightful conversations' and 'the therapist' all scored significantly higher than the factors 'patient expectation and confidence that haptotherapy helps', 'professional practice setting in which the therapy took place' and 'motivation and involvement of the patient' ( $p < .001$ ). Satisfaction did not appear to depend on the background and education of the haptotherapist, as patients treated by haptotherapists with different training backgrounds did not differ significantly in their scores for (1) patient satisfaction with the haptotherapist, (2) appreciation of the various specific and aspecific therapy factors and (3) the experience of therapeutic touch.

**Conclusion:** Patients are very satisfied with haptotherapy, and they attribute great value to the therapeutic touch, the insightful conversations, and the personality of the haptotherapist. It seems to be that the therapeutic touch, the insight-providing conversations, and the skills exercises constitute a coherent whole within haptotherapy from a patient perspective. Further research could determine if and how the treatment of patients with depressive symptoms can be improved. The educational background of the haptotherapist does not appear to influence satisfaction, and satisfaction hardly differed between patients with different indications.

**Keywords:** Haptotherapy, specific therapy factors, non-specific therapy factors, therapy factors, patient perspective.

### Introduction

While modern healthcare consultations used to be based on shared decision-making and patient empowerment, one of the main reasons why this intention is often thwarted is generally overlooked in clinical practice. The experience of a severe illness or trauma itself may undermine the patient's self-confidence and ability to relate to the afflicted parts of their body, which

diminishes the patient's ability to solve problems, make decisions, or even feel which decision would possibly be most beneficial. If a part of a patient's body is damaged by an accident, an illness, or an operation, the ability to feel and connect with that part of the body can be impaired to such an extent that it affects the patient's physical functioning. Moreover, it may impact their body

**Article history:** Received 08-10-2021, revised 17-11-2021, accepted 17-11-2021.

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awareness and self-image, resulting in severe impairment of their ability to take responsibility and deal with their illness or the consequences of the trauma. Even if the medical treatment was successful, quality of life might remain seriously impaired in these patients until their ability to feel and connect with all their body parts is restored and integrated in a feeling of wholeness, a feeling of totality.

### Haptotherapy

Haptotherapy is a healthcare discipline specifically focused on restoring a patient's disrupted emotional connection with his or her own body. Haptotherapy helps patients open up to their feelings and those of others, using insightful conversations, therapeutic touch, and skills exercises to make the patients aware of their feeling capacity and let them experience this capacity in themselves (Klabbers, 2020, 2021).

In recent years, several studies have demonstrated the beneficial effects of haptotherapy in various patient groups, ranging from cancer patients treated with chemotherapy to pregnant women with high fear of childbirth and patients with chronic pain (Berg, Visser, Schoolmeesters, Edelman & Borne, 2005; Bosscher, Leeuwen & Pluimers, 2013; Klabbers, Wijma, Paarlberg, Emons & Vingerhoets, 2017; Klabbers, Paarlberg & Vingerhoets, 2018; Klabbers & Vingerhoets, 2021).

In particular, Berg et al. (2005) showed that haptotherapy contributed to a reduction of pain, stress, and other physical complaints, to a decrease of panic and anxiety, and to improvement of perceived social and cognitive functioning, well-being and quality of life in patients with cancer. A recent study by Swaay et al. (2021) evaluated the experiences of haptotherapists treating cancer patients, reporting that one of the main reasons for these patients to consult a haptotherapist was that they suffered from a sense of having lost connection with and confidence in their bodies.

Haptotherapy is a relatively new profession, which was introduced in the Netherlands in 1993 with the foundation of the Association of Haptotherapists (Vereniging van Haptotherapeuten, 2021). Since then, haptotherapy has developed into a healthcare specialty recognized by Dutch health insurers, with the associated quality requirements. These developments have been described in various publications, such as the domain description of haptotherapy (VVH-domeinbeschrijving, 2009), the professional competence profile of the healthcare haptotherapist (VVH-competentieprofiel, 2010), the professional code of the healthcare haptotherapist, (VVH-beroepscode, 2009), the guideline haptotherapy for treating fear of childbirth (Werkgroep bevallingsangst, 2021), and the guideline haptotherapy for treating chronic pain (Werkgroep chronische pijn, 2021).

At the same time, haptotherapy is still a profession with a pluriform composition in terms of the practitioners' training backgrounds. Since haptotherapy

training is secondary professional training, all healthcare haptotherapists have completed a previous education in health care or welfare, but this previous education may vary from Physiotherapy, Nursing, and Exercise Therapy to Social Work. Besides, there are three different Haptotherapy courses in the Netherlands, all with different curricula (Academie, 2021; ITH, 2021; Synergos, 2021).

### Specific and non-specific therapy factors

While there is accumulating evidence that haptotherapy is effective (Berg et al, 2004; Klabbers et al., 2017, 2018, 2021), it can be assumed that the effect of haptotherapy is determined by a compilation of specific and non-specific factors, as is the case with all therapies.

In the case of haptotherapy, specific factors include insightful conversations, skills exercises, and therapeutic touch (Plooij, 2005; Klabbers 2020, 2021). Non-specific factors are patient motivation and involvement (Kelders, 2015), confidence in the proposed treatment strategy (Vingerhoets, 2005), the expectation that the therapy will help (Bohart & Tallman, 1999; Bohart 2000; Benedetti, 2013), an empathetic therapist-patient relationship (Ackerman & Hilsenroth, 2003), a professional practice setting in which the therapy takes place (Mulder & Murray, 2017), clear explanations that are accepted by the patient (Mulder et al., 2017), and confidence-building rituals and procedures (Mulder et al., 2017).

As far as we know, no scientific research has yet assessed how patients value the specific and non-specific therapy factors within haptotherapy, whether they are satisfied with the haptotherapy they received, and which specific and non-specific therapy factors they experienced as helpful. Although it can rightly be stated that a satisfied patient is not necessarily a well-treated patient, assessing what the patient thinks of the treatment is an important part of any treatment evaluation in evidence-based medicine (Batbaater, Dorjdagva, Luvsannyam, Savino & Amenta, 2017). Insight into the patients' appreciation of the various aspects of haptotherapy is essential for the continued professional development of haptotherapy, the improvement of haptotherapy education and training, and the continuous enhancement of the quality of therapeutic care.

This research aimed to establish to what extent patients are satisfied with their haptotherapist and the haptotherapy treatment, and which specific and non-specific factors of haptotherapy they considered effective.

### Satisfaction

There is an ongoing debate about how to measure satisfaction (Gill & White, 2017); we chose to measure the appreciation of different aspects of the treatment, such as the therapist's understanding, involvement, listening attitude, and expertise. Moreover, we wanted to know specifically how patients experienced the therapeutic touch, as this is an essential and distinctive

element of haptotherapy. Besides, we hypothesized that patient satisfaction might differ according to the therapist's educational background and possibly the patient's adverse health condition.

### Research questions

(1) Are patients satisfied with their haptotherapist, i.e., what is the appreciation of patients for being understood and for the haptotherapist's involvement, listening attitude, and expertise? (2) Does this appreciation of the haptotherapist differ per indication? (3) Are differences in appreciation of the haptotherapists associated with differences in the haptotherapists' educational backgrounds? (4) What is the appreciation of patients for the various therapy factors within haptotherapy? (5) Does the appreciation of the therapy factors differ between patients with different indications? (6) Are differences in appreciation of the therapy factors associated with differences in the educational backgrounds of the haptotherapists? (7) What have patients learned from experiencing the therapeutic touch, (8) from the skills exercises, and (9) from the insight-providing conversations? (10) What has affected them the most? (11) Did what affected patients the most differ per indication? (12) Are differences in what affected patients the most associated with differences in the educational backgrounds of the haptotherapists?

## Method

### Participants

From 26-04-2021 to 12-06-2021, haptotherapists in the Netherlands who are registered as health care haptotherapist in the professional register of the Association of Haptotherapists (Vereniging van Haptotherapeuten, 2021) were asked to participate for four weeks. During this period, we requested them to invite their patients to complete the questionnaire for the survey at home on a computer. Patients aged 18 years or older and treated by a haptotherapist were eligible for inclusion.

### Procedure

Participating health care haptotherapists asked all their patients to complete a one-time digital questionnaire at home after the haptotherapy treatment. Patients were asked to sign an Informed Consent Form before they received the URL of the research website and a personal login code.

### Measurements

The patients rated their satisfaction with the haptotherapist regarding the haptotherapist's understanding, involvement, listening attitude, and expertise on a 5-point Likert scale (1-5). In addition, the patients' evaluation of the therapeutic touch and what they learned from it was examined with a score on a 5-point Likert scale (1-5).

Regarding the importance of different therapy factors, the following factors were scored on a 5-point Likert scale (1-5): (1) patient expectation and confidence that haptotherapy helps; (2) professional practice setting in which the therapy took place; (3) patient motivation and involvement; (4) therapeutic touch; (5) insightful conversations; and (6) the therapist.

Open-ended questions were asked to assess what the patient had learned from the therapeutic touch, the skills exercises, the insight-providing conversations, and what had touched the patient the most. All the above questions, together with some sociodemographic questions, were digitized into a questionnaire that the participants could complete on the computer at home in approximately 30 minutes.

### Ethical Approval

The participating patients were treated in accordance with the quality policy of the Association of Haptotherapists.[7] Since the patients received standard treatment of haptotherapy, the Medical Ethical Review Committee of Brabant decided that this scientific research is not subject to the Medical Research Involving Human Subjects Act (WMO). Subsequently, the research was approved by the Ethical Review Committee of Tilburg University (ETC), which assesses the scientific and ethical aspects of research projects that is not subject to the WMO.

## Results

A total of 72 haptotherapists participated in the study, and they handed out a total of 1.032 login codes. Of these codes, 640 (62.1 %) were used to complete the survey's digital questionnaire. See Table 1a for all patient characteristics and Table 1b for the characteristics of the participating haptotherapists.

**Table 1a: patient characteristics**

Patients	<i>N</i> = 640	
Age in years ( <i>Sd</i> : 12.9)	<i>M</i> = 46	
	<i>n</i>	%
Women	500	78.1
Men	140	21.9
Single	204	31.9
With children	340	53.1
Paid job	530	82.8
Volunteer work	145	22.7
Caregiver	83	13.0
<i>Education</i>		
Primary education	8	1.3
Secondary vocational education	125	19.5
Higher professional education	322	50.3
University education	185	28.9
<i>Number of haptotherapy sessions</i>		
1-5	163	25.5
6-10	149	23.3
11-15	78	12.2
16-20	59	9.2
> 20	191	29.8

**Table 1b: haptotherapist characteristics**

Healthcare haptotherapists	<i>N</i> = 72	
Age in years ( <i>Sd</i> : 8.4)	<i>M</i> = 55	
	<i>n</i>	%
Women	62	86.1
Men	10	13.9
<i>Haptotherapy Education (post-graduate education)</i>		
Academy of Haptonomy	47	65.3
Institute of Applied Haptonomy	21	29.2
Synergos Vocational training	4	5.6
<i>Previous education (higher education/ university)</i>		
Physiotherapy	40	55.6
Social work	6	8.3
Exercise therapy	5	6.9
Nursing	8	11.1
Other healthcare/welfare care *	13	18.1
<i>Years of experience as a haptotherapist</i>		
1-5	18	25.0
6-10	10	13.9
11-15	7	9.7
16-20	21	29.2
> 20	15	20.8

\* Other: this refers to nine higher professional or university health care/welfare education programs.

## Indications

The participants' self-reported indications were anxiety complaints, fear of childbirth, burnout complaints, chronic pain complaints, comorbidity, depressive complaints, need for help regarding cancer, eating disorder, hyperventilation, problems with intimacy and proximity, negative sexual experiences, personality development, post-corona complaints, PTSD complaints, mourning and loss, relational problems, sleeping problems, somatically unexplained physical complaints, stress complaints, vaginismus, pregnancy and giving birth. See Table 2 for the six most commonly mentioned indications ( $n > 30$ ).

**Table 2: Indications**

<i>Indications (n &gt; 30)</i>	<b>Totaal</b>		<b>Men</b>		<b>Women</b>	
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%
Burn-out complaints	108	16.9	24	22.2	84	77.8
Stress complaints	93	14.5	23	24.7	70	75.3
Personality development	89	13.9	13	14.6	76	85.4
Depressive complaints	55	8.6	12	21.8	43	78.2
Anxiety complaints	51	8.0	14	27.5	37	72.5
Comorbidities ( $\geq 2$ indications)	46	7.2	7	15.2	39	84.8

### Patient satisfaction

The participants' satisfaction with their haptotherapist was expressed in scores on 'Understanding,' 'Involvement,' 'Listening' and 'Expertise.' We did not observe any systematic relation between these scores and the indications of the patient nor with the educational background of the haptotherapists, see Table 3.

**Table 3: Participants' satisfaction with their haptotherapist (HT)**

Each item was scored on a 5-point Likert scale (1-5).

	<u>Understanding</u>		<u>Involvement</u>		<u>Listening</u>		<u>Expertise</u>	
	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>
<i>N</i> = 640	4.6	0.6	4.6	0.6	4.7	0.5	4.4	0.7
<i>The six most common indications</i>								
Burn-out complaints ( <i>n</i> =108)	4.6	0.6	4.5	0.6	4.6	0.5	4.3	0.7
Stress complaints ( <i>n</i> =93)	4.6	0.5	4.5	0.5	4.6	0.5	4.3	0.7
Personality development ( <i>n</i> =89)	4.7	0.5	4.5	0.6	4.7	0.6	4.4	0.7
Depressive complaints ( <i>n</i> =55)	4.8	0.5	4.7	0.5	4.7	0.5	4.4	0.7
Anxiety complaints ( <i>n</i> =51)	4.8	0.5	4.6	0.6	4.7	0.6	4.5	0.8
Comorbidities (> 2 indicaties, <i>n</i> =46)	4.8	0.4	4.8	0.4	4.7	0.5	4.5	0.6
<i>Analysis of variance indications</i>								
<i>F</i> (5.436) =	1.995		2.014		.286		1.167	
<i>p</i> =	.078		.075		.921		.325	
<i>Per previous education</i>								
Physiotherapy ( <i>n</i> =374)	4.6	0.6	4.6	0.6	4.7	0.5	4.4	0.7
Social work ( <i>n</i> =56)	4.5	0.6	4.4	0.6	4.6	0.5	4.4	0.7
Exercise therapy ( <i>n</i> =35)	4.6	0.6	4.6	0.6	4.6	0.6	4.1	0.9
Nursing ( <i>n</i> =70)	4.7	0.5	4.6	0.6	4.7	0.5	4.5	0.7
Various healthcare disciplines ( <i>n</i> =105)	4.7	0.5	4.6	0.6	4.7	0.5	4.4	0.8
<i>Analysis of variance previous education</i>								
<i>F</i> (4.604) =	1.971		.969		.782		2.158	
<i>p</i> =	.097		.424		.537		.072	
<i>Per HT education</i>								
Academy ( <i>n</i> =399)	4.7	0.5	4.6	0.6	4.7	0.5	4.4	0.7
IITH ( <i>n</i> =193)	4.6	0.5	4.6	0.6	4.6	0.6	4.3	0.7
Synergos ( <i>n</i> =48)	4.6	0.5	4.5	0.6	4.6	0.6	4.3	0.7
<i>Analysis of variance HT education</i>								
<i>F</i> (2.606) =	2.161		.812		.937		.673	
<i>p</i> =	.116		.444		.393		.510	

**Understanding:** Did the HT understand the request for help? **Involvement:** Was the HT involved? **Listening** Did the HT listen well? **Expertise:** Was the HT able to provide what was required?

## Therapy factors

The therapy factors within haptotherapy that we examined (the patient's expectation and confidence that haptotherapy helps, the professional practice setting in which the therapy took place, the participants' motivation and involvement, the therapeutic touch, insight-giving conversations, and the therapist's personality) were analyzed per indication mentioned by the patients and per previous education of the haptotherapists, see Table 4.

An analysis of variance showed a significant difference between the mean value for the six examined specific and non-specific therapy factors,  $F(5.3834) = 83.003$ ,  $p < .001$ . Post-hoc comparison showed that the therapeutic touch and insightful conversations (specific factors), and the therapist's personality (non-specific factor) all scored significantly higher than the three other non-specific factors: expectation and confidence that haptotherapy helps, professional practice setting in which the therapy took place, and patient motivation and involvement ( $p < .001$ ), see Table 4.

On average, patients with depressive symptoms rated the factor 'motivation' at 3.7 on a 5-point Likert scale (1-5), which was significantly lower than the score given by patients with burnout complaints (4.0), developmental questions (4.0), and comorbidity (4.0),  $F(5, 436) = 2.380$ ,  $p = .038$ , see Table 4.

Patients with comorbidities rated the factor 'therapeutic touch' at 4.5, which was significantly higher than the score given by patients with depressive symptoms (4.0) and burnout symptoms (4.0),  $F(5.436) = 2.600$ ,  $p = .025$ . Patients with stress symptoms rated the therapist factor at 4.2, which was significantly lower than the score given by patients with anxiety symptoms (4.5), burnout symptoms (4.3), comorbidity (4.5), depressive symptoms (4.5), and developmental questions (4.4),  $F(5.436) = 2.661$ ,  $p = .022$ . The patient assessment of the assumed specific and non-specific therapy factors did not appear to depend on the educational background of the haptotherapists, see Table 4.

**Table 4: Participants' evaluations of six therapy factors of haptotherapy**

Each item was scored on a 5-point Likert scale (1-5).

	Confidence		Practice		Motivation		Touch		Conversation		Therapist	
	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>
<i>N</i> = 640	3.8	0.8	3.8	0.9	3.8	0.8	4.2	1.0	4.4	0.7	4.4	0.7
<i>The six most common indications</i>												
Burn-out complaints ( <i>n</i> =108)	3.8	0.8	3.9	0.8	4.0	1.0	4.0	1.0	4.4	0.7	4.3	0.7
Stress complaints ( <i>n</i> =93)	3.6	0.7	3.7	0.9	3.8	0.7	4.2	0.9	4.4	0.7	4.2	0.6
Personality development ( <i>n</i> =89)	3.7	0.8	3.9	0.9	4.0	0.8	4.2	1.0	4.4	0.7	4.4	0.7
Depressive complaints ( <i>n</i> =55)	3.7	0.8	3.9	0.9	3.7	0.6	4.0	1.1	4.4	0.8	4.5	0.6
Anxiety complaints ( <i>n</i> =51)	3.9	0.8	3.8	0.9	3.8	0.9	4.3	0.8	4.4	0.8	4.5	0.6
Comorbidities (> 2 indicaties, <i>n</i> =46)	4.0	0.8	4.0	0.9	4.0	0.6	4.5	0.8	4.5	0.7	4.5	0.6
<i>Analysis of variance indications</i>												
<i>F</i> (5.436) =	2.078		1.085		2.380		2.600		0.378		2.661	
<i>p</i> =	.067		.368		.038 *		.025 *		.864		.022 *	
<i>Per previous education</i>												
Physiotherapy ( <i>n</i> =374)	3.8	0.8	3.8	0.8	3.9	0.7	4.1	1.0	4.4	0.7	4.3	0.7
Social work ( <i>n</i> =56)	3.6	0.9	3.7	0.9	3.7	0.9	4.2	1.0	4.3	0.7	4.3	0.6
Exercise therapy ( <i>n</i> =35)	3.5	1.0	3.6	0.9	3.7	0.8	4.1	0.9	4.2	0.7	4.3	0.6
Nursing ( <i>n</i> =70)	3.8	0.7	3.8	1.0	3.9	0.7	4.2	1.0	4.5	0.7	4.4	0.6
Various healthcare disciplines ( <i>n</i> =105)	3.8	0.7	3.8	0.8	3.9	0.6	4.1	1.0	4.4	0.7	4.3	0.7
<i>Analysis of variance previous education</i>												
<i>F</i> (4.635) =	1.521		1.230		1.461		.157		1.439		.702	
<i>p</i> =	.194		.297		0.212		.960		.220		.591	
<i>Per HT training</i>												
Academy ( <i>n</i> =379)	3.7	0.8	3.8	0.9	3.8	0.7	4.2	1.0	4.4	0.7	4.4	0.7
IITH ( <i>n</i> =186)	3.8	0.8	3.9	0.9	3.9	0.8	4.2	1.0	4.4	0.7	4.4	0.6
Synergos ( <i>n</i> =44)	3.8	0.7	3.8	0.8	3.9	0.6	4.2	0.9	4.3	0.7	4.2	0.7
<i>Analysis of variance HT training</i>												
<i>F</i> (2.637) =	2.151		1.290		.128		.014		.488		1.881	
<i>p</i> =	.117		.276		.880		.986		.614		.153	

**Confidence:** patient expectation and confidence that haptotherapy helps. **Practice:** professional practice setting in which the therapy took place. **Motivation:** the participants' motivation and involvement. **Touch:** therapeutic touch. **Conversation:** insightful conversations. **Therapist:** the personality of the therapist. \* Significant at the .05 level.

*Therapeutic 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 (Plooi, 2005). 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 (Klabbers, 2020). During this study, 95.2% ( $n = 609$ ) of all the participants received therapeutic touch within the context of a haptotherapy treatment. For an overview of the experience of the therapeutic touch, see Table 5.

The patients' experience of the therapeutic touch and the self-reported effects did not depend on the educational background of the haptotherapist, see Table 5. An analysis of variance showed that the experience of the therapeutic touch varied significantly between the six groups of participants with the most common indications,  $F(5.417) = 2.492$ ,  $p = .031$ . Post-hoc comparison showed that the participants with depressive complaints on average gave a significantly lower rating for 'being more able to perceive oneself through feeling' than the participants with comorbidities ( $p < .05$ ), see Table 5. In addition, patients with depressive complaints rated six of the seven aspects of therapeutic touch lower than the participants in the five other patient groups, see Table 5.

**Table 5: Participants' experience of the therapeutic touch**

Each item was scored on a 5-point Likert scale (1-5).

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>		<b>E</b>		<b>F</b>		<b>G</b>	
	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>	<i>M</i>	<i>Sd</i>
<i>N = 609</i>	4.0	0.9	4.0	1.0	3.9	1.1	4.2	0.9	3.1	1.1	3.3	1.1	2.9	1.1
<i>The six most common indications</i>														
Burn-out complaints ( $n=102$ )	3.9	0.9	3.9	0.9	3.9	1.0	4.1	0.9	3.0	1.0	3.2	1.0	2.7	1.1
Stress complaints ( $n=88$ )	4.0	0.9	3.9	1.0	4.0	1.0	4.2	0.8	3.0	0.8	3.4	0.9	3.0	0.9
Personality development ( $n=85$ )	3.9	1.1	4.0	1.1	3.9	1.2	4.4	0.8	3.2	1.1	3.3	1.1	3.0	1.2
Depressive complaints ( $n=53$ )	3.9	1.0	3.9	1.0	3.8	1.1	4.0	1.0	2.9	1.1	3.2	1.1	2.9	1.1
Anxiety complaints ( $n=50$ )	4.1	1.0	4.1	1.0	3.9	1.2	4.3	0.8	3.1	1.1	3.2	1.1	3.1	1.3
Comorbidities ( $\geq 2$ indicaties, $n=45$ )	4.3	0.8	4.2	0.9	4.0	1.0	4.4	0.8	3.4	0.9	3.7	1.1	3.0	1.2
<i>Analysis of variance indications</i>														
$F(5.417) =$	1.396		.769		.260		2.492		1.662		1.893		1.220	
$p =$	.225		.572		.935		.031 *		.143		.094		.299	
<i>Per previous education</i>														
Physiotherapy ( $n=358$ )	4.0	1.0	3.9	1.0	3.8	1.1	4.2	0.9	3.1	1.1	3.3	1.1	3.0	1.1
Social work ( $n=54$ )	3.8	1.0	3.8	1.0	3.8	1.0	4.0	0.8	2.9	1.1	3.1	1.1	2.7	1.1
Exercise therapy ( $n=35$ )	4.1	0.8	4.0	0.8	4.0	0.8	4.1	1.0	2.7	1.1	3.2	1.1	2.7	1.2
Nursing ( $n=66$ )	4.1	0.8	4.1	0.9	3.9	1.0	4.4	0.7	2.9	1.1	3.2	1.1	2.9	1.2
Various healthcare disciplines ( $n=96$ )	4.0	0.8	4.0	0.8	4.1	0.8	4.2	0.8	3.1	1.0	3.2	1.1	2.9	1.1
<i>Analysis of variance previous education</i>														
$F(4.604) =$	1.000		.943		1.417		1.238		2.063		.515		1.323	
$p =$	.407		.438		.227		.293		.084		.725		.260	
<i>Per HT training</i>														
Academy ( $n=379$ )	4.0	0.9	4.0	0.9	3.9	1.0	4.2	0.9	3.1	1.0	3.2	1.1	2.9	1.1
ITH ( $n=186$ )	3.9	1.0	3.9	1.1	3.8	1.2	4.2	0.9	3.0	1.1	3.3	1.1	3.0	1.1
Synergos ( $n=44$ )	3.9	0.7	3.9	0.9	3.9	0.9	4.2	0.9	3.2	1.0	3.5	1.1	3.1	1.0
<i>Analysis of variance HT training</i>														
$F(2.606) =$	1.974		1.326		.611		.331		.324		1.451		1.235	
$p =$	.140		.266		.543		.718		.723		.235		.291	

**A:** encouraging in a difficult time. **B:** supportive in expressing feelings, also offering security. **C:** eliciting emotions and reassuring at the same time. **D:** being more able to perceive oneself through feeling. **E:** being more emotionally present for others. **F:** being more able to perceive the surrounding space via feeling. **G:** being more able to perceive other people in the surrounding space through feeling. \* Significant at the .05 level.

### What patients learned from haptotherapy

Participants extensively answered the open questions about (A) what they had learned from the conversations with the haptotherapist, (B) what they had learned from the skills exercises, (C) what they had learned from the therapeutic touch, and (D) what had touched them the most during the haptotherapy sessions, resulting in a total of 53.020 words.

For each question, we analyzed the answers to identify the ten most frequently used words. Each resulting term indicates a collection of conjugations and

synonyms. Examples are 'feeling' (= to feel, feels, felt, feeling, feelings, becoming aware and awareness), 'insight' (= insight and awareness), et cetera, see Table 6.

The majority of patients (90.2%) reported that they did not miss anything in the haptotherapy. Of the remaining participants, some wanted more therapeutic touch and more skills exercises (4.5 %), whereas others wanted to talk more about the objectives and theoretical underpinnings of haptotherapy (5.3 %).

**Table 6: Words used by participants when answering the four open questions**

A		B		C		D	
N = 16.819		N = 10.362		N = 12.900		N = 12.939	
words	<i>n</i>	words	<i>n</i>	words	<i>n</i>	words	<i>n</i>
Feeling	489	Feeling	303	Feeling	452	Feeling	370
Insight	195	Body	168	Body	326	Emotions	155
Body	163	Insight	166	Touch	248	Body	114
Emotions	154	Relaxation	107	Insight	149	Touch	112
Safety	67	Space	71	Relaxation	140	Contact	50
Contact	56	Boundaries	53	Emotions	79	Insight	46
Listening	53	Contact	42	Contact	77	Safety	46
Space	52	Emotions	40	Safety	59	Relaxation	32
Boundaries	44	Safety	34	Boundaries	34	Boundaries	32
Relaxation	37	Listening	20	Space	30	Conversations	31

**A:** What did you learn from the conversations with the haptotherapist? **B:** What did you learn from the skills exercises? **C:** What did you learn from the therapeutic touch? **D:** What affected you the most during the haptotherapy sessions?

### Explanation Table 6 (example texts)

By way of illustration, we include some samples of the text (53.020 words) from which the ten most frequently used words were extracted.

*What have you learned from the conversations with the haptotherapist?*

It has given me insights into how I think and how my body works. In particular, it has made me aware that I am worthy as a person without effacing myself. It gives me insight and compassion towards myself. I understand where my behavior and expressions come from. I have gained much more insight into why I do certain things the way I do them, and I am learning to trust my gut feeling more and more. In contrast, before, I tried to switch off my feeling entirely and wanted to reason everything intellectually.

*What did you learn from the skills exercises?*

During the skills exercises, I learned to feel my body more and to give my body a rest literally. Better to listen to my body and feelings. To feel what it's like when

someone touches me on certain parts of my body to figure out how I can deal with this better.

*What have you learned from the therapeutic touch?*

To tolerate closeness and intimacy. I learned that touch could be safe. And sometimes, even pleasurable. More insight into muscle tension and relaxation. That sometimes triggered emotions when I could tolerate touch more and more. Being allowed to indicate boundaries. I expect to learn even more through the touch. It is still developing.

*What affected you the most?*

New information about the past that had never come up before in other forms of therapy (trauma, emotional neglect, absent parents). But above all, the function of touch within therapy. In particular, what it can evoke in terms of emotions, in contrast to other forms of therapy that are not or less body-oriented. The way it moved me differs so much from what I could have imagined beforehand.



## Discussion

This research aimed to answer the following questions: are patients satisfied with their haptotherapy, what is their appreciation for the various therapy factors within haptotherapy, how did they experience the therapeutic touch, what did they learn from haptotherapy, does the educational background of the haptotherapist play a role and does the appreciation differ per patient group?

### *Satisfaction*

Patients are very satisfied with their haptotherapists, and they gave high scores for the haptotherapist's understanding, involvement, listening attitude, and expertise. This appreciation hardly differed per patient group and did not appear to depend on the educational background of the haptotherapist.

### *Therapy factors*

Although there were some significant differences in the assessment of the therapy factors when considered per patient group, the differences did not appear to be clinically relevant, and the pattern was the same for all patient groups: participants gave significantly higher scores for the therapeutic touch, the insight-giving conversations, and the therapist than for 'the expectation and confidence that haptotherapy helps,' 'the practice in which the therapy took place' and 'the motivation and involvement of the patient.'

### *Experience of the therapeutic touch*

It appeared that the patients with depressive complaints gave significantly lower scores for 'being more able to perceive oneself through feeling' than the patients with comorbidities. In addition, patients with depressive complaints rated six of the seven aspects of therapeutic touch lower than the participants in the five other patient groups. Further research could determine if and how the treatment can be improved of patients with depressive symptoms in this regard.

### *What patients learned*

In the answers to open-ended questions about what patients had learned from the therapeutic touch, the conversations, and the skills exercises, there was a surprising match between the top ten of the most frequently used words. This could mean that the therapeutic touch, the insight-providing conversations, and the skills exercises constitute a coherent whole within haptotherapy.

### *Homogeneous professional group*

Although haptotherapists differ considerably in their educational backgrounds, we did not find significant differences in terms of (1) patient satisfaction with the haptotherapist, (2) the patients' appreciation for the various specific and non-specific therapy factors, and (3) the experience of therapeutic touch. These findings warrant the conclusion that health haptotherapists with a higher professional or university degree in health care or welfare (which is obligatory for members of the Dutch Association of Haptotherapists VVH) are a homogeneous professional group from a patient's

perspective. Hence, the hypothesis that the haptotherapist's educational background influences patient satisfaction could be rejected. Further research is required to determine whether this homogeneity applies to haptotherapists with prior training outside of health care or welfare.

### *Intermediate evaluation*

Some patients wanted more touch and skills exercises (4.5 %), while others wanted to talk more about objectives and theoretical underpinnings (5.3 %). The question is whether it is always desirable from a therapeutic perspective to grant these requests. However, the treatment could be improved if these requests would come up repeatedly during interim evaluations, in which case these changes can be discussed.

### *Domain description*

Some of the indications mentioned by patients are not listed in the haptotherapy domain description of the Association of Haptotherapists. This finding could prompt the professional association to evaluate the domain description of haptotherapy.

### *Strengths and limitations*

The study has ecological value because, from a patient perspective, it gives an impression of the current state of haptotherapy practice in 2021. There was a risk of selection bias, as 37.9% of the distributed login codes were not used, but the response rate of 62.1% was very high.

## Conclusion

Patients are very satisfied with haptotherapy, and they attribute great value to the therapeutic touch, the insightful conversations, and the personality of the haptotherapist. It seems to be that the therapeutic touch, the insight-providing conversations, and the skills exercises constitute a coherent whole within haptotherapy from a patient perspective. Further research could determine if and how we can improve the treatment of patients with depressive symptoms. The educational background of the haptotherapist does not appear to influence satisfaction, and satisfaction hardly differed between patients with different indications.

## Acknowledgements

We would like to thank all 640 participants for their willingness to complete the questionnaire for this study, which made the study possible in the first place. We are also very grateful to the 72 haptotherapists who provided information about the study and asked their patients to participate.

## Declaration of Competing Interests

The authors declare that there are no competing interests.

## Funding

This research received a contribution towards the costs from the Association of Haptotherapists, which incidentally was not involved in the research nor in the design of this article (Vereniging van Haptotherapeuten, 2021).

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