

## The role of haptotherapy in treating parentification

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### Abstract

For nearly a quarter of adult psychiatric patients parentification is the primary cause of their illness. Patients face long existing self-esteem issues, attachment problems, mood and anxiety disorders, personality disorders and are sometimes traumatized. This article addresses destructive parentification and, its impact on the development of a child. The development of tact has an impact on the child's life, their development, environment and relationships. The inability to develop tact properly has therefore a great influence on the child's life. As these developmental gaps are taken into adulthood there is an impact on the adult's life too. This can result in problems in intimate relationships and at work. The absence of the ability to set limits, taking on too much responsibility and raising high standards for themselves, are the result of a lack of basic trust, inner awareness and autonomy. Haptotherapy is a therapy that addresses the stagnated development of tact, touch, feeling, sensory awareness and connection. Clinical experience shows us that it supports clients in gaining a sense of self confidence, trust, inner awareness and autonomy. This results in a better ability to set boundaries, not taking on too much responsibility and be less perfectionistic.

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**Keywords:** Haptotherapy, parentification, affective touch, attachment style, tact, autonomy, authentic self.

### Introduction

Parentification occurs when children take on the role of the parent in situations where parents are incapable of taking on this role themselves. This means that the parents are unable to take on this role or they do not want it. Instead of the parents taking care of the child, the child takes care of the parents. Parentification is mostly a normal phenomenon, while every child wants to be big and older, like his father and mother. Parents can (unconsciously) delegate certain tasks or responsibilities to their children. Affectively tuned parents will have an appropriate sense of the responsibilities that a child can actually bear considering their age and personal circumstances. By doing so the child gets a sense of acknowledgement. These supervised circumstances are a learning experience for the children (Borgvinsdottir & Halldorsdottir, 2014). They learn skills and responsibilities and draw self esteem and self confidence from it. There is a form of constructive and a form of destructive parentification (Caldwell, 2011). In this article we focus on the destructive parentification and its implications for the development of the children and the consequences in adulthood.

Haptotherapy has the ability to show people through touch how to engage in an equal and reciprocated connection. This means two people, haptotherapist and

client, show themselves to one another but are not using the other person for their needs. The haptotherapist creates a safe environment and offers experiences so clients can start the process of growing as a person and can change old patterns that do not work for them any longer. Veldman (2007) describes this as follows: a child has a right to unconditional confirmation of his existence and an affective tactile confirmation of his being from conception on from his parents or caretakers. If that was not the case or just not possible through circumstances in childhood it is still obtainable through haptotherapy.

#### The studied questions are:

- Which problems does an adult parentified in his childhood face, within his intimate relationships, friendships and working relationships?
- Can someone undergoing haptotherapy learn to influence these patterns that are associated with parentification and regain the developmental deficiencies the parentification caused?

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## Method

This article is based on the literature that was recommended during a congress about parentification and also the literature on the internet (Nicolai, 2014). The article is further based on experiences with clients in the private practice of the author. When working with a group of haptotherapists on a case description of clients with burnout we discovered that in all our cases the clients were parentified (Lindeboom, 2012). At first, in this article parentification is explained, with the focus on destructive parentification. Described are the attachment styles seen in parentified children or adults. The development of tact in childhood is described and what happens if there is stagnation in the development of tact as one sees in parentified children or adults. Possible haptotherapeutic treatment goals are mentioned, and existing therapies for treating parentification are listed.

## Definition of parentification

In parentification, children take the responsibility for the wellbeing of the parent. They behave as if they are the parent of their parents. Later on in life this can give a whole scale of psychological problems. Some people regard with satisfaction how they grew up, fast and independent, into adulthood. It gives them an identity. Others, because of their unwarranted parent role, are permanently resentful and cannot say goodbye to their youth before they experienced the satisfaction of revenge. For them giving care is the confirmation that they are not worth anything (Kamphuis, 2015). Parentification is a psychological concept meaning that a child has accepted the role of an adult, emotional and social, too early in life (Van Genderen, 2014). It is estimated that in a quarter of the adult psychiatric patients, parentification is the primary cause of their psychiatric illness (Kinet, 2010). Patients face long existing self-esteem issues, attachment problems, mood and anxiety disorders, personality disorders, trauma (Hooper & DeCoster, 2011). To narrow down the form of parentification discussed in this article, the terms constructive and destructive parentification are used. Boszormeny-Nagy (2014) regards the behavior of the parent who causes the parentification to take place as a form of symbiotic dependence. He discerns two forms. There is a functional dependence when the child takes over certain functional, practical and organizational tasks. This does not have to be disadvantageous and can be regarded as an exercise in responsibility. A condition is that the task is age appropriate and the child gets mandate and recognition when fulfilling the task. Here the consequences are positive. The child is regarded as a meaningful person,

a person that has a positive contribution to their family and their living surroundings. The task contributes to the child's self awareness: I am somebody, I am seen and I have a feeling of self esteem, I exist, I do matter, I am valuable to myself and to others. This is defined as the constructive form of parentification. When looking at the destructive form of parentification one can see a dependence in being, in which the child is robbed from the possibility to develop into an independent human being.

Minuchin (1967) distinguishes between practical and emotional parentification. When practical support is given he speaks of instrumental parentification. The child takes on the household, arranges the finances and supports the parents in raising the other children. If the support is on an emotional level the term expressive parentification is used. The child lends a listening ear, gives advice to the parent and in extreme cases is a partner to the parent. In literature expressive parentification is described as more damaging to the child than instrumental parentification (Jurkovic, 1997).

Within destructive parentification certain forms are seen depending on the child's temperament. A sensitive child will see what is needed and take on the role of the caring child. The caring child, the child that has to stay, parents cannot let their child be an independent human being. The perfect child, is idealized by the parents, has to be perfect. The scapegoat, the opposite of the perfect child, every family member can store his guilt here. They each have their own stagnation in development (Van Mierlo, 2010).

The children at risk are children with a parent or both parents with a psychological problem, children of divorced parents, or of parents that are in the process of divorcing, children of addicted parents, children of asylum seekers, children of parents with a handicap, and children that lost one of their parents.

## Attachment style and parentification

Parentification is seen as role reversal within the attachment theory (Nicolai, 2010). Attachment is an evolutionary tool that provides a safety net for the child. The toddler dares to explore the world because the knowledge that when there are threats the parents will be there for protection. For parentified children it is the other way around. The parents can function well because they blindly trust the care and loyalty of their child. In some cases the parent forms the treat.

The parents because of their own needs and because of problems in their own attachment system can inhibit

exploration and playfulness developing in their child's childhood (Kinet, 2010).

A history of role reversal is often associated with an unsafe attachment style especially with an ambivalent preoccupied attachment style. This unsafe attachment style characterizes itself as inconsolable and defensive behavior. These children have an extremely high fear level (Kamphuis, 2015). The presence of the mother does not calm the child. Although the mother does not form a safe haven, the child does not dare to let her out of sight. Families of children with ambivalent preoccupied attachment style have very intense emotions. Not only the children but also the parents get overwhelmed by their emotions and are ambivalent and unpredictable in their behavior. The parents act rejecting towards their children, but they also keep them very close, thus the children are prevented from playing or developing their own ideas.

When looking at a disoriented/disorganized attachment style one can see that these children at a young age are already traumatized because of everything they have seen. Van IJzendoorn (2010) writes about "a fear without a solution". They grow up under circumstances that are unpredictable and above all threatening. They could turn for comfort to their attachment figures but in this case that does not work because their attachment figures are part of the problem. Severe traumatization goes along with periods of dissociation. If the fear is not felt, it is not there, so the disorganized/traumatized child can function as normal as possible.

An unsafe attached mother has more chance on a safe attached relationship with her child if she has a partner relationship that she experiences as safe (Thoomes – Vreugdenhil, 2006). So the transgenerational transmission of an unsafe attachment style can turn for the better.

### Box 1: Development of tact in childhood

Children have to learn to have an awareness of feeling good and happy in all their senses, a basic feeling of safety, security and authenticity, also they have to learn an awareness of feelings of disappointment, pain, frustration, sadness. These imprints make their tracks in the body and the memory, they make a positive or negative engram (Veldman, 2007) and determine the child's vitality. If the parents are able to affectively accompany their children they will then be able to use their vitality and strive to develop their intelligence to be able to make the right choices in life and live as an autonomous connected human being.

Veldman describes this development as thymose, eidese, noese, and the connection thymesthesy.

Thymose is the development of tact and connected to it the development of the world of emotioning in the child. Here he/she learns that feelings can be good or bad.

Eidese (eido=to see) to observe, to research, to imagine. This is the fase of self-development, it is a learning process, to learn about life itself and the preservation of life. It is the development of the knowledge of what actually happens in the child's environment. Children are confronted with this environment while they are discovering and learning. They see and feel how it surrounds them and they have to survive in it and are dependent on it. Learning these abilities gives them the opportunity to exactly reproduce the acquired and memorized knowledge and also a concrete as possible image of representatives and the connected feelings, perceptions and experiences.

Noesis, Veldman states, is the ability to think by means of intelligence and intellect, children start to think about "the meaning of live" and especially their life, it is the beginning of the development of self-knowledge. Learn to consider, to regard, giving meaning to your individual life and learn to ripen and to grow into an autonomous human being.

Thymesthesy, having learned and experienced, and felt all the above children are able to have reliable and affective confirmative relationships with their fellow human beings. They have developed self responsibility. The child does not only "exist", he/she 'is'.

### When tact did not get a chance

Our inner world of experience determines our behavior but also our inner wishes, feelings and fantasies, expectations and needs. Children develop the possibility to learn more about their inner self so they can safely connect to other people. But when a child has for example a depressed parent who is not able to open up for the experiences of the child and not able to mirror him or really connect with him, then the child will not become aware of his inner signals and does not learn that the other person notices him and 'sees' him. The child is then forced to tune into the parent to maintain contact (insecure bonding). The child experiences that the parent is not available and able to feel his inner world and that the parent is only preoccupied with his own experiences (disoriented/disorganized attachment style). The child attunes himself more and more to the inner world of the parent, their own inner experiences get less and less attention and they start to form relationships focused on other people (Kinet, 2010). The parentified child has no time, space and opportunity to develop the

sense of tact and has no time and opportunity to learn about equal mutual contact.

## Effects of destructive parentification

Destructive parentification occurs when a child is charged with an overload of responsibilities which exceeds his emotional, physical, and cognitive possibilities. The parents have regressive needs and make an appeal on their child for themselves. The needs of the child are neglected. The child gets no recognition for what he gives.

If a child experiences that his parents have confidence in him, he can show himself. The child does not have to hide or to be ashamed of himself and so the child develops his true self (Caldwell, 2011). The opposite happens in children who develop a false self. Children with a false self learned that it is not safe to show themselves, or they don't know who they are. They react to the outside world with socially desirable behavior. Their true self they keep hidden or in some cases does not develop at all (Caldwell, 2011). Developing a false self can have different causes. A child can have had the wrong message so often that he has not learned who he is or what belongs to him (has been mirrored wrong) (Caldwell, 2011). A false self can also develop when parents have acknowledged certain characteristics of the child, while others were not allowed to exist (selective mirroring). Parentified children can have the feeling, when they are adults, that they have been treated unfairly childhood has been stolen from them and they have been fallen prey to the desires of the other person. Children can grow up in an emotionally neglectful environment. They learn that their thoughts, feelings, and desires don't matter. Parents that are emotionally neglectful often give their children every material thing they need, but are not there for them emotionally in the way that they need. Anytime these children needed the parents to hold them, or to comfort them, let them feel fully accepted and understood, the parents were not there. They could be physically there but not emotionally.

As a result in adulthood one can be left with feelings to not belong to a group or your family, and in work situations in taking on too much responsibility. Nothing can go wrong, if it does there is a huge feeling of guilt, this results in perfectionism. In work and intimate relationships, the balance between taking, giving and receiving is tilted towards giving. There is a feeling of low self esteem, if there is a sense of self developed at all. Which is often the case for the development of a sense of resilience and the development of autonomy.

## Treatment goals haptotherapy

Haptotherapy is a therapy that focuses on the person and personal growth and not just on the complaint. Its main focus is on the affective contact between the client and the therapist (Veldman, 2007). By stimulating and exploring the world of touch/tact, emotions and feelings, haptotherapy aims to find balance between feeling and thinking and the integration of feeling and thinking (Van Rijsselberg, 2017). This happens through affective touch by the haptotherapist and experience exercises.

In existing therapies, parentification is often treated with the whole family, not just the child (Kinet, 2010). Haptotherapy can be complementary if the head practitioner thinks it will contribute. The parentified grown-up can benefit from haptotherapy. The haptotherapist sees these clients mostly in combination with the diagnoses excessive (work) pressure, burn out, trauma complaints or lack of basic trust and self esteem.

To acknowledge the situation is an important step to get out of the downward spiral of parentification. The parentified children or grown-ups seem to be even more loyal to their parents than other people. Their parents didn't do anything wrong, they are the ones not being able to get anything right. This loyalty is felt through and through and they spend a lot of time convincing the haptotherapist that their parents are good people. When they start realizing what really happened, it is the task of the haptotherapist to offer them a feeling of trust within them self. Guiding them to feel their base (Van Rijsselberg, 2017) and feel their inner trust. To really hear their story and give them the opportunity to mourn over their lost childhood.

### *Responsibility and perfectionism*

When one is parentified the extreme need to help others is a pattern that is not easy to break through. From the experience in practice we have learned that two of the main aspects which play a role are an extreme feeling of responsibility and being a perfectionist. Because of those characteristics people have the inclination to pull everything towards them. To take everything on, to not let go and only settle for the best. Haptotherapy works on feeling the personal limits, feeling where you begin as a person and literally where the other person starts. What is your responsibility and what is the responsibility of the other person.

### *Giving, taking, receiving*

For the parentified child or grown-up it is often too threatening to receive. To receive means to them "to owe" someone something, and with owing someone something

begins the opportunity to be exploited. Exploitation results in an even greater disorganization and loss of faith. Learning to deal with difficult emotions, perfectionism and responsibility is a treatment goal. So are finding a balance between giving, taking and getting. And the awareness of what lives inside them. The haptonomic work on the treatment table is very helpful to learn to feel the difference between giving, taking and getting. Here the client can learn to feel how much they are giving and to learn how to receive. The haptonomic phenomena of opening and closing for contact without given yourself away too much, is ideal to learn about all the nuances of contact. The clients can learn to feel within themselves and, learn to trust their own inner feelings. So they can learn what is right and good for them and what they really need. It is a process that takes time.

Because they have always been working hard since their childhood as they have had to take on the responsibilities for the needs of their parents, grown-ups who experience parentification are not able to understand their own wishes and needs haptotherapy addresses these themes and helps to better understand and answer questions like “what do you feel?” and “what would you choose?” In relation to this, clients can start to heal from the fact that they did not have a good enough mother or father.

If one has never felt safe enough to go easily into the world and try new things, because of not knowing if support would be there when you got back. This can cause a feeling of insecurity about oneself and hinder development. Children start shutting down and disconnect from those emotions, they also do not feel safe to express those emotions. If a mother is too emotional there is no space for the emotions of the child either. The emotions of the mother become too important (Cori, 2017). In adulthood a person does not recognize, and is unable to feel, or regulate those emotions. Learning to meet and to cope with difficult emotions is something that is dealt with in haptotherapy.

### *Resilience*

Resilience is the ability to recuperate from adversity. Stroufe (2009) discovered that an important predictor of how his subjects could cope with the unavoidable disappointments of life, was how they felt safe with their primary caregiver during the first two years of their life. For parentified children this is not available. An emotional healthy childhood means that someone will put themselves profoundly at our service, they have to push their needs aside for a time, in order to focus on your needs. In haptotherapy client and therapist try to catch up with what

is felt missing. Within the growing process of the person, resilience evenly grows along.

### *Sense of self*

Veldman (2007) uses words as self actualization, authentic self, self image, self esteem, self determination, self-consciousness, self presentation, self realization, self empowerment. Further more if a human being has to conform to a group or another person or shape his life on the model that the establishment or a parent determines, he cannot accomplish his autonomy and his self actualization.

For Veldman (2007) the sense of self starts developing the moment the baby is born and the moment the parents make affirmative affective contact with the baby. This might happen even before the baby is born. In the haptonomic accompaniment of pregnancies, parents make affirmative affective contact with their unborn babies. The affective contact between client and haptotherapist contributes to forming a sense of self.

Our self experience is the product of the balance between the rational brain and our emotional brain. If those two systems are in balance, we feel ourselves (Van der Kolk, 2014). This balance is a haptotherapeutic aim. Parentified clients may express the following, when lying on the treatment table at the beginning of their haptotherapy.

“I am not able to feel myself.”

“I feel I am giving myself away, but I don’t want that, don’t know how to stop it.”

“I feel I am helping you, but I cannot let go, I am afraid to lose control.”

### *Autonomy*

The themes mentioned above are necessary to gain autonomy as a child or in adulthood. Veldman (2007) states that existential confirmation of existence is not enough to really confirm the child and reveal his essence. Although it is the minimal condition to be able to accomplish the human “living together” it is not sufficient to be able to make a deeper connection with the other person and to be able to keep a reliable affective relation in mutual affection, friendship and love. Veldman further states that deprivation of affective confirmation leads to a lack of inner security. A feeling of inner security lays on the basis of the autonomy of a person and is also the basis of the authentic self of a human being.

Relationships and the work environment will benefit from this growing process and for the person involved it becomes easier to engage in and remain in a healthy relationship. Because there is a tendency in people to reenact behavior from childhood within relationships (Van

der Kolk, 2016). So with parentified adults there are consequences for their intimate relations and their working environment.

## Casus of Jacob

*Jacob is a 52-year-old man who comes into haptotherapy with burnout. He did not stop working yet because he does not dare to stop. He is the director of his family owned company, and feels an enormous responsibility towards his family, staff members and clients. There is no time for leisure, vacation, sports or family time in his schedule. When his father dies Bob is 13 years old and instantly becomes "the man" in his family. There is no time to mourn his loss but it is time for a lot of responsibilities which are not age appropriate.*

*Whereas his brothers and sisters got drunk, tried drugs, had discussions and argued with their mother, slammed doors or raised their voices and their music when they were adolescent. Bob was silent, he tries to reason with his brothers and sisters and becomes their spokes person towards their mother. Later on in live he gets no acknowledgement from his brothers and sister they experience him as bossy and tell him he is not their father.*

*His complaints are: headaches, arrhythmia, high cholesterol, high blood pressure, stomach ache, heartburn, nausea, pain in the chest, pain in the lower back and insomnia. Furthermore, loneliness, isolation, not being able to connect. His family physician thinks he is burnout and advises him to go for haptotherapy.*

*Haptotherapy with Jacob follows the line described in 'Haptotherapy and burnout' (Van Rijsselberg, 2017). later on in therapy the emphasis is on further exploration of personal limits, and learn to feel that you are allowed to be who you are and are allowed to make mistakes, to address the perfectionism. Extensive work on the treatment table, were there is affirmative affective contact between therapist and client, helped to find the balance between, giving, taking, and receiving. All this work is necessary to slowly build his sense of self and his autonomy.*

## Stimulation of growth

What helps to grow into a self-conscious, competent person is to grow up with predictable parents. Parents who are able to make the mind/body set that their child is an autonomous individual that they can take care for and guide into adulthood. As opposed to a thing they own. If a child has had parents, who were not available, then in adulthood there is a gap to be filled. A child has a right to unconditional confirmation of his existence and an affective tactile confirmation of his being from conception

on (Veldman, 2007).

When posttraumatic growth occurs someone succeeds to give a positive spin to trauma, to stressful events or personal crises situations (Tedeschi, 2004). Tedeschi describes the domains where growth can be experienced. Such as a deeper appreciation of life, a reevaluation of priorities, warmer deeper social contacts, a bigger awareness of one's own power, awareness of new possibilities and of own choices. The ability to experience one's own inner awareness increases the chance of personal growth beyond trauma.

## The therapies treating parentification in childhood

Existing therapies for parentified children are, system therapy, contextual therapy, psycho analytic oriented therapy. These therapies are all directed towards creating a healthier living climate for the child. Depending on the explanation model of parentification the theory about it automatically gives a treatment plan. Minuchin (2004) (system therapy) directs himself to console the hierarchy within the family. Parents should be in charge, so the children can go into their old position as a child.

The contextual approach of Boszormeny-Nagy (2014) researches for each family member if there are disturbances in the balance between giving, taking and receiving. Characteristic for this approach is that there is a lot of attention given to the dynamic between the generations also of family members that passed away. Psychoanalytic orientated therapists treat their clients individually, but also work with the parents. In their treatment they direct attention to the disrupted attachment relationships in the family especially the mother/child relationship.

There is no specific therapy-protocol for parentified adults. One can benefit from various forms of psychodynamic therapy or schema focused therapy to give the patterns from their youth a place and change them. Trauma treatment, for example eye movement desensitization and reprocessing (EMDR), can also have a useful contribution on a more experiential level, so can haptotherapy.

## Conclusion

Haptotherapy seems to be an appropriate therapy for parentified adults who experience difficulty dealing with pressure, burnout, mood or anxiety problems, trauma or lack of confidence. If severe trauma or a personality disorder and parentification are involved, the haptotherapist can be invited to work within the already existing treatment team. For parentified children, haptotherapy can also be a meaningful addition to their existing treatment.

In this article is argued that the problems an adult parentified in his childhood faces, within his intimate relationships, friendships and working relationships, can be positively influenced through haptotherapy. Clients will be able to regain the developmental deficiencies and by growing inner awareness learn to change the patterns parentification caused. Haptotherapy can help parentified adults to become aware of the downward spiral of parentification and instead making more contact with their authentic selves. Haptotherapeutic sessions on the crucial topics of responsibility and perfectionism, giving, taking and receiving, resilience and sense of self, helps them to cope less destructively and improves their feeling of basic trust, self esteem and autonomy.

At the moment there is a lack of research explaining the mechanisms in which the development of the sense of touch can help change behavioral, neurobiological, hormonal and genetic patterns.

## References

- Bjorgvinsdottir, K., Halldorsdottir, S. (2014). Silent, invisible and unacknowledged: experiences of young caregivers of single parents diagnosed with multiple sclerosis. *Scandinavian Journal of Caring Sciences*, 28: 38–48.
- Boszormeny-Nagy, I. (2014). *Invisible loyalties*. Abington: Taylor & Frances Ltd.
- Caldwell, L. (2011). *Reading Winnicott*. Londen: Routledge.
- Cori, J. (2017). *The emotionally absent mother*. New York: The Experiment LLC.
- Le Goff, J. (1992). *L'enfant parent de ses parents*. Paris: L'Hammattan.
- Genderen, H. van (2014). *Patronen doorbreken, negatieve gevoelens en gewoonten herkennen en veranderen*. Amsterdam: Uitgeverij Nieuwezijds.
- Hooper, L. DeCoster, J. (2011). Characterizing the magnitude of the relation between self-reported childhood parentification and adult psychopathology, *Journal of Clinical Psychology*. 2011;67;1028-1043. doi: 10.1002/jclp.20807. Epub 2011 Apr 25.
- Ijzendoorn, M. van (2010). *Gehechtheid en trauma*. Amsterdam: Boom uitgevers.
- Jurokovic, J. (1997). *Lost childhoods*. Abington: Taylor & Frances ltd.
- Kinet, M. (2010). *Parentificatie*. Antwerpen: Garant.
- Kamphuis, M. (2015). *Te vroeg volwassen*. Amsterdam: Boom uitgevers.
- Kolk, A. van der. (2014). *The body keeps the score*. New York: Penguin group.
- Lindeboom, M. (2012). *Haptotherapie bij burnout*. Woerden: Drukwerkstudio.nl.
- Nicolai, N. (2014). *Parentificatie vanuit gehechtheidsperspectief*. Antwerpen: Garant.
- Mierlo, F. van (2010). *Passend geven en nemen*. Leuven: Acco.
- Minuchin, S. (1967). *Family of the slums*. New York: Basic Books.
- Minuchin, S. (2004). *Family therapy techniques*. Cambridge: Harvard University Press.
- Rijsselberg, I. van (2017). Haptotherapy and burnout. *International Journal of Haptonomy and Haptotherapy*, 2, nr. 3: www.ijhh.org.
- Stroufe, A. (2009). *The development of the person*. Byron: Guilford Publications.
- Tedeschi, R. (2004). *Posttraumatic growth*. Washington: Psychological Inquiry.
- Thoomes -Vreugdenhil, A. (2006). *Behandeling van hechtingspatronen*. Houten: Bohn Stafleu van Loghum.
- Veldman, F. (2007). *Levenslust en levenskunst. Zin, inhoud en betekenisverlening van het persoonlijk leven binnen de menselijke samenleving*. Blaricum: Van de Veer.