

Haptotherapy and burnout

Ineke van Rijsselberg,

Movement therapist, haptotherapist, Heemstede, the Netherlands

Corresponding address:

rijsselberg@xs4all.nl

Abstract

Not only in the Netherlands, but even worldwide a significant number of people have been absent from work because they were affected by the symptoms of burnout. For example Shanafelt shows us that the amount of U.S. physicians with burnout is increasing.

Symptoms often associated with burnout are emotional exhaustion, lack of motivation at work and feeling incompetent. Work and everyday life become unbalanced. These symptoms and this state of mind have a negative effect on workers, their families, and the people they work with.

How can haptotherapy contribute to the recovery process of a person suffering from a burnout? In this article a case study is used to describe how haptotherapy can lead to new insights and personal growth, which will eventually lead to less complaints, more vitality and a more satisfying work-life balance for the client.

Keywords: haptotherapy, burnout, affective, recovering, personal growth, meaning in life, company doctor.

1. Introduction

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. This balance is needed for a fresh start after burnout.

Burnout causes feelings of emotional exhaustion, depersonalization and incompetence. It occurs mainly within a working environment. Depersonalization as a psychological term is used to express an extreme alienation of oneself. However in this article depersonalization is defined as the negative, harsh and cynical attitude towards people in a professional context. Furthermore the feeling of incompetence implied here is created by a sense of worthlessness within someone's line of work. Clients often feel inferior and have a negative perspective of oneself (Maslach and Jackson, 1986).

Causes of burnout mentioned in literature can be divided in to three broad categories: work, personal characteristics and the characteristics of the person's place of work. The characteristics of the work situation, the satisfaction gained from working and the lack of social support is the most important factors mentioned in literature as causes of burnout (Maslach and Jackson, 1986). However haptotherapists believe that someone's personal characteristics, an absence or lack of affectionate contact during a person's upbringing and his or her resilience (which can also be genetically determined) increases the chances of burnout (Lindeboom, 2012).

Symptoms of burnout are psychological, physical, behavioral and social. There are psychological symptoms of burnout like depression with components of emotional exhaustion, lower feeling of self-value, and feelings of hopelessness and disappointment. Other psychological symptoms are feelings of aggression, fast irritation and frustration. It can also cause cognitive dysfunctions, such as loss of concentration.

Physical symptoms are often physical exhaustion and complaints of vague bodily discomfort, like headache, nausea, stomach ache, painful muscles, especially in the neck, and lower back pain. The behavioral symptoms can consist of hyperactivity, excessive consumption of coffee, tobacco and alcohol. There can also be social symptoms, like withdrawal from social contacts. This can occur both in physical as well as in psychological sense. Negative, cynical, pessimistic and nonchalant behavior is also possible.

2. Case

2.1 The client

Sofie is a 40-year-old woman, who seems very lively. Unfortunately her mother died a month before the start of the haptotherapy. Her father passed away a few years before. Sofie also has a sick younger brother who needed a lot of attention and affection from the parents. In addition to that her parents had their own business, which also took a lot of their time. Therefore Sofie practically raised herself.

Sofie is married to Wouter who is sixty years of age and has a son and daughter from a previous marriage, who lived with them for a couple of years during their adolescent years. Because she is quite the perfectionist, Sofie did put a lot of energy into the raising of Wouters children and tried her utmost to contribute to her family. However Sofie does have her own desire to have children, and as it turns out this played a significant role in her getting a burnout. Because of this unfulfilled aspiration she has been focusing on her job. It made her work harder and harder so she could suppress her feelings of not being able to have children.

These patterns Sofie developed are altogether hard to change. She wants to please everyone; earlier her parents, school, friends, and now her employer and her husband. This costs her quite a lot of energy. She feels like she is failing, because she is not getting the confirmation she needs. She hasn't been able to develop her inner self, so she is constantly looking for the acceptance and confirmation on the outside. If the confirmation is not given she will draw back and start pondering. This makes her feel lonely and abandoned and she is not able to feel the connection to her work or her husband. Sofie got the advice to start with haptotherapy from her general practitioner and her company doctor.

2.2 Working environment of the client

Due to the advice of the company doctor, Sofie has stopped working as an insurance expert and is trying to recover from a series of complaints. However she doesn't dare to speak up for herself, nor dare to set her own limits. She denies herself to follow her dreams. Her problems began when she temporary started to replace the head of department. Her

executive manager was of no use as well, because she contributed to adding more pressure to Sofie. Sofie doesn't get any compliments; instead her manager points out every mistake to her.

Because of this, her company doctor advises her to call in sick, but in doing nothing she finds herself not valuable. The pondering gets even worse which disables her from getting the rest she needs to fully recover.

2.3 Complaints and guiding question

Sofie experiences vertigo, palpitations, insomnia, skin eruptions, tightness of the chest and hyperventilation. She feels pain in her whole body, especially her neck, shoulders and upper back. She is exhausted, has no pleasure in doing things and lost her ability to concentrate. She is also not able to put things in perspective anymore. She still is in a grieving process for the loss of her mother and therefore feels very lonely. This is why she starts crying easily, for example in board meetings. She doesn't allow herself to feel anger.

Her guiding question is the following: "I want to learn to feel my limits, to ask for help, to give myself more space, learn to speak up for myself, to be meaningful in this world, and to use my talents."

2.4 Treatment plan

What we see with Sofie is a form of parentification (Kinet, 2012) affective deprivation (Veldman, 2007) and insecure bonding (Bowlby, 1988) in her childhood. There was a form of confirmation of existence but not of affirmation of "her being" from her parents. During infancy Sofie adapted because she didn't want to bother her parents who were busy with other things. At the age of twelve she worked in the household and shop and felt responsible for the wellbeing of her parents. During puberty Sofie didn't have the full freedom to develop herself properly.

Her parents had little time to give support to their daughter's choices. And also had no time in raising their daughter with the proper boundaries. So Sofie practically raised herself, which denied her to discover her qualities and possibilities accordingly.

The "Dutch Working Surroundings Union" (Arbo) formulates three phases in the recovery process for a person with a burnout. The first phase is the crisis phase. Here the accent lies on getting an understanding for what has happened and the acceptance of it. Therefore resting is important.

In the second phase one identifies the problem, which one has encountered, and thinks of a solution for the problem. The third phase is the phase in which people start to reintegrate in their work situation. The haptotherapist makes a connection to these phases within the haptotherapy.

What is useful for Sofie in the first phase:

Sofie starts her haptotherapeutic sessions halfway through the crisis phase. She has already stopped working, and has a lot of spare time, in which she sleeps a lot. She also has read about burnouts. Thus she knows that it is often hard to meet all the demands life can ask at a certain moment. With Sofie these demands create physical and psychological tension complaints. These tension complaints are a way of her body saying that she has to calm down and look for another way to do things. She has to search for her balance in load and load-taking capacity. The main goal in haptotherapy lies in resting and in learning to get to know and develop your own needs. Learning how to recognize your needs and take care of them.

For the second phase:

Through the affective offer in haptotherapy Sofie will be able to change her patterns that emerged from the lack of affection she received. Recognition and acknowledgement of the developed surviving patterns are important here.

And for the third phase: for self-realization Sofie needs affective confirmation of "her being" so she will be able to develop basic security and self-confidence. Not based on what she achieves, but based on who she is.

3. The haptotherapeutic proces

3.1 The first phase

Following is a description of a session from the first phase. Sofie enters the session very anxiously by saying “I am getting crazy from my own pondering”, while she is sitting tensed on the edge of her seat. She is breathing very fast since she wants to tell everything at the same time. After being listened to and acknowledged she starts to calm down, and shoves into the back of her seat. She feels seen, heard and accepted. She is invited to lie down in her underwear on her stomach on the coach. She constantly lifts her head to see where the haptotherapist is and asks: “Am I doing this right?” Again Sofie is told that everything is okay and she can lie down. Leaving her head on the coach is her biggest problem; she makes herself small, taking up as little space as possible, her arms close to her body and her legs pushed together.

The focus of attention is working with setting your limits and taking our own space. Therefore the haptotherapist sits on a rolling stool and can thus take more distance or come closer to the patient. Then the client is asked what is happening and answers: “If you come closer, I start working,” “I think I have to do something”, “I should not lie here doing nothing.” When the client is given control in how far the haptotherapist can move closer. She can build in her own safety and feels that she can “control” letting go, because she is allowed to feel and tell about her limits. She thus feels she doesn’t have to ponder and be convulsively alert. Then she is asked to feel her feet, legs, her stomach, breast, her shoulders, her arms and hands, and the side of her head connecting to the coach. She has to really allow herself something. To rest in this way deactivates the stress axis (Lindeboom, 2012).

This is a session from the first phase were rest and what has happened are at the forefront.

3.2 The second phase

In the second phase the client and the therapist discuss how this “burnout” happened. What has happened? Why did you get stuck in life? Is there an underlying trauma? In this phase the client tries to connect to the underlining issues. In Sofie’s case those are affective deprivation, childlessness, and grief. This is about recognizing and distinguishing the

developed survival patterns. During the burnout recovery process the feeling of ground under one's own feet is an important element to know that you are in connection with yourself. People think rational control provides them with a solution for feeling incapacity and they do not want to experience the sudden exposure to all kinds of emotions and bodily sensations. They assume that not feeling and constantly thinking through all kinds of strategies is the best way of dealing with their problems. Sofie doesn't feel her legs and almost isn't able to stand on them. So every session, the haptotherapist affirmatively, affectively touches her legs. This is an ongoing process, which expands from being able to let her legs lie down, letting them sink into the bench, to really feeling the legs.

The next step is feeling power in her legs again. The legs get more shape and she starts really feeling them now with contour and content and as part of herself. She can feel that her legs are resilient and can carry her again. At the end of this period her physical problems are gone.

Next is a description of a session from the second phase:

Sofie is sitting on a Skippy ball. Is she able to feel where she makes contact with the ball? She can test her limits using this ball, discovering her physical body. Can she let the haptotherapist (who is also sitting on a ball) in to her space without getting the idea that she has to meet certain expectations? Can she play and try things out or does she still feel too tired. Can she stop when she feels her limits? Sofie is sitting on the ball and is more aware of her base (Veldman, 2007), which gives her the opportunity to feel herself as whole with her feet stable on the ground. The therapist, who is sitting close on the floor, then invites her affectively to make contact and to put her foot on the therapist's hand, which is on the floor. She has to discover how she can change her inner feeling from unsafe, to safe, from alone to together.

When this becomes clear to her, the therapist invites her to put her other foot on his other hand. Again there is this moment, within Sofie, is this a physical trick, or can she go from her thinking to feeling, from unsafe to safe, does she dare to try this, or will she get stuck in her old survival pattern.

Sofie then also connects to this hand. She feels safe using the haptotherapists hands as her floor, exploring how she can move herself in this position. She experiences this safety and

feels safe to be vulnerable. She says: “If I can feel this way all control fades away, without losing myself.” When sitting in her chair again she has a better understanding of how her body feels, especially her pelvic floor. “I never take time to go and sit somewhere. If I go and sit down I immediately focus myself on the other person and engage with them.” Sofie says.

3.3 Third phase

After experiencing that she can stand on her own two feet and take initiative again Sofie starts reintegrating at work. The company doctor asked for advice from the haptotherapist about the reintegration process. This was extensively discussed with Sofie: it starts with drinking a cup of coffee at work, to working two hours every other day for two weeks, then four hours every day for one month. After that she started working for six hours a day. Going from working six to seven hours a day happened too fast for Sofie, instead they decided to let her work 6 hours a day for a longer period of time. Sofie, her company doctor and haptotherapist extensively discussed the pace in which Sofie would be reintegrating back into the company. She has started to regain her vitality, come back into action and into her movement. Veldman calls this ‘vital intentionality’ (Veldman, 2007).

The third phase is the phase of total reintegration at work. In this phase Sofie returns to her tasks at work and, beyond that, her functions within her social environment completely. In haptotherapy this is called reinstatement of vitality (Veldman, 2007).

Finally a description of a session from the third phase.

Wouter (husband) joins us for a session. Sofie is worried about Wouter’s health and she doesn’t feel supported by him at all. She started going to college to become a teacher during the second phase, she never had a chance to choose and become what she really wanted. During her study Sofie is busy with her own development. Wouter is, due to problems at work, less committed to their relationship. During the therapy session Wouter is asked to search for a place in the space where he feels comfortable. He goes and sits down on the couch with his back leaning against the wall. It looks very comfortable. Sofie is invited to search for a place where she is comfortable and where she wants to be. She goes and stands at a certain distance from the couch with her back to her partner, her hands in her sides. “Is this comfortable Sofie?” she is asked. “Sure”, she answers. “I can watch everybody closely

like this.” She stays very alert, she can tend to somebody at any time (parentification). Sofie gets annoyed, “He is sitting nicely over there and I am working again’. “Nobody asked you to do this”, the haptotherapist responds. “What is it you really need? “ He asks Sofie. Sofie choses to sit next to her partner on the coach, within moments she integrates in feeling her base. She softens, an inner movement is beginning, and Sofie is asked to make this movement bigger. Sofie leans against her partner, he puts his arms around her. She feels supported, acknowledged and safe, she is able to rest.

During the third phase Sofie is fully reintegrated at work and enjoying her work again, she is able to feel her place in society. The company doctor and Sofie have had an exchange with the manager about her share in her company employee getting burnout. The total haptotherapeutic process took 3 years. The first phase took six sessions in two months, the second phase took twenty-two sessions once every two weeks and the third phase took one year and two sessions.

During that time there was no accompaniment from a psychologist or physiotherapist regarding the burnout complaints.

4. Conclusion

Worldwide, absenteeism due to burnout is significant. Burnout manifests itself as emotional exhaustion, loss off meaning in work, and feelings off ineffectiveness. Clients experience also a lot of physical complaints. Work-life balance satisfaction declines.

Described is a case in which is shown how haptotherapy can contribute to the recovery process of a client with burnout. With the emphasis on the three phases as used by company doctors (Arbo) in the Netherlands. Trying to make a connection to these phases in the haptotherapy which can result in the fully reintegration in work through personal growth of the client and the return of the persons vitality.

A haptotherapist working together with the company doctor provides an excellent team. They combine the possibilities to create growth within the person (as shown in the case description) and get an overall view where the system fails to provide a person with a safe working environment. Keeping an eye on when a manager is asking too much efficiency

without stimulating a person or withholding giving compliments. More freedom in working is possible when the great clerical burdens are reduced, providing people with greater flexibility and responsibility and control over work. The person with burnout has made a change, but his working environment should make a change as well. Which in this case was not possible so the client had to change to a better working environment.

References

Bowlby, J. (1988). *A secure base*. New York: Basic Books.

Boot, B. (2007). *De innerlijke meetlat*. Amsterdam: Archipel.

Damasio, A. (2010). *The self comes to mind*. Evansville: Vintage publishing

Kinet, M. (2012) *Parentificatie* Antwerpen: Garant.

Kroon, S. (2006). *Terug van weggeweest. Verslag van een haptonomische thuisreis*. Ede: Boekenbent.

Lindeboom, L. (2012). *Haptotherapie bij burn-out*. Woerden: Drukwerkstudio.nl.

Luttervelt van, M. (2012). *Bevestigend aanraken en contact*. Bilthoven: SU Ronde tafel.

Maslach, C. (1986). *Burnout Inventory (second edition)*. Palo Alto, Consulting Psychologists Press.

Merleau-Ponty, M. (1945). *Phemenologie de la perception*. Paris: Gallimard.

Montagu, A. (1972). *De tastzin*. Utrecht: Het Spectrum.

Olthuis, G. (2008). Dit is mijn grens. Ken je grenzen en je blijft in balans. Middelie: Andromeda.

Plooi, E. (2005). Haptotherapie: Praktijk en theorie. Amsterdam: Harcourt Assessment BV.

Pollmann-Wardenier, W. (1986). Verkenningen in de haptonomie. Utrecht: Bruna.

Roodvoets, C. (2006). Niemandskinderen. Haarlem: Gottmer/Becht BV.

Seppala, E. (2016). To motivate employees, do 3 things well. Harvard: Harvard Business review.

Shanafelt, T. (2014). Burnout and satisfaction with work-life balance among us physicians relative to the general US population. Rochester: Mayo clinic.

Uvnas-Moberg, K. (2005). Oxytocin factor, tapping the hormone of clam love and healing. Stockholm: Swedish university of agricultural sciences.

Veldman, F. (2010). Adesse animo. Oms: Siege Scientifique International d' Haptonomie.

Veldman, F. (2007). Levenslust en levenskunst. Zin, inhoud en betekenisverlening van het persoonlijk leven binnen de menselijke samenleving. Blaricum: Van der Veer.