

## Postnatal parent-child guidance in water

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### Abstract

How post-natal haptotherapeutic counselling in water can help to heal after a traumatic birth, a difficult infancy, or with a disturbed parent-child relationship.

One might assume that bathing and being in warm water together with the parent is enjoyable for baby's and young children. This is usually the case, as water is a familiar environment for children. Therefore, water plays an important role in the interaction and development of the child: that's where they come from. However, in case of a traumatic experience the child may see water as a threat, which raises questions that will be addressed in this article. On the other hand, being safe in water together with their parents can help to heal this fear and it can affect in a positive way the traumatic experience or the unstable situation. How to realise this, will also be explained in this article.

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**Keywords:** Haptotherapy, water therapy, children, parents, postnatal support.

\*Where 'he' is being used, one can also read 'she'.

### Introduction

Water can evoke conflicting feelings. Water can feel familiar and natural, while for others, it arouses fear. When adults refer to a fear of water, it is often one that developed sometime in their childhood, usually as a result of a negative experience.

Water is appealing and can be experienced as calm, wild, soft or bubbling. It can mobilise us, or alternatively, it can petrify us. Water often has a calming effect on young children. While the effects of water cannot be ignored, our reaction to water is different, for everyone, every time.

### Children and water

One might assume that bathing and being in warm water together with the parent is enjoyable for young children. This is usually the case, as water is a familiar environment for children. After all, it is where they came from! Yet for some children, being in water is not always a pleasant experience and may even evoke fear. The child may see water as a threat, which raises questions that will be addressed in this article.

Questions:

- Should water be avoided when children experience water as a threat?
- Does the child's problem with water indicate an issue that requires a solution?

- Is there a connection with previous water experiences, including the experience in the womb?
- What does one observe in the child and how can one deal with it?
- What is the role of the parents in this situation?

It is possible that the child has had a difficult start to life or has problems with attachment. Haptonomic guidance in water can then clarify the situation and offer help. This form of post-natal counselling based on haptonomy has been developed in our center. In addition, there is also a form of haptotherapy in water for more traumatized children and adults.

#### *Together in the water*

Being in water together can provide the experience of security and enjoyment, which according to haptonomy, is the basis of emotional development. The power of water also makes us aware of our survival instinct. Enjoyment (life) versus survival is an important theme within the haptonomy. As Veldman (2007) states, "The specific passion that is experienced in pleasure, the experience of the vital good, confirms and corroborates existence as good."

The case of Tjeerd elucidates the approach to problems in the water.

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## Case Tjeerd (part 1)

*The doctor referred Tjeerd, a three-month-old baby, to me because he was very restless. The restlessness manifested itself in motor agitation and frequent crying. He was startled by loud noises and unexpected movements in his environment. His parents couldn't comfort him when he cried, which made them feel insecure. He became increasingly tense and arched his shoulders back. Bathing was not enjoyable; he cringed and would whimper softly.*

*Tjeerd is the couple's first child. Tjeerd and his mother come to the practice pool. I enter the water while his mother undresses him. I then carefully take him from her, support him under his buttocks, and gradually lower him feet first into the water. We wait for mother to also enter the water. He has cried continuously since being undressed. He then sits facing me, his buttocks resting on my hand, up to his shoulders in the water. I make contact with my hand so that he can nestle deeper into my palm. The water is a nice, warm 33 degrees Celsius and feels like a cosy jacket around us. I can feel him shrinking, as if returning to the fetal position. He is still crying, but a bit more quietly. Then I gently start blowing bubbles in the water. I try to blow the bubbles towards him, as I have earlier been speaking softly to him, making comforting noises. He settles firmly into my hand. The crying stops. He opens his eyes and looks at me. Contact is born.*

## The meaning of water in counselling

Water can mean several things in counselling, like experiencing the buoyancy of water or the enveloping quality of water.

### *The buoyant power of water*

New-borns explore water based on the hapsis, the ability to feel, with which they perceive, distinguish and appreciate (Ferdinandus and Plooi, 2010). This is an *active* event in 'receiving' the enveloping quality and the buoyant power of the water, the latter consisting of an upward, supportive force.

This upward force of water is based on the principle that when a body is immersed in liquid, it encounters an upward force, equal to the weight of the displaced amount of liquid. This is a quality of water that makes us feel lighter and thus float. The amount of air we have in our lungs strengthens our buoyancy further. The water carries us.

Due to the hydrostatic pressure, water also has a supportive quality. Because of this pressure, which causes the pressure of the water to be equally divided over all parts of our bodies, we feel the water very evenly and uniformly. Water supports and surrounds us on all sides and keeps

us balanced. If we carry someone upright in the water, it means that the person is supported by the water. They also feel very light due to the upward force. Therefore, our 'approach' can be very subtle. With babies this means that a very light touch is already enough to establish contact and to carry them.

Experiencing water as something good cannot always be taken for granted. People who have a fear of water cannot simply entrust themselves to water. They experience the water as a danger. Their tension, both physically and emotionally, ensures that they cannot feel that the water is carrying them. They cannot surrender, rather, they fight against the water and therefore do not react adequately. Alternately, they feel 'flooded' by the water and experience the water as overwhelming. Haptonomic guidance can open up the way again to experiencing water as a positive, carrying force so that we can be with the water.

## Water as a cover

We all know, provided there is no fear of water, the beneficial effect of being enveloped by warm water. It encloses us like a second skin. There is comfort and security in the water. It touches us everywhere. Vasalis (2006) expresses this in verse as follows:

*The sister let him slide into the water,  
he folds his thin arms on his chest,  
he sighs, as when his first thirst is lessened  
and around his mouth gleams slowly a great rejoicing.*

The touch of water is so complete that the connection with our tactile senses and our feelings is made instantly. We become lighter. The body softens and becomes receptive, a physicality that can be felt. Water feels like 'a warm coat' and feelings are then literally 'soaked loose', like the paper label glued to a glass jar. There is also a physiological impact; pleasantly warm water has a subduing effect on the involuntary vegetative nervous system, rendering us calm.

Levinas, the philosopher, sees water as the element where one can enjoy limitlessly without losing himself, *'enjoyment is bathing in the element. With all my senses feel, hear, taste, see and smell the enveloping water'* (Keij, 2006). This requires us to entrust ourselves to the water and to stop thinking. Our thinking often prevents us from feeling the water consciously. This may be because we do not give ourselves time, we do not know how to relax in the water, or we are confronted with feelings that we cannot explain, such as unrest and fear. Babies, not disturbed by thoughts, are absorbed by the water. Their senses are completely open and so they 'receive' the water too. The case about Tjeerd illustrates this nicely.

## Case Tjeerd (part 2)

*I feel, very minimally as yet, the movements of Tjeerd sitting on my hand. He straightens his back a bit. My hand is soft and relaxed, inviting him to really sit down. A child will feel that he is sitting actively. He will also feel that I not only support him, but I feel him completely, right up to his crown. He focuses, in response to this feeling. This phenomenon has been studied in haptonomy and is used frequently. Water reaches his mouth and he spits it out. He is self-reliant.*

*I feel more subtle movements; his little legs make an awkward kicking movement and he sits further into my hand. His hands open occasionally. Quietly I stay in contact, 'listening' to what he has to 'tell' me. Then it is time to gently let him slide on his back, supporting him from his buttocks. One hand under his shoulders and the other hand under his buttocks, his head floats freely in the water. I blow bubbles under water on the right side of his head. He has to get used to his ears in the water, but then he turns his head towards me. Water flows into his eye but it doesn't matter; he keeps looking at me. I invite his mother to join us.*

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## Water as a means to make contact

Water contact is a physical means to be in contact with ourselves, with others, and for the therapist to connect with the child.

### *Contact with yourself*

Water can bring us into contact with ourselves as it encloses us. The 'touch' of water requires nothing and therefore we are more able to entrust ourselves and reveal something of our self. As we enjoy the warm water, we feel it enveloping us more and more. We allow the water in, and we open ourselves up. We can, or perhaps we dare to make it easier to release the rigidity and stiffness that we feel physically and mentally. Our body softens; we are soothed! This also applies psychologically. Through enjoyment, the person, the child, discovers themselves (in a physical way).

### *Contact with the other*

We can feel the proximity of the others in water better than on dry land. On dry land, another person at a distance is not very noticeable. The atmospheric air does not give us any usable sensitive information about the other. The opposite is true in water. We can feel the other person move through the water. The movement made by the other person causes waves in the water, which touch us. Water conducts this vibration. Even though this vibration is very subtle, it can already be felt. We must be aware of this when working with a young child. The child can feel us

moving. This requires us to align ourselves with the child in our approach. This quality of water makes the contact with people at a distance very tangible.

Thus, we achieve physical contact more quickly and naturally in water. Look at children in water and you see them frolic and play with each other. The fun and enjoyment are obvious. You don't have to be young for that. Adults are also easily tempted to play in water. It allows them to become a child again. Making direct contact by touching the other person is therefore almost just as natural. On dry land, our touch can be seen as rather burdensome. With water as an intermediary, the touch can be very light and almost always feels appropriate. It is a safe medium to experience intimacy. Moreover, the upward force helps to experience the contact as very light, which has a liberating effect. This is a substantial difference with making contact outside the water. There is one important condition, however, that the person approaching and making contact is also in contact with themselves. They achieve this by 'wearing' the coat of water, like a jacket.

### *Contact between the therapist and the child*

When carrying a child, there is immediate intimacy. The child depends on us. We want to protect them and are extra cautious. In the water, the person carrying the child must feel how they react to the water. This also applies to the therapist. They sense the child all the way from the feet to crown and can therefore feel their reactions well. The therapist can make the contact feel tender and reassuring. The supportive contact can be very subtle. The therapist protects the child completely, while the child is able to discover his own possibilities in the water and experience autonomy. The child feels safe and can therefore feel free more quickly. The therapist supporting them does not experience tension and can fully open up to the reactions of the child.

## Trust and confidence

When working with children in water, we bring them back into a very familiar environment. We return to the period before birth, in utero. The tactile senses of the child develop very early in the uterus. At approximately eight weeks, the child has probably already experienced touch and at twenty weeks, they can experience pain. Thus, they also experience the amniotic fluid at an early stage. The other senses develop slightly later. The child can already distinguish light from dark in the uterus. They drink from the amniotic fluid and can taste that it always tastes differently. At 25 weeks, the hearing has developed to the extent that the child can hear the voice of the mother, the

sound of her abdominal gasses and other viscera, but also sounds from the outside. These sounds reproduce through vibrations in the amniotic fluid and reach the child. Babies have a natural reaction, which can be traced from the evolution of life, from turning towards or turning away from stimuli that they experience as positive or negative.

Veldman writes: *'This primitive feeling, the hapsis, already had the possibility to observe, appreciate, distinguish and differentiate between the elements 'good' and 'evil', by sorting and selecting them, as well as by recognizing their life-threatening influences, all this entirely focused on selfpreservation.'* (Veldman, 2007)

Furthermore, the sensory experiences of the child in the uterus stimulate both the development of the central nervous system and the ability to engage with the outside world and to 'learn' from it. Their stay in this watery environment does not go unnoticed by them. In nice warm water, you take the child back to the feeling of that familiar environment where they can feel the contact with their mother again, in a different way than outside the water. Underwater noises have a special effect on children. We make use of this during the guidance by blowing gently under water at the height of the child's ear, when they are lying with the head in the water. The bubbling noises generally cause a child to become quiet, especially when the mother does it. In the water, a child will also regularly put a thumb in their mouth, as often seen on an ultrasound, a sign that they feel completely secure.

## Confirmation

Making contact in water matches the sensitivity of the young child. The intimacy of the subtle and enveloping contact that the parent makes with the child, affirms the child in what he is capable of and respects that which he cannot yet do. The parent creates the conditions for the child to be able to enjoy life. This also applies to experiences in water, according to Veldman: *'This task consists in guiding the child, within an atmosphere of safety, tenderness, warmth, dedication and confirmation of existence, in short, in the affective affirming atmosphere of love experienced through feeling: the skin-on-skin contact with the mother in the first years of life, which is absolutely essential.'* (Veldman, 2007)

In our opinion, the mother is the designated person to carry the child into the water at the beginning. If the child is slightly older, the father also plays an important role. This will be discussed further in the case study later in this chapter. The feelings of security, safety and respect for the child's individuality that come with this contact reinforce their basic confidence in a physically tangible way. For the parents, this contact also affirms their parenthood.

## Autonomy

A child is more capable in water than outside of water. They can move in water in a manner that shows a certain self-reliance, in contrast to their possibilities on 'dry land'. Parents are often surprised to experience this. The movements of a young child in water are still based on old reflexes. If we give the child sufficient space, in addition to the necessary safety, they will move freely in the water. The natural reactions of young children in water show their self-sufficiency. Next, several tests, as they are used in guidance and described in the case at hand, are conducted to study these reactions.

The child comes into the world with a number of reflexes, protecting him and helping him survive. One of those reflexes is the diving reflex. *'Tests have shown that if a parent leaves his/her newborn baby with their face down and a parental hand as a support under them in lukewarm water, the child does not show any sign of panic, but automatically holds in their breath and explores the underwater world with eyes wide open. If the supporting hand is taken away very gently, the child begins to move as though they are swimming.'* (Morris, 2008)

This reflex gives the child a form of self-sufficiency in water for the first four to six months. Then the dive reflex disappears in its complete form. The child can then be helped to hold their breath and keep their mouth closed. From experience, we know that not every child uses this dive reflex. In some cases, for example in children with a neurological condition, they do not have a diving reflex. Many things, such as complications in pregnancy and during birth, can cause the dive reflex to be inactive. In many cases the reflex can be activated, by offering a test on self-reliance during a guidance session. Three methods have been developed for this:

- a. Dripping water on the forehead just between the eyebrows will test whether the child is also holding their breath. It is audible when the child does this.
- b. Gently lowering the child into the water while sitting on your hand will test whether the child spits out water when it touches their mouth.
- c. When doing test a., the child should show a clear reaction by kicking their legs. This reaction of kicking is necessary to be able to 'swim'. It says something about the ability of the child to survive and about their vitality. How intensely a child will kick, varies from child to child.

The child can only discover self-reliance when in good contact with their parents. The tests should be embedded in lovingly supportive contact with the child. It must be

appropriate. Haptonomic guidance in water can offer both an affirmative contact and, if necessary, a stimulus to the child's survival instinct or life force.

## Haptonomic guidance in water

### Casus of Fleur (part 1)

*Fleur was a small child of five months when she came to me. She is a twin. Her brother Jaap and she were born after 28 weeks of pregnancy. Fleur was the first to appear. The time around the birth was very stressful because her mother was not doing well. She has diabetes and in the time leading up to childbirth, she suffered all sorts of complications, which adversely affected her condition. It got so bad, it threatened her life and that of her children. The children came in the world with a Caesarean section, while the mother was completely sedated. The mother's condition was very critical, and she was put on artificial respiration. The children were also immediately hospitalized in the intensive care of the neonatology department. Mother and children were unable to consciously get to know each other directly after birth. Mother was only able to contact the children after a few days. The children also experienced some complications and therefore had to stay in the hospital for sixteen weeks.*

*When she comes to me, Fleur still has a feeding probe because her suction reflex is weak, and she does not finish drinking her bottle. The parents' request for help is primarily for Fleur, because she has been diagnosed with an excessively high muscle tension and she makes poor eye contact. It is not spasmodic, as that was extensively tested. Jaap is clearly doing better at that moment. He has apparently processed all the circumstances surrounding and after birth better. Yet we decide, although he doesn't need the help, that he should also be in the water during treatment. I believe it is important that not only Fleur and Jaap, but the whole family, including the father, can experience together how they can be with each other in the water. The parents agree.*

*The first time in the water, I explain the buoyant and enveloping qualities of water and let the parents see this, as I go into the water with Fleur. From the side, they watch Fleur and how she experiences it. The second time, we choose to begin with the mother and Fleur, because this was their first request for help. I want to give them both the peace and the space to establish contact in the water. Father and Jaap remain at the side of the pool.*

*We go into the water together. Mother carries Fleur with one hand underneath her buttocks. She is lying down, with her head against her mother's chest and with folded-up feet, observing everything with alert eyes. But she is still silent and does not move. She allows herself to be carried and noticeably*

*enjoys the contact with her mother. When I gently dribble some water on her forehead, she can't hold her breath properly yet. She also pulls her head back and shows no kicking movement with her legs. When mother blows some bubbles in the water next to her ear, she looks intently and becomes visibly calmer.*

Defensive babies revert to their foetal position in water and become more still in their movement. Through their physical nearness and with both being surrounded by the water, a mother can give her child the intimacy that allows the child to open up more to her and then to the water as well. This results in the child becoming more free.

### Casus of Fleur (part 2)

*By the third session, Fleur is already producing much more movement. She starts kicking a little, with very subtle movements of her arms and hands and her head when she is on her back, showing again how she is developing. It looks like a kind of unfolding, which can be compared to how a person stretches. The mother no longer carries her so close to herself, but supports her under buttocks and shoulders. Her head is free in the water. On my instruction, mother carries Fleur on her hand. She then sits upright, with the face towards mother. She is free, autonomous, carried and supported by the water and completely safe and at ease on her mother's hand.*

Haptonomy is based on the manner of interacting with a baby, a way in which he is cherished and protected, and also supported in his autonomy. Veldman thus reflects on the importance of being supported: *'Making a new-born autonomous, well-supported and affectively confirmed in his vertical (upright) existence, means that an inner feeling of being safe has to be developed, independently.'*

In such a vertical position, the loving support of the parent reinforces the strength and autonomy of the child. It's like they are already learning to straighten their back a bit on their own initiative, without too much effort. This is a light and playful interaction in water for parents and children. The supportive and buoyant quality of the water helps very much.

Continuing this method, the child can take a vertical position by standing on the hands of the guide. The child stands on the hands of the parent, whereby they are up to their neck in water. If the parent, usually the father, establishes an intensely sensitive contact, that is to say that he feels the child from their feet to their crown, then the child is free. This is very affirmative for the child. The child usually starts to beam, but the father too, for he has helped

achieve it. The purpose is the same, namely, to make the child feel their individuality and strength. You can start doing this early in water. Gravity gets in the way on 'dry land', but the child is so much lighter in the water.

A child may withdraw when afraid. If they are a little older, the child may also cling tightly to you. Even then it is important to give the child security. First, they should be held close, with their face towards you, preferably up to their shoulders under water. Then, if the child relaxes and makes contact with the therapist, he/she can turn the child around. They will then have the opportunity to see the space and to make contact with the parents, who are also in the water. Here too, the touch can be light and gentle. The child then feels the contact and that the water carries him. A clinging reaction makes you instinctively grasp them firmly, but this will not open up their feelings. You simply give into their clinging. By providing light contact, the child can feel safe and free. The next step is for the parents to carry the child in the same way.

### The participation of the parents

A mother said: *The water added a greater dimension. You seem weightless in the water and it also gives your mind that feeling of being weightless. The whole world seems far away, you can focus only on your children. This may be different for father.*

#### Mother

Obviously, the mother occupies an important place in the treatment. She is the first person designated to establish contact with her child in the water. She carried her child in her womb, and hopefully there were many intimate moments of contact for both during pregnancy. In this example, the mother was not able to welcome her children at birth. She was not able to make the first intimate contact with her children. In water, she was able to feel that the lightness of the contact she made with her children, set them free. In that freedom, her children accepted her invitation to make contact with her. They could surrender to their inner survival instincts and literally move towards her. This was very affirmative for the mother.

The fact that this was not a full-term pregnancy was another consideration. Fleur and Jaap arrived three months early. They had missed spending one third of the pregnancy safely enveloped in amniotic fluid in the uterus. In the water, they and their mother could re-experience it. The semi-symbiosis, as Veldman calls the pre-natal phase, could be re-created in this way.

Another significant issue was that mother had experienced a life-threatening childbirth. Usually, the child receives all

the attention, from the mother as well. However, in the water that instantly surrounds you and makes you feel both physically and emotionally, fewer words are needed. The mother experienced that when she feels the water, the water can carry and surround her, too. Being in water can also be meaningful for her. By feeling carried herself, the mother can then carry her child. The mother, together with her child in the water, grows naturally into a form of intimacy that will also address her own experience. She not only cares for her child, but also feels that she is allowed to grow and be more than she is now. Water makes this visible. It is obvious that it is beneficial to the mother when she connects with her child in this way. You can visibly see that the child benefits from being together with mother. Both mother and father have indicated that it helped, both in strengthening the mother-child bond and as well as in processing the emotions surrounding the difficult birth.

### Casus of Fleur (part 3)

#### Father

*Two months later, the family visits me for the fourth time. Father and mother come into the water with Fleur and Jaap. Immediately it is noticeable how much more agile and robust Jaap is in the water. Sitting on the hands of his father, he is very inquisitive about that large pool. It is wonderful to see how Fleur is looking for personal contact with Jaap. The times before have apparently given her enough confidence. However, she still shrinks from a lot of splashing. I direct father to gently drip some water on Jaap's forehead, the method to test the dive reflex. In the beginning, nothing happens. Then Jaap's breathing stops for a moment, which is a good sign. He is holding his breath when touching the water. In addition, he starts to kick spontaneously, like a reflex. Jaap clearly shows some more self-reliance than Fleur in the beginning. Under my guidance, father practices having Jaap stand on his hands. Jaap obviously enjoys this very much and stands independently on father's hands for a moment. He glows with pleasure. They balance together. Father enjoys Jaap's response to his invitation to stand.*

*This way of being with his children is also affirmative for the father. He carries his children in the water. He gives them confidence. He sees and feels that his children are doing well because they respond well to him, which also gives him confidence. He sees their possibilities, new possibilities. This experience is often quite a relief, especially if it has been a worrisome period of time. In the case of the above guidance session, it was very beneficial that the four of them were finally in the water together, involved with each other and in interaction. Sometimes it was one-on-one, sometimes all together. The four of them were in a shared space surrounded*

by water, where the father often showed courage and pushed boundaries and the mother was the beacon of security.

## Casus of Fleur (part 4)

### Parental interplay

*I go into the water with the whole family. We are not too far apart. Father carries Jaap and mother carries Fleur. I instruct father how to help Jaap move from him towards me. Father carries Jaap, facing me and up to his shoulders in the water, on one hand. He loosens the contact with Jaap, lowers his hand slightly, and feels what Jaap is going to do. Will he kick his legs? Then Jaap can move to me a little more independently. He is 'treading water'. Father maintains his contact with Jaap, guiding him, but lets him "swim" to me as much as possible. Jaap is doing well; he closes his mouth nicely when he sinks a little lower into the water and treads water towards me. We practice this again. Then father hands Jaap over to mother, after I have taken Fleur. Together father and mother feel what this "letting go" and receiving again feels like. They must now function as a team. It works well. Their child can rely on their actions and can rely on his own natural reactions in water. Fleur is not yet ready to be released, but the parents also are encouraged to practice handing Fleur from one to the other. This finally will help Fleur to get more confidence in this transfer. It is nice to see how cautiously father and mother do this, while they continue to give her all the space she needs.*

As on 'dry land', it is important that parents together give their child confidence in the water. They affirm their child and the child receives that affirmation. In this case, they trust themselves and their child, because they feel that Jaap can do this. He opens himself up to them and is sufficiently free to accept their invitation to move in the water. For parents this is very affirmative. This applies to each individual, but also as a couple. It affirms their relationship, their sense of joint growth.

### How are the children later?

Asked how the children are years later, the parents answer: *'Fleur and Jaap are now 6.5 years. Two cheerful children who are doing well in school. More importantly for us, they have a lot of friends and easily make contact with other children (e.g. on the campsite). Especially Jaap is very good at that. Fleur is a little shy, but once she realizes that having other children to play with is very nice, she really tries her hardest. The last week at the campsite she proudly told me: 'I've already made four friends'. Jaap recently obtained his first swimming diploma (A). He was allowed to skip the first ten*

*water habituation classes. He was already water-free enough. He now has swimming lessons for B (the second diploma). Fleur did take the water habituation lessons and will hopefully swim in July for the A diploma. She likes swimming. Fleur can still lie on her back in the water with my hand under her for support (although she prefers a hot tub) like we practiced during therapy. She loves it, 'just relaxing' as she calls it.'*

## The role and 'baggage' of the haptonomic therapist

### Role of the therapist

Water reveals a lot. We are all in swimsuits and therefore equal. The enveloping water softens our movements, but does not hide anything. Water is like a mirror. This quickly makes it clear to the therapist how the child feels, but also the kind of contact there is between the parents and between parents and child. The instructor mirrors his observations and perceptions to the parents.

One of the most important assignments of the instructor is to eliminate the fear of the parents. Almost every parent feels fear and is in awe of the water of the pool, when they know that their child is in it. This is an understandable primary fear; their child could drown. These fears can be transferred to their child, which prevents exactly that which you would like to create - the parents' confirmation of what their child can do in water.

The instructor's job is to teach parents how to affirm their child's independence and vulnerability. The instructor recognizes the child's vulnerability. He sees the child as a whole, meaning that he respects how the child feels at that moment and how they respond to his invitation to establish contact. This feeling is conveyed to the parents. In addition, it is important that he also sees the joint action of the parents towards the child. In the case above, I have described how the therapist does this, by demonstrating, by having the parents feel this, by doing together and by confirming when things are going well.

If it is difficult to establish contact with the parent or child, the therapist guides the parent in finding and activating his or her own possibilities, or those of the child, in order to reconnect with each other. To this end, the therapist must be able to observe and intuit the reactions of the child and point to their origin. Are they survival reflexes or emotional reactions that result from contact? The therapist must be able to respond to the child and their parents in a meaningful way.

### Our own baggage

Haptonomic guidance in water requires that the therapists have a certain sensitivity for this medium. Besides

their knowledge and skills as a haptonomic therapist in their work before, during and after the pregnancy, they also bring their feeling for water, a feeling based on trust, pleasure and respect. It's the trust to be themselves in and under water. They have been able to release their own survival mechanism and no longer have to 'fight' with the water. The pleasure in water is real, so that the therapist can enjoy it as a child enjoys it. They feel the freedom that the water gives them. At the same time, they are aware that the water is a force. It is, in that sense, superior. They must respect it, but can also use it purposefully. Nowadays, haptotherapy in water, both post-natal as well as for children and adults, is seen as a specialization within haptotherapy.

### When to choose haptotherapy in water?

The contact of enveloping water gives an extra sensory stimulus, which unconsciously acts on the emotions of parent and child. The appealing value of water also gives insight into the survival instinct of the child. It is important to think about the problems of the child and the parents when considering therapy in water.

#### *Problems with the child*

- a. Restlessness and anxiety, or a lack of vitality in the child. This can be caused by profound events during pregnancy and by a premature or difficult labour and birth, resulting in an immature nervous system or an insufficient bond between mother and child.
- b. If a child has a condition or illness that leads to a difficult start to life and parents have not been able to build up a bond with their child.
- c. If a child does not like water, for example, when bathing.

#### *Problems with the mother*

The mother might be uncertain. That may be associated with her perception of the pregnancy or childbirth. Alternatively, if she doesn't have much self-confidence, she therefore has not developed her motherly feelings well enough and does not feel ready for an optimal contact with her child.

#### *Problems with parents*

The therapy in water is also there for parents to learn to free their child early in water. Enjoying time together in the water strengthens the bond between parent and child!

## Place of parent-child relationship within haptonomic guidance

The haptonomic parenting and child counselling teaches parents to interact with their child from the basis of feeling, even after birth. In order to do this, they return to the haptonomic pregnancy therapist a few times after the delivery.

Water plays an important role in the interaction and development of the child. The child takes a bath, a shower or, if it is a little older, can go in the big bathtub. When parents go to a swimming pool with their child, they sometimes, without being aware of it, convey their own fear and tension to the child. The experience is then not always a positive one. Bathing their child could also be a moment of rest and relaxation for both child and parent. A moment of contact to enjoy together, as they hopefully experience this when feeding and caring for their child. Gaining insight into how their child responds to water and how they can deal with it is therefore, part of the knowledge that parents must have of their growing child. Becoming free in the water to guide their child helps avoid the fear of water and activates pleasure and enjoyment. The vitality of the child is stimulated. It also helps to guide an anxious or fearful child to feel more balanced. The child can benefit greatly from this throughout their entire development.

## Conclusion

Haptonomic guidance in water has an affirmative and healing character, because it responds to the natural behaviour of the child, as experienced in the womb and demonstrated in water. This assists not only the child in their own natural emotional development, but also helps the parents to process past or existing situations and teaches them how to deal with the true possibilities of the child. Thus, child and parents can continue growing in alignment. Knowledge and skills of the therapist of the survival phenomena in water in infants (or lack thereof) are, in addition to haptotherapeutic qualities, a prerequisite for successful therapy.

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