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Haptotherapy and crying: an exploratory study

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Abstract

Background: This study's main aim was to understand better why patients cry during a haptotherapy treatment and whether crying is considered helpful.

Method: During a period of 4 weeks, Dutch haptotherapists asked all their patients aged 18 and older to complete a digital questionnaire at home after the end of the haptotherapy treatment. Patients were asked about their indication for haptotherapy, and they answered six questions about crying during therapy on a 5-point Likert scale (1-5). In addition, the participating haptotherapists were asked (1) whether they ever had tears in their eyes during therapy, (2) whether they had ever actually cried during therapy, and (3) whether they considered the patient's crying as helpful for the therapeutic process.

Results: Seventy-two participating haptotherapists recruited 640 participants, 500 women and 140 men. The respondents' average age was 46 years. The six most common indications (n > 30) were burnout complaints, stress complaints, personality development, depressive complaints, anxiety complaints, and comorbidity. During the haptotherapy treatments, 80.9 % (n = 518) of the patients reportedly had cried during therapy. Women cried significantly more often than men ($t(638)$ = 7,922, p = .017). Crying during treatment did not differ between patient groups ($F(5, 436)$ = .317, p = .903). Of the patients, 26.1 % (n = 167) indicated that they cried to let others know they were suffering, and 88.1 % (n = 564) because their crying had a relieving effect. The patient's crying was perceived as meaningful by most patients (98.6 % (n = 631)) and therapists (62.5 % (n = 45)). As many as 43.1 % of the participating patients reported changes in general crying, with 27.3 % reporting an increase in their crying and 15.8 % a reduction.

Conclusion: Patient crying occurs relatively often during haptotherapy, as it does during other therapies. Most patients consider this as meaningful. The different patient diagnoses, the different educational backgrounds of the haptotherapists, and the sociodemographic differences did not influence patient crying. To further understand the effective mechanisms of haptotherapy, it is recommended to investigate why some patients cry more after haptotherapy and others cry less and how they experience their change in crying frequency.

Keywords: crying, haptotherapy.

Introduction

If babies cry because they need attention and physical contact (Bowlby, 1969), this can be seen as a form of communication (Zeifman & James-Roberts, 2017). When a child has learned to talk, it can also express its wishes with words, and from that moment on, crying as a means of communication seems no longer necessary, but nothing could be further from the truth. Children continue to cry, and even adults, patients, and therapists as well, cry in several situations (Vingerhoets, 2013, 2021), including during therapy (Bylsma, Gračanin & Vingerhoets, 2020). 't Lam, Vingerhoets, and Bylsma (2018) found that most therapists (94.2 %) are positive about patient crying, i.e., they agreed that patient crying could be essential for the success of therapy and patient crying was regarded significantly more positively than therapist crying. However, little is known about crying during haptotherapy, and, as far as we know, no study has been published about this topic before. Scientific research into crying and its function is essential because it increasingly appears that there are many misunderstandings and prejudices about crying among both laymen and clinicians. For example, a widely held view is that crying is healthy (Cornelius, 1997, 2001). In concrete terms, this may mean at least three different things: first, that crying has primary prevention qualities to stay in good health, in particular mental health (Cornelius, 1997). In other words, it would fit in with good exercise, drinking not too much alcohol, not smoking, eating healthily, and last but not least, so to speak, having a weekly weeping session while watching a sad or moving movie.

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According to another view, crying is a healthy way to deal with stress (Breuer & Freud, 1895, 1974; Greenacre 1965; Groen, 1957; Löfgren, 1966; McCrank, 1983). Especially in the case of loss and separation issues, crying can be a healthy way to process emotions. However, if there is no good reason to cry, stressing the secondary prevention power is pointless. Finally, there is the idea that crying can even have therapeutic value, i.e., crying, for example, would help reduce stress symptoms, negative emotions, decrease tension, and decrease negative feelings (Genova et al., 2021).

There is also considerable disagreement regarding the underlying mechanisms responsible for the beneficial effects. Initially, it was regarded as a kind of catharsis, which facilitated its positive impact. More recently, the results of several studies pointed out that the function of crying should primarily be sought in interpersonal functioning. Crying is then mainly seen as a powerful signal to others to arouse empathy and thus to stimulate them to help and offer comfort. An example of a study supporting this view showed that well-being did not differ between a group of "normal" criers and a group of people who did not cry for more than 15 years (Hesdorffer, Vingerhoets & Trimble, 2018). However, the normal criers score higher on empathy, connection with others, or the extent to which they receive social support. Since social support is an essential determinant of perceived health status, crying could indirectly contribute to better health. If it is not about health but about improving mood or feeling better after crying, this turns out to be the case in only 50 % of the patients (40 % feel no difference, and 10 % feel worse after crying) (Bylsma, Vingerhoets & Rottenberg, 2008). Remarkably, this finding seems to be influenced by three factors (Rottenberg, Bylsma, & Vingerhoets, 2008). First, the person's mental condition plays an important role. More specifically, people with depression or burnout may cry more often but rarely, if ever, report feeling better afterward. Feeling better is mainly reserved for people who are mentally okay. The triggering situation also plays a role. In uncontrollable situations (such as the death of someone), the chance that one will feel better after crying is significantly lower than when the problem is, in principle, controllable, such as a conflict. And a third critical factor is how others react. It is very different if one receives understanding and comfort than if crying is only met with incomprehension, anger, or disdain. Also, recent studies on crying in psychotherapy suggest that the beneficial effects of crying are the consequence of an improved therapist-client relationship than due to catharsis (Bylsma, Vingerhoets & Rottenberg, 2008).

The current research aimed to determine to what extent patient crying occurs during haptotherapy, whether its frequency differs among indications, whether the haptotherapy influences the patient's general crying behavior, for what purpose patients cry, and whether crying is experienced as meaningful by patients and therapists. In addition, we determine whether haptotherapists themselves also cry during therapy and whether they experience the patient's crying as meaningful. We suppose that a better understanding of crying during haptotherapy can help improve haptotherapeutic interventions. In this research, we distinguish between tears in the eyes and crying, so that one would not confuse a slight touch of emotion and lump it together with real crying. Because this is the first study on crying during haptotherapy, it is challenging to presume a priori what the outcomes will be.

Method

Participants

In the period from 26-04-2021 to 12-06-2021, haptotherapists in the Netherlands who are registered as healthcare haptotherapist in the professional register of the Association of Haptotherapists (Vereniging van Haptotherapeuten, 2021) were invited to participate for four weeks. During this period, they were requested to recruit patients willing to complete the digital questionnaire at home. Patients were eligible for inclusion if they were 18 years or older and received haptotherapeutic treatment.

Procedure

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

Measurements

The participants answered questions regarding their sociodemographic background, their indication for haptotherapy, their crying during therapy, and which impact the therapy had on their crying behavior.

More specifically, patients responded to the following three statements on a 5-point Likert scale (strongly disagree - strongly agree): (1) When I cry, I do it to show others how much I am suffering; (2) When I cry, I do it because it is relieving; (3) Crying is useless, it does not help, and two statements on a 5-point Likert scale (never – quite often): (4) During the haptotherapy treatments, I sometimes got tears in my eyes; (5) During the haptotherapy treatments I sometimes cried. Besides, the following three-choice question was asked: (6) Did haptotherapy have an evident influence on crying behavior: (6a) Yes, I now cry more, (6b) Yes, I cry less now, (6c) No, it stayed the same.

Haptotherapists were asked (1) if they ever had tears in their eyes during therapy, (2) if they had ever really cried during therapy, and (3) if they regarded the crying of a patient as helpful for the therapeutic process.

Statistical analysis

Independent sample T-tests were applied (1) to compare the means of crying between men and women

and (2) to compare the means of crying in the past four weeks of the group patients who cried more after haptotherapy and the group who cried less after haptotherapy. Analysis of variance (ANOVA) was used to compare the means of crying between (1) the different patient groups, (2) the different educational backgrounds of the haptotherapists, and (3) sociodemographic differences. The Type I error was set at 5%.

Ethical Approval

In this scientific study, patients were treated following the quality policy of the Association of Haptotherapists (Vereniging van Haptotherapeuten, 2021). Since the patients received the standard treatment of haptotherapy, the Medical Ethical Review Committee of Brabant decided that this scientific research was not subject to the Medical Research Involving Human Subjects Act (WMO). Subsequently, the study was approved by the Ethical Review Committee of Tilburg University (ETC), which assesses the scientific and ethical aspects of research projects that are not subject to the WMO.

Results

Seventy-two haptotherapists participated in the study, and they handed out a total of 1.032 login codes to their patients. Of these codes, 640 (62.1 %) were used to complete the survey's digital questionnaire. All questionnaires were fully completed. See Table 1a for the patient characteristics and Table 1b for the characteristics of the participating haptotherapists.

Table 1a: patient characteristics

Patients	N = 640	
Age in years (*Sd*: 12.9)	M = 46	
	n	%
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
Education		
Primary education	8	1.3
Secondary vocational education	125	19.5
Higher professional education	322	50.3
University education	185	28.9
Number of haptotherapy sessions		
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	N = 72	
Age in years (*Sd*: 8.4)	M = 55	
	n	%
Women	62	86.1
Men	10	13.9
Haptotherapy Education (post-graduate education)		
Academy of Haptonomy	47	65.3
Institute of Applied Haptonomy	21	29.2
Synergos Vocational training	4	5.6
Previous education (higher education/university)		
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
Years of experience as a haptotherapist		
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

Indicaties (n > 30)	**Totaal**		**Men**		**Women**	
	n	%	*n*	%	*n*	%
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 (≥ 2 indications)	46	7.2	7	15.2	39	84.8

Crying during Haptotherapy

During the haptotherapy sessions, patients and therapists sometimes had tears in their eyes, in 89.7 % (n = 574) and 50 % (n = 36), respectively. There was also actual crying during the haptotherapy treatments, i.e., 80.9 % (n = 518) of the patients and 6.9 % (n = 5) of the therapists. Women (M = 3.6, Sd = 1.4) cried significantly more often than men during treatment (M = 2.5, Sd = 1.5) (t(638) = 7,922, p = .017). Crying during treatment did not differ between patient groups (F(5, 436) = .317, p = .903).

The patients' crying did not differ between patients of haptotherapists with different educational backgrounds, i.e., one of five different healthcare/welfare preparatory courses (F(4, 635) = 1.657, p = .158) and three different haptotherapy training courses (F(2, 637) = 1.253, p = .286). There were no differences in crying between patients with or without children, with or without paid work, doing volunteer work, providing informal care, being single, or receiving further education.

Table 3: crying during haptotherapy

Group	A		B		C		D		E	
Number of received haptotherapy sessions:	1 - 5		6 - 10		11 - 15		16 - 20		> 20	
	N	*%*	*N*	*%*	*N*	*%*	*N*	*%*	*N*	*%*
N = 642	163	25.5	149	23.3	78	12.2	59	9.2	191	29.8
Patients having cried during haptotherapy	115	70.6	121	81.2	68	87.2	46	78	168	88
Patients not having cried during haptotherapy	48	29.4	28	18.8	10	12.8	13	22	23	12
	M	*Sd*	*M*	*Sd*	*M*	*Sd*	*M*	*Sd*	*M*	*Sd*
Score on a 5 points Likert scale (never - quite often)	3.0	1.6	3.4	1.5	3.8	1.4	3.2	1.5	3.4	1.4

There was less crying in group A than in groups B to E, see Table 3.

Regarding the reasons for their crying, 26.1% of the patients reportedly cried to let others know that they were suffering, whereas 88.1 % (n = 564) cried because they believed that it had a beneficial effect on mood. Haptotherapy influences the crying behavior in 43.1 % of the patients (n = 276); whereas 27.3 % (n = 175) reported that they cry more, 15.8 % (n = 101) experienced a reduction in their crying compared to before haptotherapy. Patients who cried more after haptotherapy cried more in the past four weeks (M = 9.2, Sd = 15.0) than patients who cried less after haptotherapy (M = 6.7, Sd = 6.4). This difference was significant t(274) = 1.627, p = .030. The patient's crying is regarded as meaningful by most patients and therapists, i.e., by 98.6 % (n = 631) and 62.5 % (n = 45), respectively.

Discussion

This study aimed to examine the occurrence of crying during haptotherapy, whether this differs depending on their indication, whether the haptotherapy influences the patient's general crying behavior, for what reasons patients cry, and whether crying is experienced as meaningful by patients and therapists. More than three-quarters of the 640 patients sometimes cried during haptotherapy, which is in line with earlier psychotherapy research by Zingaretti, Gazzillo, Genova & Lingiardi (2017), but differs from the number found by Benecke (2009), who found that more than a third of the patients cried. There are, therefore, similarities and differences with other studies on this point. In any case, there is sufficient reason to conclude that crying is not an unusual behavior during haptotherapy, as it also is the case in psychotherapy settings (Bylsma et al., 2020).

The difference in the occurrence of haptotherapists' crying, compared to psychotherapist crying (both based on dichotomous yes/no responses), was also striking, as our study showed that less than ten percent of the haptotherapists cried during the therapy, which is much less than in the study by 't Lam et al. (2018) where more than eighty percent of the therapists admitted that they cried. More research is needed to find out why crying is less common among haptotherapists than among other therapists.

The educational background of the haptotherapist made no difference to the patient's crying. Previous research showed that it also made no difference to the patients' satisfaction with the haptotherapist, the patients' appreciation of the various specific and aspecific therapy factors, or the patients' experience of therapeutic touch (Klabbers & Vingerhoets, 2021). From a patient perspective, the different backgrounds of healthcare haptotherapists, therefore, seem not relevant for future research.

Patients indicated that they mainly cried because it has a relieving effect, which agrees with the firm conviction in the general population that crying is beneficial and brings relief. It remains to be seen whether this is the case during haptotherapy, and it is worth investigating this further. It is unknown why some patients show a change, be it a reduction or an increase, after the therapy and how stable such a change in crying is over time. Future research should investigate how these differences can be explained and whether or not the changes are experienced as positive.

Two-thirds of the haptotherapists participating in this study found the patient's crying useful for the therapeutic process, deviating from the percentage of over ninety percent found by 't Lam et al. (2018). This, of course, says

nothing about the actual usefulness of crying during therapy because it only reflects the preconceptions of the therapists. Still, it is interesting to investigate further how these differences must be explained.

Strengths and limitations

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.

Recommendations

This first exploratory study raises several questions for future research: do haptotherapists cry less during therapy than other therapists, and if so, how can this difference be explained? Why do some patients cry more after haptotherapy and others less? Are patients happy with these changes, and does the patient's relief after crying during haptotherapy positively contribute to the therapeutic process? Why do some haptotherapists find the patient's crying more critical for the therapeutic process than others, and does this perception influence how they deal with a crying patient? How does crying impact the therapeutic process?

Conclusion

Patient crying occurs relatively often during haptotherapy, as it does during other therapies. Most patients consider this as meaningful. The different patient diagnoses, the different educational backgrounds of the haptotherapists, and the sociodemographic differences did not influence patient crying.

To further understand the effective mechanisms of haptotherapy, it is recommended to investigate why some patients cry more after haptotherapy and others cry less and how they experience their change in crying frequency.

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Declaration of Competing Interests

The authors declare that there are no competing interests.

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