

## **GUIDING IN THE ANSWER TO PAIN**

The opportunities of the haptonomic approach - January 1991

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### **1. Introduction**

Pain is felt. Felt by the one who is feeling pain. This is the first and last reality of pain: that it is experienced, felt by the one in pain. The pain itself is not discernible to an outsider neither measurable nor visible on an X-ray. But the expression of pain is another thing. From mimicry, posture and movement, from the voice and sometimes from the smell, one can identify the extent to which someone suffers from pain, to which someone is ruled by it, if not overruled. Aside from that one can feel, by directly touching someone in pain, how the pain expresses itself physically in, amongst other things, the tone of skin, muscles and tissue. Through this the pain can be approximately felt.

Pain always has causes, however diffuse and diverse. But even more important is that pain is always a signal: something is wrong. This signal is the basis of both the question and the answer. On the one hand we may start wondering about the origin of the pain, what the pain tells us and why we suffer pain at this moment in our life. And on the other hand we should go and look for the answer to our pain. Depending on the question the answer can be surgery, a posture correction, medication or else a reconsideration of our lifestyle, which in the case of stress-related pains could lead to looking for another job or allowing ourselves more leisure time. An answer may be found by learning how to cope, or cope differently, with our pain.

We live in a time where, thanks to developments in medical and pharmaceutical fields, we are no longer totally at the mercy of our pain. We are now able to have a more extended view on pain. The margin to translate pain within one's own personal historicity is getting ever greater. We are all aware of the fact that a palliative within reach may provide that calmness and security to cope differently with a potentially worrisome situation.

The haptonomic approach offers opportunities for feeling one's own pain, feeling someone else's pain, and for acting as a guide in the translation of pain and finding an answer to it. Before specifically going into these aspects a brief explanation will be given of what haptonomy contains and on what it is based.

## **2. The description of haptonomy**

The basis of haptonomy is formed by a re-appreciation as well as a re-valuation of the sense of touch. The sense of touch resides first and foremost in the skin, as well as, internally, in tissue, muscles and organs. This makes touch the main sense. In the ontogenesis of life, touch is the first sense. In a way the other senses: taste, smell, sight and hearing may be considered as specializations of touch. By touching, from the earliest beginnings of our life, we obtain both literal and figurative 'impressions' that are stored in our experiential memory. In order to get these impressions an organism must move as without moving touch is dysfunctional. The direction of the touching movement is characterized either by a forward movement, opening up, or by a backward movement, pulling back, closing. Any organism will open to whatever benefits the preservation of life, and will close in, pull back, from whatever is life threatening. Think of a hedgehog that rolls up when in danger.

It is this sense of touch that first provides us, human beings, with this information. Before we are consciously aware of something, we have already felt it. From this primordial knowledge function of touch will subsequently originate intellectual capacities and the development of rational consciousness.

Touching, feeling and moving imply, at the same time, an emotion. Whoever is touched, is moved, also in an emotional way. Experiencing what is good or bad for the preservation of

life always goes with feelings of lust or dissatisfaction, pleasure or displeasure. Therefore, the development of the affective emotional life of humankind is based upon touch. Given a well-developed sense of touch, when a human being has felt and experienced tactile and affective affirmation, a balance will have been established between thinking and feeling and intellectual and affective capacities.

Haptonomy not only concerns itself with feeling, but also with becoming aware of what is being felt, and translating this. However in this time of cerebral dominance it happens again and again that feeling should be nourished before people can regain the balance with themselves and their surroundings.

People show their essence in their corporality, in haptonomy we speak of 'animated corporality'. (Merleau-Ponty, 1945) (A person not only *has* a body, he or she *is* one's own body at the same time. When in treatment only the body that one has is addressed as an object, the subjective experience of the body that one is, is being passed over. As a matter of fact, man *itself* is being negated then.)

The origin of haptonomy lies in the clinical observations by Frans Veldman who, during his years of practice as a physiotherapist/remedial educationalist, developed an ever clearer view on the importance and the quality of tactile phenomena within the human encounter, and most specifically within the touch-oriented counseling situation. He also gave it its name, derived from the classical Greek verb 'haptain' (from which 'hapto' is derived): touching, fastening, connecting, attaching, as well as healing-through-touching in the medical sense. (Veldman, 1989)

In fact, haptonomy deals with age-old basic human gestures such as cherishing, embracing and comforting. People may, without losing their proper self, for the moment be very close to each other and experience themselves and each other as good. Within a respectful, affectively affirming touch, a person may be himself and experience and discover himself. Because the whole person is being addressed it can be made felt where the feeling does not flow steadily, where it blocks and where the 'empty spots' are. Touching can therefore be confronting and aware-making.

The extension of the sense of touch is a phenomenon we all make use of in daily life. We feel through the spoon if the sugar on the bottom of the coffee-cup is dissolved. Spatially, we also make use of this phenomenon. By absorbing the dimensions of the car into our feeling, we can park backwards without first having to put a measuring-tape next to it. We feel if someone is watching us, eyes prick into our back. We are startled by an unexpected touch, but when the person who touches makes himself known in advance, the touch speaks for itself.

### **3. The therapeutic touch**

In the therapeutic touch, the presence and the absorption of the other one into one's own physical feeling, will develop the reciprocity of feeling contact, connection, 'togetherness'. Here, one can no longer at will affect one another in any way without breaking contact. At the same time, this will give rise to the possibility to get to a consensus and to participate in the communality of feelings. A remarkable phenomenon is the appearance of unconscious synchronization of breath. There appear changes in tone regulation which are not characterized by the conceptual pair of tension /relaxation. It is rather a vital and flexible tone we could speak of here. Within this contact boundaries can be explored and also shifted. The client can get acquainted with his own ability to bear and with his resilience, both physically and emotionally. Movement and emotion are indissolubly connected. An affective, affirming touch not only touches a person, but a whole life. Because in tactile contact feeling shifts so quickly, the affects and stirrings which are raised can be much more fierce and intense in comparison with, for instance, a conversational setting.

### **3. Reactions to pain**

What has the haptonomic approach to offer, when it comes to pain? At the beginning of this article the signal function of pain has already been indicated. Mostly pain refers to tension, illness, tiredness, being worn out, infection and physical blocks. But underneath the pain

often lies a story. The first reaction to pain is that it should not be there and it is denied, oppressed or combated as quickly as possible with palliatives. There is limited space to have pain or any rest to undergo pain. In the case of severe pain the entourage is readily inclined to give good counsel and advice in order to get rid of the inconvenience as quickly as possible. On one hand this is praiseworthy, yet on the other one is not granted the rest to solve his or her pain, let alone experience it. There is also fear of pain, of just the signal function of pain, especially among people who are severely ill, their entourage and attendants. This is understandable because pain for someone who has cancer is much more threatening than for someone who is in good health. But the prevailing reaction remains that pain shouldn't be there.

Now this is not hard to imagine, of course. Pain is always unpleasant. However this reaction can lead to an even greater pain incentive. Whenever one is annoyed by the noise from the neighbour's radio and the annoyance at hearing unwanted noise raises to a point where 'a radio' is the only thing that matters, then the noise will, in one's perception, even become harder to endure and will take up even more space in one's perception. On the other hand when one will just let oneself being surrounded by music, let it be absorbed by space because it happens to be there, this can lead to less disturbance and to a lower level of incentive reception.

The same thing happens in relation to pain. By considering one's own pain and letting it be, just because it happens to be there, one can partly diminish the over-incentive. Considering one's own pain also means feeling how much it hurts, letting it penetrate and acknowledging the bother it gives. One step further is the acceptance of the pain as something proper, something that is yours, or belongs to you at this moment. Only then may insight develop into what the pain tells and what it confronts you with. This insight may sometimes coincide spontaneously with solving a part of the pain.

A problem with pain is its elusiveness. Maybe that is why pain is often considered too closely. Pain should then be precisely described. One will consider, in a differential-diagnostic way, where and when it hurts in order to be able to link the pain to other physical

complaints. By converging focus upon pain the full and personal story behind it is sometimes overlooked.

A practical example concerns a woman who after a breast amputation went back to an oncologist for a medical check and told him her breastbone and shoulder blades were aching. She added that she suspected where the pain came from but did not get the chance to tell her story because the physician was already translating her statement into an inquiry into metastases. During the ensuing haptonomic counseling she turned out to have muscle pain. She had been forced to lift her two small children for a week because her husband, who had taken over their care, was temporarily ill himself. Actually she was not allowed yet to lift anything because the tissue had not healed yet. The woman suspected this and could feel it herself during treatment. Fear of pain, a too convergent look and, of course, fear of cancer, as in this example, are great pitfalls for both client and practitioner.

#### **4. Haptonomic approach**

In haptonomy, but certainly not only in haptonomy, one considers pain in a broader, more divergent way. The complaint itself is honored but it is of secondary interest. The pain is not directly addressed; but one looks and feels for the story of the pain. One considers the total picture: how a person presents himself, what is being shown in his corporality, and how a person tells the story and intimates in it how he experiences the complaint himself. One also considers and listens to gestures, mimicry and the sound of a person's voice in order to clarify how prominent the pain is, or rather if there is something else more prominent than pain. This might be best described as keeping in touch with the person as a whole. The surplus value of starting from all these tactile phenomena is that a greater sensitivity and susceptibility will arise to what this other person has to offer, tell and show.

When, within this context, touching will take place, due to the reciprocity that will arise then, not only the other person can feel his or her pain, also the one who is touching will get to know about the other one's pain. Because in affective-tactile contact the therapist can and may get so close to the private experience of the other person's pain, there is an added

dimension: feeling together, being touched together. And just because the therapist is and will always be another person, he or she can then act as a guide in dealing with that pain. When we recapture the story about the movement of touch, it may be stated that, in the case of pain, a backward movement takes place. This is a reflex, if you burn your hand at the stove you will pull it back. Pain always causes an inward movement and, especially in the case of severe pain, the outward connection, the feeling for the greater whole, will be broken. Touching and being present in a feeling way can restore the connection and the client can be supported in the outward movement. The one who is touching is, essentially, an outpost; an anchor on which the one in pain can 'secure' himself in the movement through the pain. Thus the pain will often lose its dominant character. One will regain his own body, his own dignity. An example of this concerns a dying man who despite the morphine suffered unbearable pain. The haptotherapist who treated him asked at first, somewhat hesitantly, if there was something she could do for him, since he was going to die. The man answered that her question really hurt him because it was of enormous value to him that she came at all, touched him and made him feel himself again. She should never ask it again.

This might be the most essential thing about haptonomy; that one may make another person feel himself and may guide him in restoring the connection with his own body and surroundings.

## **5. Space**

By restoring the connection one gets more space. The skin gets looser and the tightness or slackness disappears. Tissue and skin become more flexible, more vital and more elastic tone regulation will evolve. The colour of the skin changes as well. On the couch people tend to lie down more, to expand, and that the whole system becomes somewhat calmer and quieter. This presents a better starting point to consider the pain and deal with it. Often vegetative reactions take place; like trembling, sweating, tears, belching or a strong urge to pee after treatment. Severe pain always goes with the propulsion of feelings and that propulsion can worsen the pain, or else cause new and additional pain. Think of people who suffer so much

from their pain that it exhausts them. In that case they are bearing something, which they actually find unbearable. The barrier and the propulsion, as well as the attendant anger, will become so great that they will be unable to get to their pain anymore and find an answer to it. When touching takes place in such a case often a discharge of that propulsion will occur first, in a fierce emotional reaction, by which a person will clear part of the pain himself.

## **6. Pain as an armour**

Another phenomenon is that people, in the inward movement, fix their pain very physically. They build, as it were, some sort of armour around the painful spot. The whole system, the whole body will then regulate itself around such a spot. Counselling, here, can go two ways.

The one who is touching may, for instance, by firmly pressing break through the physical barrier and thus clear the armour on behalf of the other person. This will give more air, more space and more mobility. There is, however, a risk connected to clearing this pain on another's behalf. The part of the therapist in resolving the pain may become too big, as a result of which he can't guide the other person properly on how he or she has caused their own pain or created their own hardness. Although one can often feel precisely why and where things get stuck, a therapist isn't fully informed about a person. However applying physical force is an opportunity, which may sometimes have a very useful and releasing effect.

Another way implies that in touching 'securing' only takes place when a person may be invited to consider that empty, insensible or painful spot. By simply putting down his or her hand, the one who is touching may guide a person towards attending in and at the pain. The proper self of the other one will thus be activated and with it the pain- and problem-solving capacity as well. This fits in with the view that whatever one has made himself, be it by way of defense or protection, he'll have to clear himself again to make the improvement really last. By guiding-through-feeling an awareness-creating process will get started, by which one's own answer to pain will be activated.

## **7. Reaction to prolonged pain**

Next to fixing pain and being cramped by it, there is still another picture presenting itself in practice: having been drained by pain. This is often a result of prolonged and chronic pain which one has no way to answer anymore and just tends to undergo the pain out of tiredness and exhaustion. This chain of reaction is hard to stop. It's almost like an apathy of cells is being concerned here. In such a case treatment is not directed toward softening the whole system and making it more flexible, but rather toward strengthening and vitalizing it so that the pain may be faced with more tension and boldness. Whilst touching one can feel whether there's liveliness in a body, whether it's vital and flowing. Whenever the flow can get started again there's always more vitality coming up.

## **8. The disrupted corporal sense**

Pain mostly involves a disrupted corporal sense and a disrupted physical feeling. An arm, a leg or a part of the back would be almost overlooked in one's perception. It is kept away, shouldn't be there, as if it actually doesn't belong to the body anymore. This phenomenon can often be seen in the case of people who suffer from radiating pain in the leg. It concerns a disrupted sensation because the nerves transmit a wrong impulse. By just touching this leg can't be made felt more. In fact this leg will be handed over then by the one who is touching. When the therapist touches in an affective and affirmative way the body part can be felt, can be brought back into the sensory awareness and the leg will become more like a part of the whole body. The one who is being touched perceives that the pain may 'solve' itself. The leg will get a different aspect, a different look; its colour will change as will the flow of blood. In this process the therapist will act as a guide with his or her hands and may restore the physical feeling through touching. The client will perceive himself (again) as a whole. Essentially these are age-old human gestures. If you have a sore spot you will start rubbing. There is a strong coherence between physical sense and pain sensation. When one loses oneself in the pain, one becomes one's own pain. The connection will get lost, the

corporality will get disintegrated and the pain will get more painful. Because touching effects feeling and 'felt knowing', the affective touch invites one to translate one's own pain with the help of the un- and subconscious experiential memory into which tactile impressions are stored from the early beginnings of life. Thus pain will get a place within one's own life, within one's own historicity. This, along with a restored physical sense, will generally diminish the pain, if not solve it.

It goes without saying that this doesn't apply to all kinds of pain. After all, some pain must wear off and that process takes time. Taking pain seriously and translating it can lead to personal ripening, however annoying pain may be.

In haptonomic counselling, by way of a non-verbal and non-directive approach, one may ultimately learn how to cope with pain in a different way without being secured by another person. One may take pain as it is and let it be part of life, instead of fighting against it or wanting to avoid it. Yet this is also a pitfall for general practitioners who are bound to make diagnoses. The phenomenon that one may take pain as it is, is little known. When for instance someone tells a general practitioner that he's suffering pain, without showing the external characteristics of someone in pain, there's a danger he will be wrongly diagnosed. Given this fact it is important to make the phenomena and opportunities of the sense of touch more commonly known. Haptonomy concerns itself with this, but of course feeling is something everyone is apt at.

## **9. Sorts of pain**

Before finishing this article, we'd like to give an indication of the various sorts of pain treatment to which the haptonomic approach might contribute. The examples are based on practical situations. First there's the physical pain, often as a result of overburdening: pain in the lower back, headache, acute fits of lumbago, as well as various pains in the posture- and activity-system, for which one might also be referred to physiotherapy. Oppression, anxiety pains, hyperventilation, blood pressure as well as stomach- and bowel-complaints come into account also, insofar it concerns encapsulated pain, which has become almost organic.

## **10. Pregnancy**

A great field of application is pregnancy counselling. Pain during childbirth may cause a tightening reaction from the mother's part, as a result of which the child will have to confront double resistance. In haptonomic pregnancy counselling both mother and father will be taught how to address the pain and how to keep in touch with it by coping with it in a soft way. It is the father's task to guide the woman in this process and see to it that she won't get lost in the pain. This does not mean that there won't be any pain anymore. Rather the mother and child may go with the waves of pain, whereby the mother releases the child.

## **11. "Soul pain"**

Furthermore there are the pains that could be labeled as pains of the soul: loss, injury, abandonment, impotence – almost always followed by a period of numbness during the coping process when it hasn't been incorporated yet. In that phase people are less capable of taking blows, tend to suffer from concentration impairments and often seem to have left their bodies. It goes without saying that a person would be touched then – a touch which may bring one back within the proportions, within the dimensions he or she has, as a result of which one may be made to feel again and be filled from within so that the pain will become a bit more bearable. Pain of the soul can strengthen and put the person to the more physical inconveniences, which indeed were already present, but did not pose a problem. Physical inconveniences can often be handled 'more easily' and may serve as a shield against deeper grief or pain. There is, after all, an essential connection between movement and emotion as professor J.J. Dijkhuis points out in the book 'Verkenningen in de Haptonomie'. Emotional blocks may translate into muscle armouring or fixations of the moving parts of the skeleton, as, reversely, muscle tensions and skeletal deviances may refer to an emotional conflict. The opportunity haptonomy offers to translate pain may provide more clarification here.

There is also the pain of unfulfilled desire, of unfelt affective affirmation, of not having been capable of attaching oneself. The help haptonomy has to offer, might be most fitting to address the pain of this lack. However this requires a lot of the quality of the therapist as a person, since he ought to be prudent, transparent and present (as Veldman stated before). The offer should be well temporized and be cut down and reduced again in a measured way. Another aspect of this pain presents itself when people are well aware of this desire and also look for affective affirmation without being capable of receiving it anymore. These people will start aching because they'll have to repress this desire or ward it off time and again. In this pain one may 'secure', stand up for a person and provide backing.

## 12. Conclusion

In consultation with possible referrers, haptonomy can make a fruitful and vital contribution to a person in pain.

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