

Haptotherapy as supplement to systemic constellations in healing trauma

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Abstract

This article outlines how haptotherapy can make a valuable contribution to working through trauma, especially traumas obtained at a young age. The connections with the mother or both parents have been disrupted by traumatic events, shortcomings or failings and result in an insecure attachment between mother and child. This disrupts the development of identity. The child then seeks other connections in the outside world and loses contact with him/herself. Haptotherapy can offer essential help in shaping one's individuality, working from a safe place to discover which connection helps him/her to become more of a 'person'.

Key words: Haptotherapy, trauma, children, attachment, casus.

Introduction

People with traumatic experiences can gain insight into their own issues with the help of a specific systemic constellation. The constellation is a kind of mirror in which one looks. One confronts and meets parts of himself or herself during the constellation. This can be a step on the road to healing. It is an exceptional and poignant thing to experience. However, very often, the question arises afterward: and how further?

Nonetheless, the body has undergone its own traumatic process within the constellation process. Initiating contact, physical or not, is not always experienced as inviting or fostering, but can be threatening or frightening. Safe within the haptotherapy setting, we offer an additional tool that helps the client take further steps towards growth. Each person is born with the capacity to reach out to others and to connect with others affectively, thereby experiencing themselves as a person. This is a valuable asset that enables one to continue to enter into relationships his whole life and to render permanent the development of his own individuality throughout all phases of life. This capability can be disturbed by traumatic experiences, with huge consequences for happiness in life. Within the affective closeness and touch of the haptotherapist, healing and recovery of this original capacity of human beings can arise.

Development and trauma at affective level

When a children grow up in a loving environment, are affirmed, recognized and acknowledged, they also learn to know their body and learn to distinguish between what is right and what not. If the children grow up in favourable circumstances, development can take place in a safe environment and trust in fellow humans also develops. Parents who raise their child affectively allow their child to develop his capacity for feeling and emotion. The child can be himself/herself and grow up to become who he/she is. The development of self is set in motion based on self-confidence.

If a child is not recognized or acknowledged in his own being and cannot grow up in a safe environment, confusion results with the ensuing feeling of discomfort. The child desires to resolve this feeling and takes action. A child then focuses on his environment, seeking connection and asks himself, is it safe there? Safety and security cannot be developed within one's own self.

This kind of child suffers from a lack of affective experiences. The alertness is evident early. The ability to learn to feel boundaries and limitations and the ability to express these is lacking. The contact with himself closes. Others take precedence in his life, rather than the 'I'.

This is how early parentification forms. This can even occur in utero or during the first years after birth (Veldman, 2003). In such cases, there is no personal memory, no story of what happened. However, the body knows and feels it. A rift has been created in the connection with oneself because of a rift with its environment. The child has

learned to survive by emotionally ‘disappearing’, by closing himself off, by splitting himself, making himself invisible, by adapting or resisting. Inside, emotions of sadness, fear and anger are stored as a result of abandonment, loneliness and emotional cold. The feelings are too intense and too strong for a child; it feels life threatening. An internal split, a divide becomes the solution to being able to go on, to live on.

These survival mechanisms were important and useful for the child at that time, but this barrier, this isolation from his own pain, remains as long as it doesn't receive any attention. Eventually, as an adult, everything that has been blocked and shut away inhibits further development; it impedes proper functioning. A desire to be freed arises. People with this type of history are seen in the haptotherapy practice.

The case of Geeske: The beginning

Geeske is sitting in front of me. She lost her mother at the age of eight months. She is an only child. Her father has always taken good care of her; he never entered into a new relationship. She feels very insecure and uncertain about decisions in her life. She experiences a lot of discomfort in her stomach. She asks herself the question “Who am I?”

She is in a relationship that also raises many questions for her. They live apart. She works a lot with young adults.

We agree that it was a trauma for her as a child to lose her mother so young. However, she doesn't seem to feel much as we talk about it. She has no memories of her mother, only those from stories she's heard. The connection with her mother is represented and reflected to her in a systemic constellation. This way she is able to get a sense of the connection that she had and how she felt at the time. It touches her and she feels very young during the constellation. She still feels and sees herself as a little child, reaching for her mother. But she can also see that her mother cannot come to her. She can start to feel grief. When she comes back to my practice and asks: “What now?”

Haptotherapeutic approach

The haptotherapist can guide the client to begin to feel the fear and pain stored up in his body by moving closer step by step into contact with these feelings and then staying in contact with these feelings. This process can be very difficult and exciting for the client. The haptotherapist feels how the client responds to his touch in this contact. By verbalizing in the moment what is happening and by maintaining faith in the contact, the client will be able to recognize this. In this way, the client can begin to let go of his control. The fear of making contact with that traumatised part can then slowly be overcome.

The past cannot be redone. It cannot be made better than it was. However, it can be healed, the parts can be integrated. The treatment is focussed on sewing up the trauma wound. The stitches will leave scars behind. Sometimes these pull a bit and sometimes they chafe. The ‘skin’ remains sensitive.

Touch as therapy

A haptotherapeutic counselor is present as a human being, secure and unconditionally attuned to the possibilities, needs and boundaries of the client. The affective touch of his/her hands provides closeness, but is unselfish; with attention; a gift, sometimes accompanied by words. A tender touch that is intended for the client. He/she invites the client to make contact with the hands of the therapist, and thus with the outside world, and an interaction is created. A certain quiet and softening often become noticeable. A perception arises from the physical contact, bringing the courage that is needed. For people who have experienced trauma, this is often a new experience. The haptotherapist teaches the client to instil a new perception: it is safe in the here and now. The tension of survival can be released. This can be an unfamiliar feeling, and thus in and of itself exciting. If an old, deep-seated pain can be felt in the secure physical proximity of the therapist, recovery and integration can take place. A sense of peace is created. Frequently, only then is there room for words; the story can finally be told. It is very poignant when trust forms in this manner. This happens reciprocally; both persons soften and can then ‘meet’ each other in this way. The ‘have to’ disappears, leaving room for ‘just being’. The here and now is enriching, but simultaneously, the awareness of what has been missing up until now arises.

The case of Geeske: (part 2)

By touching her in an affective and affirmative manner, something within her moved and reached out to meet this touch, slowly creating a vital connection. The contact, which she experienced as ‘good’, was accepted only with difficulty in the beginning. She could feel it, but not believe it. Safety in itself became a different concept and feeling. Through repetition, she began to meet and understand her emotions better.

It was clear to her that I was not her mother, but I could have her to feel what was missing and make space and time for this. She also learned to distinguish what was her own grief and that of her father. She finally dared to make a connection with herself, thereby, loosening the grip on her outside environment. This entailed meeting her fear and daring to experience these feelings. In addition, she gathered the courage to live together with her

boyfriend. She had to practice sharing her feelings as she had been used to solving everything on her own. This sharing of feelings brought them closer together. They have now taken the leap of buying a house together. Thinking about having children is still a bridge too far for her. Her boyfriend already wants children, but he understands that she needs time.

Conclusion

Affective touch addresses that, which is innately present, but has not yet been able to be accessed because of a traumatic experience. The goodness is felt and can be felt repeatedly; it is touchable and can be recalled (Lindeboom, 2007). A good affective touch can help people to allow themselves to feel and to bear the emotions connected to the painful experiences and memories stored in the body. Some of those experiences have their own conscious memory and some don't. The feeling of being safe and a feeling of having trust in oneself grow when a person is affectively touched. Fear can be reduced. Helping to translate and finding words to the experiences can help to get an insight, so it can be integrated in adult life.

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