

**Empathy as part of the
perception process
in Osteopathy**

- Literaturstudie -

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Eidesstattliche Erklärung

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Abstract:

Keywords: empathy, perception process, osteopathy, compassion, Einfühlung, consciousness;

Palpation is granted an overwhelming status in perception of patients. Whereas great importance is also attached to gaining insight into the content of consciousness through the five senses, the aspect of empathy often remains unconsidered.

Empathy is classified as a diagnostic ability of perception in psychotherapy and psychoanalysis and serves the purpose of diagnosis in connection with sensory perception. The research question in this paper looks at whether empathy can also be viewed as part of the perception process in osteopathy.

Insights gained through empathy broaden the spectrum of information about patients. The patient is viewed as a complete person. This way, the patient can arrive at a deeper understanding for her or his healing process. Her or his awareness of the behavioural patterns which underlie the ailment are therefore heightened.

Statements made by renowned osteopaths emphasise that targeted use of empathy makes it possible to increasingly perceive the contents of consciousness of a patient and thus integrate this into treatment.

The analysis of the statements from the research used for this paper shows that empathy is an everyday phenomenon and for this reason, also appears to be valid for osteopathy. The question of whether deficits in empathic ability can be made up for later in life through training and schooling is answered with differing opinions in research on empathy. Each encounter automatically effectuates the desire to understand other people with respect to their intentions, moods, attitudes and undertakings. For this reason it must be assumed that this process also automatically takes place in osteopathic interaction. The research conducted leads to the conclusion that empathy represents a key part of the perception process in empathy which entails in many cases emotional, mental and spiritual process at work in feeling into the contents of consciousness.

Originally, this work was meant to contain interviews of osteopaths within the scope of qualitative social research. While researching literature, it has become apparent that what is first needed is a basis in the form of a foundation on empathy in osteopathy. By virtue of the relevance which empathy is awarded, for example in psychotherapy, it appears to be important to increasingly establish this concept in osteopathic nomenclature. For this purpose, additional research is necessary whereby the analyses in this paper offer approaches for drafting a questionnaire for interviews on this topic. Another aspect which arises as a result of this paper is training in empathic competence for osteopaths. One suggestion to that effect could be to address empathy during osteopath schooling in

particular, to create an awareness for this phenomenon. Self-awareness, self-discovery and self-reflection are recommended by different authors whose research focuses on empathy for developing of a mature personality and should thus also be relevant for osteopaths.

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1. Introduction and preview

1.1. Idea and personal motivation

The observations made in the following paper are based on questions which arose in relation to perception in osteopathic treatment. Which trait, which ability or even which expertise enables me as an osteopath to perceive a patient's emotions, thoughts, attitudes or intentions? Perception through palpation is given a high level of status in literature and training in osteopathy. However, it appears to me to be questionable that osteopaths are able to gain all the information they need on the contents of their patients' consciousness simply through the palpation of tissue. I also figured that insight gained from the five senses does not offer a sufficient explanation as I have been consistently confronted with insights during my experience as an osteopath on a daily basis which I cannot consciously attribute to a specific sensory perception. For example, sudden insight into a patient's emotions can be gained and during treatment or a consultation, these emotions are found to underlie their symptoms. I can often discern patients' intentions or attitudes through their facial expressions, gestures or body language, yet it still remains unclear how forms of expression in people can be meaningfully analysed in such a short period of time. Another phenomenon which aroused my curiosity was the occurrence of physical sensations or emotions during treatment which did not appear to be appropriate to my situation at that moment and were triggered by interaction with patients. How can such occurrences be explained? Locating this connecting link between sensory perception and the findings which I have come across in my experience as an osteopath has continued to arouse my interest. In addition, I wanted to find out whether it is consciously and intentionally possible to gain insight on certain contents of consciousness of another person. I thus came across empathy, a phenomenon which practically remained unmentioned throughout my schooling to become an osteopath. During my search for clues in literature on osteopathy, I discovered to my surprise that this term can only be found very seldom and has only been defined by a few writers (cf. Fryman, 1968; Liem, 2006; Novy, 2007). I therefore extended my research to other fields. As empathy represents a central notion in therapy in psychotherapy and psychoanalysis (cf. Kohut, 1987), the idea occurred to me to research whether this concept is relevant to osteopathy. I decided on conducting an interdisciplinary study of literature on this topic, to lay the foundations for empathy in research on osteopathy and to define the term from an osteopathic point of view. This should provide a basis for discussion on empathy as seen from an osteopathic view within a wider framework.

1.2. Empathy as a basis for professional, therapeutic behaviour

Liekam (2004) maintains, that the notion of empathy currently represents an almost naturally used expression in everyday life, and although it is fixed in daily linguistic usage, its exact meaning often remains unclear. Though there are many approaches to defining and explaining the term (see chapters 2 – 4), a uniform definition of the concept is missing which would do justice to this elusive phenomenon. In his doctoral dissertation, Stefan Liekam (2004), examined “Empathie als Fundament pädagogischer Professionalität” [“Empathy as a foundation for professionalism in education” (translated by M. Bissette)] in his research. He postulated that empathy, in connection with professional, therapeutic behaviour, should not be confused with compassionately catering for the emotional needs of others. He added, that if empathy is classified as a diagnostic perceptive ability which leads to knowledge about other people, this phenomenon must not be reduced to altruistic or compassionate behaviour. The scope of this paper is to undertake defining and laying the foundations for the concept of empathy in osteopathy. Subsequently, the phenomenon of empathy will be examined for its significance on perception in osteopathy. As discussed in detail in section 2, “empathy” is a created word derived from the German term *Einfühlung*. This allows for the possibility of applying both terms Empathy and *Einfühlung* synonymously, in order to use them (depending on which literature is under analysis) specifically.

1.3. Research hypothesis

Liekam (2004) says, that empathy is classified as a diagnostic perceptive ability in psychotherapy and psychoanalysis and is used in connection with sensory perception to make a diagnosis (cf. Zwick 2004a; Kohut, 1987). From this, the question can be deduced whether this argumentation can also be applied to osteopathy. As a result, the following paper looks into the question of whether empathy can be viewed as a part of the perception process in osteopathy.

The research hypothesis is posited, that empathy is used in osteopathy as a part of perception to gain insight into the contents of patients' consciousness. The relevance for posing this question is emphasised by Liem (2006), who claims that the complete person should be taken into consideration during diagnosis and treatments, as body, mind and soul are interactively connected, and that each part has its own legitimacy which should be taken into account by the person providing the treatment.

1.4. Relevance to osteopathy

Explanations by Fryman (1968) and Liem (2006) leave us expecting that consciously dealing with empathy enables osteopaths to perceive the contents of patients' consciousness on an increased level and to incorporate this into treatment. Overall, this leads to an increase in an osteopath's expert knowledge and greater professionalism in dealing with patients by specifically using empathy as (part of perception in osteopathy). Moreover, fundamental research on the topic of empathy in osteopathy has been lacking up to now, an issue to which this paper should contribute.

Hess-Liebers (1999) was able to convincingly describe that if a psychotherapist is involved with patients in their multi-dimensionality, it counteracts the danger of a "burn-out syndrome". If we follow this argumentation, this theory could also be applied to osteopathy. Providing treatment on a day-to-day basis could be shaped in a more complex and interesting manner by consciously dealing with empathy. A further consequence is that physical and psychological signs of wear and tear are reduced.

1.5. The wider perspective

In order to answer the question raised, whether empathy can be viewed as part of the perception process in osteopathy, it will be undertaken to lay the foundations for the concept of empathy in osteopathy. After clarifying the term's etymological significance, empathy will then be viewed from the perspective of its historical development. It will be shown that in each period, different objects (animate and inanimate) have been empathised with, and that the act of empathising, i.e. concretely, the process of how to empathise, also continuously changes. As a result, the meaning of empathy is subject to a constant shift (cf. chapter 2) depending on the way of looking at things in different historical periods.

Following thereafter, the status of academic research on empathy will be examined. For this purpose, various constructs and perspectives on the phenomenon of empathy will be presented from the vantage point of psychology, education, theology and philosophy. In doing so, it will be shown that research on empathy in different academic disciplines comes, in some instances, to diverging results and central positions. These results and central positions are examined for their relevance to osteopathy. The explanations on the history and the state of research on empathy lead to implications which lay down the framework for the remainder of the paper (cf. chapter 3).

Subsequently, a presentation of epistemological groundwork is provided, subjecting works on *Einfühlung* by Theodor Lipps, Edith Stein and Henri Bergson to a closer analysis. According to Wikipedia (2007) epistemology deals with the question which perceptions can be considered certain under which lines of argument. The works listed are chosen to investigate the phenomenon of empathy in terms of its significance as part of the perception process in osteopathy. Afterwards, various theories and definitions of empathy are presented which, on the one hand serve as a basis for general comprehension of empathy, and on the other, can be used for defining the concept of empathy for osteopathy. Each of the individual subsections are summarised and the relevance for osteopathy will be shown (cf. chapter 4).

The results from research on empathy in the fields of philosophy, psychology and education are subsequently examined from a neurobiological view. The findings from the brain researcher Antonio Damasio and the research group associated with Giacomo Rizzolatti and Vittorio Gallese explain neurophysiological aspects of the empathy phenomenon. The empathy phenomenon will continue to be discussed on a more theoretical level until neurobiological findings are made available. The insights gained from neurobiology lead to including physiological and anatomical aspects in research on empathy which also place the term empathy in a neuroanatomical context. The summary of the results from mirror neuron research conducted by the psychiatrist and psychotherapist, Joachim Bauer, round out the analysis of literature relevant to this paper, and assist in answering the research question whether empathy can be viewed as part of perception in osteopathy (cf. chapter 5).

The next section is devoted to the analysis of literature on empathy from the field of osteopathy whereby an explanation about the use and relevance of the term in osteopathy is given. Subsequently, findings which are relevant to osteopathy and this paper are summarised and analysed. This is carried out in an integrative manner by creating an *Empathy-Competency Concept* for osteopaths. The research hypothesis posed will be answered by the findings taken from the various perspectives analysed in this paper. (cf. chapter 6).

Finally, different aspects of the paper will be discussed. This entails critical reflection on insights gained and the approach chosen. Thoughts on suggestions for improvements will also be provided. Open questions regarding further research on empathy in osteopathy will be pointed out and potential for further research proposed (cf. chapter 8).

1.6. Forschungsgrundlagen

Four dissertations representative of the current status in research on empathy are drawn upon and serve as a basis for this paper. Dissertations by Wöhrle-Chon (2000), Håkanson (2003), Liekam (2004) and Gassner (2006), whereby each work approaches the topic of empathy from a different angle. What these papers have in common is that among other things, they deal with concept of empathy and attempt to place the term into some order and system within their own field of research. A further commonality is to provide an historical overview and insight into the current status of research on empathy. Moreover, the dissertations are concerned with the questions of how empathy has developed over time and which theories have been put forward on the nature of empathy. For reasons previously mentioned, these papers lend themselves to offering support for reflecting on empathy for the field of osteopathy and laying the foundations for the term.

The work of the educator and psychotherapist Burkhard Gassner (2006) represents a collection of very different aspects of empathy, whereby a concept is created which is meant to serve as a basis for research on empathy in education. In addition to an extensive analysis of literature, he compares various theories of empathy as well as organising and systematising the overall concept of empathy.

The philosopher and educator Stefan Liekam (2004) points out that a universal notion of empathy currently does not exist. He chooses an interdisciplinary approach aimed at developing a concept for understanding the notion of empathy in education. Liekam (2004) states, that the goal of his work is not to define a new concept of empathy, but rather, a new understanding of it.

The psychologist Jakob Håkanson (2003) compares three studies on empathy in his dissertation which are based on qualitative and quantitative data. Håkanson (2003) stresses that empathy is a phenomenon which brings individuals together, yet whose nature is extremely difficult to grasp and describe. The results from the three studies are then discussed in greater context in relationship to altruism, ethics, similarity of experiences and how foreign experiences are to be classified.

The philosopher, psychotherapist and psychologist, Roland Wöhrle-Chon (2000) poses the question in his work, how human capacity for understanding and moral behaviour are related. The question of the ability and inability of humans to act morally is also investigated. This work is not a metastudy on empathy, but rather, as Wöhrle-Chon (2000) stresses, a

work which sees itself as fundamental research on the general human condition. As a practicing Zen Buddhist, Wöhrle-Chon asks himself this question considering Schopenhauer's ethics and East Asian Zen Buddhism.

Subsequently, a link will be made from insights gained from the works mentioned to those from other sources in order to investigate whether empathy is a part of the perception process in osteopathy. Should it come to a dependence on the research mentioned above in the individual sections, this will be noted according to basic principles of research.

2. The concept of empathy from an historical perspective

This section offers insight into the development of the concept of empathy from its origin to its current use. For this reason, the nature of perception as seen from the historical use of empathy will be demonstrated. It will be shown that the meaning of the term has shifted with time and with the different historical periods. Whereas the modern notion of empathy originated approximately 100 years ago, the phenomenon of empathy was mentioned as early as 150 years ago (cf. Wöhrle-Chon, 2000; Håkanson 2003, Gassner 2006). The term “empathy” originated from the term *Einfühlung*, and thus both concepts are used synonymously in this paper. The term *Einfühlung* can be found in old German literature (cf. Lipps, 1906; Stein, 1980/1917) The term “empathy” has predominated in modern literature since the middle of the 20th century and in British literature in general (cf. Wöhrle-Chon, 2000; Håkanson, 2003; Liekam, 2004). The historical examination of the notion of empathy subsequently serves as a basis for further analysis of literature in chapters 3 to 6.

2.1. Reflections on the root of the word

The origin and etymology of the term empathy are provided as a basis for further research. Thereafter, the commonality between the terms empathy and osteopathy are pointed out. The American osteopath, Tom Shaver (2007), sees a semantic relationship between the English word “compassion” [*Mitgefühl* in German, (translated by R. Felder)] and empathy, and in his opinion, it is exactly this compassion that is needed by osteopaths to perform their jobs in order to reach a level of trust and closeness to their patients. This statement is emphasised by the psychotherapist Carl Rogers, when he says, „*Diese höchst sensible Einfühlung ist wichtig, um es einem Menschen zu ermöglichen, dass er sich selbst nahe kommt, daß er lernt, sich wandelt und entwickelt*“ (Rogers, 1983, 216). [*This most sensitive compassion is vital to enable humans to become closer to themselves, to learn, change and develop. (translated by M. Bissette)*] His statement also stresses the necessity of sensitivity in therapy, which according to Shaver (2007), should be expressed in compassion for patients.

2.1.1. The origin of the word empathy

The American psychologist, Edward Bradford Titchener (1909) created the English word “empathy” following the German term *Einfühlung*, thus introducing the concept to Anglo-American academic research (cf. Liekam, 2004). Titchener (1909) translated the term

Einfühlung as empathy using the Greek word *empathēia* (cf. Håkanson, 2003; Wöhrle-Chon, 2000). *Em* means “in” and *pathos* “suffering” or “feeling”. Wöhrle-Chon (2000) describes empathy, according to its etymology, as a process of “empathising with suffering”, which in his view, brings this term very close to the notion of *Mitleid* (sympathy). Liekam (2004) on the other hand, sees the meaning of the English neologism empathy more open and says, that it was borrowed from the Greek word *empathēin*, and he translates empathy as experiencing or living through suffering/feelings.

One commonality which is apparent in the research on empathy and literature on osteopathy is that in both, the meaning of *pathos* is discussed. Hartmann (2003) points out the possibility of the ambiguous interpretation of *pathie* which can be traced back to the Greek word *pathe*. Thus *pathe* means „*Fähigkeit, Sympathie, Emotion sowie Leiden und Gefühle zu erregen*“ (Hartmann, 2003, 14), [*the ability to arouse sympathy, emotion as well as suffering and feelings (translated by M. Bissette)*] and originates from the ancient Greek *pa, qh* or *pa, qein*. Only *pathein*, a definite infinitive form means suffering or to suffer according to Hartmann (2003). In medical nomenclature, the term *pathy* stands for suffering and diseases.

2.1.2. Summary and relevance to osteopathy

The neologism empathy was created by Titchener (1909) from the German term *Einfühlung* which was developed for psychotherapy by Lipps. At this point, it should be once again pointed out, that no difference is made in this paper between *Empathie* (empathy) and *Einfühlung* (empathy, feeling into), but rather, that both terms are used synonymously. The English word *pathos* is also described as an emotion of sympathy. Shaver (2007) refers to the meaning of compassion (in connection with the therapist-patient relationship) and empathy. This results in the most essential commonality, which can be deduced from the comparison of both terms, osteopathy and empathy, namely, the compassion which both terms appear to characterise.

2.2. Empathy – a concept with history

This section deals with the shift in meaning of the concept of empathy over different periods of human development. It follows that, the term, according to current academic research, has undergone many shifts in meaning over time. It will be shown, that empathy can be viewed as an important human aspect which, when observed from a historical point of view, has had

a different meaning in each of the various periods of humanity. In doing so, the gaining of knowledge about external objects is ascribed to the concept.

2.2.1. The early stage of humankind

Based on a phylogenetic point of view, the phenomenon of empathy shows itself whenever larger animals of prey hunt together, says Bischof-Köhler (1991). Paleoanthropologists agree that at a very early stage in the development of the species, humans joined forces to assist each other when hunting and to share their prey. At the same time, according to Bischof-Köhler (1991), it was necessary to feel themselves into the intentions of other hunters to be successful together.

Later, aesthetic objects such as fetishes and cult artefacts considered divine are empathised with. Through this kind of empathy the divine message with respect to the sense of individual existence is embraced and life is thus adapted to it. In so doing, a person attempts to relate the object to herself or himself and thus gain insights for her or his own complete understanding of life. These types of empathy are attributed to the *animist* way of thinking which means that the immortality of the soul is considered to be the highest principle of a living organism (cf. Gassner, 2006).

Bischof-Köhler (1991) fundamentally stresses, that the ability to empathise is in line with a basic need of humans for emotional closeness and understanding with other humans and even with other living creatures and objects. Even a baby is dependent on its mother's ability to empathise with its needs. She also postulates, that infants from the age of approximately 18 months are able to perceive the needs of its reference person. Later in life, the ability to empathise, according to Bischof-Köhler (1991) also aids in the ability to correctly assess other people's emotional state. (cf. section 4.3.1.2.)

2.2.2. Empathy and aesthetics

According to Gassner (2006), the realisation that subjective experience has a great influence on empathising with aesthetic objects becomes prevalent beginning from the 17th to 18th century. Thus, psychological processes connected to empathy become increasingly more and more apparent and conscious. For Wöhrle-Chon (2000), the concept of empathy originated from the theory of empathy in German Aestheticism and is described for the first time by the art historian Vischer (1873). The notion of empathy is introduced by Vischer into

the philosophically orientated aesthetic psychology which deals in particular with perceiving the aesthetic and the origin of aesthetic pleasure. The concept of empathy should aid in setting more precisely the boundaries between sensual and aesthetic pleasure in psychological and aesthetic methodologies of that time. Wöhrle-Chon (2000) argues further, that endeavours at that time form an important part of the process which strives to establish aesthetics as a separate science and distinguish it from philosophy and psychology. The term *Einfühlung* is, according to Wöhrle-Chon (2000), interpreted as a psychological act, through which its outer perception by the senses is filled with spiritual content and serves as the basis for aesthetic pleasure.

2.2.3. Origins of the concept of empathy

Theodor Lipps (see section 4.2.1.) used Vischer's concept of empathy as a basis, wherein *Einfühlung* is described in the first instance as a process of internal mimesis when looking at works of art and natural phenomena. Later, Lipps (2006/1906) applies this process of empathy directly to interpersonal awareness, labelling this occurrence „*Einfühlung in die sinnliche Erscheinung des Menschen*“ (Lipps, 2006/1906). [*empathising with the sensuous appearance of people (translated by M. Bissette)*] The term is less common in osteopathy and is used in more current research, though in the form everyday comprehension. By this, it is meant that there is no explicitly stated definition of empathy (cf. Liem, 2006; Novy, 2007). Among the literature analysed in this work, only Fryman (1968) points out a definition of empathy: “the recognition of and entering into the feelings of another person” (Fryman, 1968 cit. Dorland, 1951). At this point, reference is made to the working definition in section 3.3. as a proposal for a more exact denotation which may also have significance for osteopathy.

2.2.4. The modern concept of empathy

It is not until the second half of the previous century through the works of Carl Rogers (cf. section 4.4.1.) and Heinz Kohut (cf. section 4.3.4.1.) that empathy is truly popularised.

„Die innere Welt des Klienten mit ihren ganz persönlichen Bedeutungen so zu verspüren, als wäre sie die eigene (doch ohne die Qualität des ‚als ob‘ zu verlieren), das ist Empathie und das scheint mir das Wesentliche für eine Wachstumsfördernde Beziehung zu sein“ (Rogers, 1983, 216).

[To have such a feel for the internal world of the client with its rather personal meaning (yet without losing the ‘as-if’ quality), that is empathy and that appears to me to be the substance for a nurturing relationship. (translated by M. Bissette)]

With this definition, Rogers refers to the importance of empathising with clients during therapy sessions in order to perceive their internal processes. At the same time he stresses that the boundary between patient and therapist must always be present. Furthermore, the quality of the relationship between therapist and clients is the key element to the success of therapy for Rogers (1983). In addition to empathy, he postulates the harmony between one's self as a therapist, appreciation for patients and unconditional acceptance of patients as a fundamental characteristic of therapeutic encounter (cf. section 4.4.1.).

2.2.5. Summary and relevance to osteopathy

To sum up, the historical development of the concept of empathy shows that the term has shifted in meaning over time. Empathy among hunting partners to hunt for big game, empathy with gods and their images, empathy with other people in order to interact with them, as well as empathy to understand internal experiences of another person, all appear to comprise an aspect of perception. The historical analysis shows that empathy appears to be a process by which the perception of the contents of other people's consciousness or aesthetic contents of objects plays a central role. For this reason, it can be assumed that empathy also has a major function in osteopathic treatment to be able to perceive the processes involved in a patients' consciousness. It seems to have been clarified that empathic processes run constantly (cf. Bischof-Köhler, 1991), yet how deep they actually penetrate the consciousness may probably be different from individual to individual. Lipps (2006/1906) maintains, that the degree of dawning on consciousness of contents empathised with is dependent on the how much the consciousness of the individual affected has developed. (cf. Liekam, 2004 – if we follow this line of argument, it would be important for osteopaths to promote the development of their consciousness).

3. The status of research on empathy

There is a plethora of unconnected findings on empathy from various fields of research (cf. Liekam, 2004; Gassner, 2006). The data correlate to the different areas of life in which the term empathy is used, such as education, psychotherapy, and daily personal interaction. In addition, there are the different types of processes involved in empathy characterised as more of a cognitive or emotional process (cf. section 3.6.). Moreover, the term empathy is defined in different ways by various writers (cf. chapter 4.). Liekam (2004) says that what is currently missing is a universally valid method for forming a theory. He adds that first and foremost much is being said and written about the importance of empathy and about its function in creating interpersonal contexts especially in the different fields of psychology. A fundamental theory has yet to be developed. The same must also be postulated for osteopathy (cf. Liem, 2006; Novy, 2007). The idea behind this paper is to come closer to the meaning of the term empathy in osteopathy and to classify it while investigating the research question (cf. section 1.3).

3.1. Allgemeines

According to Gassner (2006) a fundamental universally valid result of research is that people possess the ability to empathise from birth to a certain degree in order to make contact with someone close to them, thus securing their existence. Furthermore, educating about empathy is necessary to make social contacts even outside of familiar territory and to different people in a nurturing manner. Social contacts are also made by transferring therapeutic and educational methods into practice. Research work on the concept of empathy can therefore be found in numerous disciplines, particularly in the fields of psychology, sociology, education, philosophy, theology and neurobiology.

Interpersonal interaction is also part of osteopathy just as in psychotherapy and education. For osteopaths it is of vital importance to take a holistic approach with patient, meaning perceiving them as a complete entity comprised of body, mind, emotions and soul (cf. Liem, 2006). This gives reason to believe that empathy is relevant and vital to osteopathy and further research to establish the concept in this discipline is necessary.

3.2. Defining the term empathy

If the term *Empathy* is common to a person's linguistic usage, it will often be used synonymously with *Einfühlung* or *Einfühlungsvermögen* (capacity for understanding, empathy), according to Gassner (2006). Subsequently, what is understood by this in detail will still need to be clarified. Theories of empathy and applied concepts of empathy (see chapter 4) indicate that empathy contains very complex processes and equally determines both personal and social behaviour in people. The ability to empathise meets the basic human need of closeness to other people including other living organisms and objects as well as understanding them. In particular, this incorporates the basic need of being able to understand this meeting for one's self (cf. Buber, 1984). As previously mentioned in chapter 2, the term empathy refers to different objects in the different periods of human history. Deities, aesthetic objects, living organisms and people are empathised with, with the intent to learn something about the object and thus about one's self. Self-awareness is a basic need of humans that is a constant companion in our everyday life as osteopaths (cf. Liem, 2006).

3.3. On the definition of the term empathy

Currently there is no universal definition of empathy. A fundamental reason for this according to Gassner (2006) lies in the fact that theories of empathy indicate that empathy cannot be explained simply as a subjective process of empathising. It appears that this entails complex psychological processes which are determined simultaneously by factors related to development and upbringing. A further reason for a non-universal definition could lie in the fact that researchers in different disciplines (cf. Friedlmeier, 1993; Wöhrle-Chon, 2000; Liekam, 2004; Gassner, 2006) are at odds over how empathy works. Gassner (2006) says that in education, educators behaviour is positively influenced. In contrast, supporting the client along the way to self-discovery is stressed in the field of psychology.

Definitions and theories of empathy which are relevant for this paper are presented in chapter 4. The following will be used as a working definition for further investigation. It neither narrows down the term empathy too much, nor leaves too much room open for excessive speculations. It serves the purpose of investigating whether empathy can be seen as part of awareness in osteopathy, and sets minimal criteria which need to be fulfilled by other researchers' definitions on empathy in order to be discussed in this paper.

„Empathie [...] erfordert als tieferes Verstehen ein Sichhineinversetzenkönnen in Situation und Gefühlslage eines anderen und geht damit deutlich über ein verbales Verstehen von Mitteilungen hinaus. Empathie bedeutet letztlich, die Perspektive eines anderen übernehmen zu können, sein inneres Bezugssystem erfassen zu können. Empathie ist folglich eine Frage der Wahrnehmungsfähigkeit“ (Zwick, 2004a, 90).

[Empathy [...] requires a deeper understanding the ability to put oneself in a situation and the emotional state of another person thus greatly exceeding verbal comprehension of messages. empathy ultimately means, the ability to take on other people's points of view, to grasp their internal frame of reference. Consequently, empathy is a question of perceptive ability. (translated by M. Bissette)]

In registering the emotional and mental state of a client, taking on another person's point of view and grasping their internal frame of reference means the possibility of perceiving physical sensations, physical acts and positionings through the empathic act. Prerequisite to this perception is viewing a person as a complete entity made up of body, mind, feelings and soul, as is consistently posited in osteopathy (cf. Liem 2006; Hartmann, 2003; Still, 2002). “Internal imitation”, as it is postulated by Lipps (2006/1906), could give a possible explanation to how physical process can be empathised with (cf. section 4.2.1.).

3.4. Delimiting *Empathie* from other concepts.

Gassner (2006) explains that *Empathie* (empathy) differs from *Gefühlsansteckung* (the transmission of feelings), *Sympathie* (sympathy), *Mitgefühl* (compassion), *Mitleid* (sympathy), *Perspektivenübernahme* (role-taking) and *Intuition* (intuition) when comparing empathy with other emotional processes. The aim of this paper will be to examine whether the concepts mentioned can also be seen in the working definition of empathy. In doing so, the research will look into whether some terms could possibly have the same meaning as or be viewed as a part of empathy, or whether there are concepts which should be distinguished from it.

3.4.1. *Empathie* and *Gefühlsansteckung*

According to Gassner (2006) there are varying opinions on *Gefühlsansteckung* (the transmission of feelings) as a form of empathic behaviour. Proponents assume that *Gefühlsansteckung* originates from an empathic perception of the emotional states of another person. However, the motivation for behaviour towards another person is not triggered by *Gefühlsansteckung*, but rather is limited to the empathiser. Gassner (2006) says

further, that due to self-involved behaviour in the *Gefühlsansteckung*, for example as in research orientated on psychoanalysis, these may not be included under empathy. They argue that tension and anxiety occur in the empathiser during *Gefühlsansteckung*, and that the therapist loses sight of the client, resulting in the therapist's inability to exhibit reflected social behaviour. This paper supports both lines of argument. *Gefühlsansteckung* includes an aspect of perceiving the client's emotional state. It appears that it is rather an unreflected process which occurs when feeling into a client's internal frame of reference or emotional state. As the original definition does not include a subsequent, reflected behaviour, *Gefühlsansteckung* will be viewed as a partial aspect of an empathic act.

3.4.2. *Empathie* and *Sympathie*

The relationship between *Empathie* (empathy) and *Sympathie* (sympathy) has also led to a controversial discussion according to Gassner (2006). Through the occurrence of empathic traits such as compassion, intensive empathy and worry about another person, sympathy is seen to be closely related to empathy. Gassner (2006) also mentions other studies (cf. Katz, 1963), which indicate that memories of similar events previously experienced take place in the sympathiser. It will also be shown that *Sympathie* occurs in particular when commonalities between two people are experienced or suspected. This line of argument is followed in this paper and thus a distinction is made between *Sympathie* and *Empathie*, as the ability to put oneself in the emotional state of others does not occur, but instead a person's own experiences are empathised with another person. When *Sympathie* arises during a therapy session, osteopaths should by all means pay increasingly attention to reviewing their perception to avoid distorted results caused by their own experiences.

3.4.3. *Empathie* and *Mitgefühl*

Gassner (2006) says that *Mitgefühl* (compassion) is often defined as a form of empathy because it contains specific empathic elements such as *Anteilnahme* (concern, sympathy) worry about the welfare of another person and pro-social behaviour. As explained above, Shaver (2007) also sees closeness between *Empathie* (empathy) and *Mitgefühl* (compassion). Fryman (1968) likewise stress the aspect of perception in empathy. She writes that perception even goes much deeper in compassion than in empathy.

"But compassion means even more than this [empathy] for it implies that the individual recognizes, enters into the problem with understanding and deeply cares about the individual who has this deep

need. [...] Compassion does not mean that we become absorbed by the patient's problems but we must know what he is experiencing, not only in an intellectual manner, but also through our understanding of him" (Fryman, 1968, 67)

This means that an osteopath is involved with patients and cares for their needs. At the same time care must be given to keep the necessary emotional distance to patients so as not to get lost in their feelings. Just as Rogers points out in his definition of empathy (cf. section 4.4.1.), so, too does Fryman when she emphasises to experience processes in patients while also paying attention not to lose the point of view of an outside observer. *Mitgefühl*, as described by Fryman and Shaver from an osteopath's standpoint, should be viewed as an empathic act which is aimed at perceiving the client's emotional state and internal frame of reference.

3.4.4. Empathie and Mitleid

In order to view *Mitleid* (sympathy) in connection to *Empathie* (empathy), a valid distinction must be first made in this paper to *Mitgefühl* (compassion). The following quote offers a description of *Mitgefühl*.

„Wer sich die subjektive Realität eines leidenden Menschen vorstellen kann und sich dabei des Vorstellungscharakters seiner Phantasie von dessen Situation bewußt bleibt, wird die für ihn daraus entstehende Betroffenheit und Anteilnahme als eigene, selbst verantwortete Resonanz erleben“ (Staemmler, 1993, 47).

[Anyone who can imagine the subjective reality of someone suffering while remaining conscious of the fantastic character of their imagination from the situation, will experience the resulting sadness and sympathy as their own response for which they take personal responsibility. (translated by M. Bissette)]

This means that *Mitgefühl* distinguishes itself in that it is conscious of the imaginative nature of one's own imagination. In contrast, Staemmler (1993) believes that *Mitleid* can give rise to the inability of therapists to take decisions or perform their roles as helpers with which their own feelings of sympathising/suffering with others should be remedied by desperately attempting to relieve the suffering of other people.

„Eine solche eigenständige und autonome emotionale Aktivität [wie bei Mitgefühl, Anm. des Autors] ist weit entfernt von jenem auf Konfluenz basierendem Mitleid, in dem das Leid anderer

Menschen aufgrund unklarer Grenzen zum eigenen gemacht wird, dem man sich dann mehr oder weniger ausgeliefert fühlt“ (Staemmler, 1993, 47).

[“Such an independent and autonomous emotional activity [as with compassion, author’s note] is far removed from that sympathy based on confluence, by taking on the suffering of other people as their own due to unclear boundaries, resulting in the sense of being at the mercy of this suffering” (translated by M. Bisette)]

This means that a key difference between *Mitgefühl* and *Mitleid* lies in the fact that with *Mitleid* being conscious of one’s own perception is lost. The person suffering with someone, in contrast to sharing the feelings of that someone is drawn into their thoughts without being able to reflect upon these feelings. This paper follows Staemmler’s definition of *Mitleid*. *Mitleid* therefore, cannot be considered as an act of perception because a non-specific emotional reaction is triggered which hinders therapists’ specific perception of patients during osteopathic treatment rather than promoting it.

3.4.5. Empathie and Perspektivenübernahme

Gassner (2006) observes that some research work postulates (cf. Mead, 1973/1934; Piaget, 1966) that empathy can essentially be viewed as a cognitive ability to assume roles and perspectives. A person mentally puts herself or himself into another person’s place to understand the emotional state of this person. *Perspektivenübernahme* (perspective-taking) in the form of a cognitive *Sichhineinversetzenkönnen* (ability to put oneself in the situation and emotional state of another person) as described by Mead (1969) is seen in this paper as an aspect of empathy. Perception is at the forefront in *Perspektivenübernahme* (cf. section 4.3.3.1.).

3.4.6. Empathie and Intuition

Gassner (2006) stresses that a common feature between *Empathie* (empathy) and *Intuition* (intuition) lies in the fact that through both quite often an emotional realisation suddenly arises when recording and analysing complex emotional factors a person experiences which lead to a comprehensive understanding of the person’s emotional behaviour. In this paper, *Intuition* is viewed as a partial aspect of *Empathie* because a certain realisation character appears to be present. Gassner’s (2006) opinion that intuition should be considered more or less a sub-process of empathy is followed. Bergson’s (1964) interpretation of the term *Intuition* is in complete agreement with *Empathie*, in which all key factors which correspond

to a concept of empathy as is laid out in this paper. This interpretation is analysed below in connection with creating an epistemological foundation (cf. section 4.2.3.).

3.4.7. Summary and relevance to osteopathy

The following section illustrates delimitations and commonalities between different concepts and *Empathie* (empathy). There are commonalities between the transmission of feelings, compassion, taking on perspectives and intuition and empathy at the semantic level. *Sympathie* (sympathy) and *Mitleid* (sympathy) should be delimited from empathy because the subjective emotional state of sympathising people appears to influence their perception too heavily. On the linguistic level this paper avoids blending the different terms. The concept of *Intuition* according to Bergson (cf. section 4.2.3.) and the notion of *Perspektivenübernahme* as put forward by Mead (cf. section 4.3.3.1.) constitute the exception under *Empathie* and are discussed in the sections below.

Sichhineinversetzenkönnen (the ability to put oneself into another person's place) and thus comprehend their internal frame of reference is contained in the *Gefühlsansteckung* (the transmission of feelings), *Mitgefühl* (compassion), *Perspektivenübernahme* (perspective taking) and *Intuition* (intuition). By describing these concepts various aspects of each of the terms are addressed, which are related to *Empathie*. The term *Empathie* itself is at the same time defined more closely. Osteopaths could, for example, place themselves physically, mentally or emotionally in the role of the patient, meaning empathising with them, thus perceiving a patient's internal frame of reference. *Gefühlsansteckung* can also arise during a session in which the osteopath suddenly senses feelings inside herself or himself which originate from interaction with the patient and are attributable to the patient's emotional state. An essential point necessary for being able to view *Gefühlsansteckung* as an empathic act is the osteopath's conscious awareness that the feelings stem from the interaction with the patient.

3.5. Types of processes involved in empathy

Wöhrle-Chon (2000) says that when it comes to the question of which process is involved in empathy, the opinions are divided. Also discussed is whether empathy is predominantly shaped by cognitive or emotional aspects. Many authors speak about empathy as an act with many factors composed of cognition and emotion (cf. Håkanson, 2003; Liekam, 2004;

Gassner, 2006). The lines of argument in the analyses of Wöhrle-Chon (2000), Håkanson (2003), Liekam (2004) and Gassner (2006) are followed in the summary on the types of processes involved in empathy provided below and referenced for further research in this area. In addition to the cognitive, emotional and mix of cognitive-emotional processes, physical processes which take place in empathy are pointed out, as the following citation shows:

„Ein tieferes Verständnis und eine erweiterte Sichtweise umfasst auch die Wachstumsprozesse und die Entwicklungsdynamik, in denen der Patient sich befindet. Dies beinhaltet eine kognitive, palpatorische, empathische und intuitive Wahrnehmung der körperlichen, mentalen, emotionalen und spirituellen Entwicklung der subjektiven und objektiven Ebenen des Patienten“ (Liem, 2006, 244).

[A deeper understanding and broadened perspective also encompasses the growth process and dynamics of development in which the patient is situated. This includes a cognitive, palpatoric, empathic and intuitive perception of physical, mental, emotional and spiritual development of the patient's subjective and objective levels. (translated by M. Bisette)]

This implies that according to Liem, perception is comprised of understanding, physical findings, empathy and intuition and is concerned with physical, mental, emotional and spiritual levels. This statement emphasises the multi-dimensionality characteristic of the holistic process of perception. The line of argument is substantiated that physical processes should be included in research on empathy as seen from osteopathy (cf. section 3.5.5.).

3.5.1. Empathy as a cognitive process

Gassner (2006) summarises the cognitive theories of empathy and states, that they view empathy as a method of recognition, analysis and evaluation of a person's emotional state in a social context. The dynamics of motivation behind emotional needs and their relationship to the emotional state of a person are not observed, and thus only a specific sub aspect of empathy is stressed. Wöhrle-Chon (2000) explains that people mentally slip into the role of the other person or change perspectives during interaction. Thus the person's emotional state observed is compared with socially accepted ones and recorded in terms of meaning to that person and reflected upon. The empathiser should thus reach a level of understanding for the emotional state of the person opposite them. Gassner (2006) views it as a deficiency that the emotional relationship and motivation to the person opposite them is not taken into consideration in cognitive theories of empathy, and that the process of empathy is explained on a purely mental level (cf. Wöhrle-Chon, 2000). A cognitive process is supported by the

working definition laid out in this paper under section 3.3. For this reason, cognitive aspects must be present during an empathic perception process.

3.5.2. Empathy as a process of understanding

Liekam (2004) also maintains that the notion of empathy contains the idea of experiencing something about the consciousness of another person, and as a result understanding is stressed in many concepts of empathy. Wispé (1987), for example, sees empathy as an ability through which a person gains knowledge of another person's subjectivity. Although understanding, according to Håkanson (2003), is viewed as a key aspect of empathy, there are two significant areas within understanding which are regarded differently. For one thing these are how the process of understanding can be described and for another what the nature of understanding is. The differences would arise by using different concepts when describing empathy.

Some of the following concepts are also used in osteopathy (cf. Still, 2002; Sutherland, 2004; Handoll, 2004; Liem, 2006). If we follow the argumentation, that the concepts are considered as descriptions of understanding (cf. Kohut, 1987; Rogers, 1975; 1983), it can be assumed that these terms can also be attributed to an empathic occurrence in osteopathy. According to Håkanson (2003), the concepts which describe the process of understanding through empathy are, among other things: *"understanding, feeling, sharing, experiencing, imagining, perceiving, being able to put oneself into someone else's place and sensing."* He also names concepts which should express the nature of understanding gained through empathy. These are: *"understanding another person, emotions, wishes, psychological state, consciousness, internal frames of reference and internal life"*.

This paper refrains from narrowing empathy down to specific terms, because it would lead to a minimising of the intrinsic aspects associated with the concept of empathy. An abstract definition of individual terms is disregarded so as to remain on the one hand within the scope of this paper. On the other hand this paper avoids interpreting authors (cf. Kohut, 1987; Rogers; 1983; Håkanson, 2003), who use the terms imprecisely or inaccurately. All of the concepts below are contained in section 3.3 and are thus considered relevant to this research.

3.5.2.1. The process of understanding

Håkanson (2003) asserts general consensus exists that understanding and knowledge are central to empathy. He argues that understanding must be viewed as a key aspect of empathy, yet it appears to be less clear how understanding is achieved through empathy. Håkanson (2003) believes what is being discussed is whether it is a case of *understanding through experiences*, *understanding through cognition*, *theoretical understanding* or a case of *understanding feelings*. Kohut (1987), for example, uses the expressions *understanding*, *feeling*, *sharing* and *experiencing* to describe how knowledge is achieved through empathy. For Rogers (1975) it is the terms *imagination*, *perception*, *putting oneself into another's place*, and *sensation* which describe the process of understanding and thus gaining knowledge through empathy. This list shows how the process of understanding is described and viewed in different manners.

3.5.2.2. The nature of understanding

According to Håkanson (2003) there are differing opinions as to what the nature of understanding is. *Understanding another person* as well as *thoughts* or *feelings* are labelled as the object of understanding when speaking of the act of empathy. In addition, *emotions*, *wishes*, *psychological state* or *consciousness* are named as objects of understanding (cf. Håkanson 2003). Rogers (1975) defines the object of understanding as the *internal frame of reference*, whereas Kohut (1987) advocates the use of the term *internal life*. The commonality lies in the fact that the significance of understanding, in one way or another, can be thought of as fundamental to empathy. A definition of the concepts brought up in the present chapter is also avoided to prevent misinterpreting authors.

3.5.3. Empathy as an emotional process

In contrast to the cognitive processes described in section 3.5.1., which occur during an empathic event, the emotional factors are stressed under empathy as an emotional process, according to Wöhrle-Chon (2000).

„Empathie als emotionale Betroffenheitsreaktion mit einer anderen Person mitzufühlen, sich also in ihren emotionalen Zustand einzufühlen und ihn mitzuerleben, heißt, dass der Mensch mit seiner Mitwelt, seiner personalen Umwelt eine emotionale Verbindung herstellen kann“ (Wöhrle-Chon, 2000, 27).

[Empathy as the emotional reaction to being affected by feeling for another person, empathising with their emotional state living through or empathising this state with them means that people can create an emotional link with the help of those about them, their personal environment. (translated by M. Bissette)]

This statement underscores that an emotional bond is created with the other through empathy, yet cognitive aspects are not taken into account. The aspect of perception as put forth in the working definition (cf. section 3.3) is included in empathising and experiencing the emotional state.

Friedlmeier (1993) considers attention given to another person and feelings which reflect the situation of the other person more than one's own, as the most significant features of empathy. He summarises the various attempts by authors to provide a definition which view empathy as a primarily affective process thusly, *„Empathie ist eine affektive Reaktion, die von der Wahrnehmung des emotionalen Zustands oder der Lage eines anderen stammt, die stellvertretendes Miterleben umfasst und sich durch auf den anderen orientierte Aufmerksamkeit und Gefühle auszeichnet“* (Friedlmeier, 1993, 33). *[Empathy is an affective reaction which stems from the perception of the emotional state or situation of another person consisting of substitutional joint experience and characterised by attention and feelings orientated towards another person. (translated by M. Bissette)]* This means that this also emphasises the perceptive aspect of empathy. Substitutional empathising as described by Friedlmeier (1993) occurs when the observer feels empathy with the emotions of another person while at the same time being conscious that it is the other person who is in the situation.

According to Liekam (2004) the *Gefühlsansteckung* is at the same time a basic prerequisite and component of an empathic process within which one's own emotional response is viewed as reactive and applied to what other people are experiencing. Emotional responses which occur during an osteopathic session should be subjected to a close analysis. Behind these emotional responses could possibly be emotions which are perceived by an osteopath through the *Gefühlsansteckung* and due to their emotionality are not related to what the patients are experiencing. This would prevent an adequate evaluation of a patient as the osteopath would not be in a position to differentiate between her or his own emotions and those of others. In contrast, Rogers (1983) postulates as a psychotherapist who is affective orientated, care should be given to not lose the “as-if nature” when empathy is consciously being applied.

„Die innere Welt des Klienten mit ihren ganz persönlichen Bedeutungen so zu verspüren, als wäre sie die eigene (doch ohne die Qualität des „als ob,“ zu verlieren), das ist Empathie und das scheint mir das

Wesentliche für eine Wachstumsfördernde Beziehung zu sein. Die Verwirrung des Klienten, seine Ängstlichkeit, seine Wut oder sein Gefühl, und sich nicht mit der eigenen Unsicherheit, Angst oder Wut darin zu verstricken“ (Rogers, 1983, 216).

[To have such a feel for the internal world of the client with its rather personal meaning (yet without losing the "as-if" quality), that is empathy and that appears to me to be the substance for a nurturing relationship." The client's confusion, his or her anxiety, anger, or feelings and not getting enmeshed in one's own insecurity, fear or anger. (translated by M. Bissette)]

Sympathising with the emotional word and putting oneself in the place of the client is stressed, and it is suggested that care should be given not to lose the observer's perspective. In addition Rogers emphasises the affect of empathy on a nurturing relationship between the therapist and client.

3.5.4. Empathy as a mixed emotional-cognitive process

Whereas purely cognitive or purely emotional empathic processes were discussed in the previous sections, Gassner (2006) says that empathy may be a mixed emotional-cognitive process. This entails a mutual influence between emotional and cognitive proportions during an empathic act. Feelings and emotions have a motivating affect on the way a person thinks and behaves. Conversely, feelings and emotions are influenced by a person's reflection and behaviour and loss of control over feelings and emotions is avoided. Neurobiological studies have proved the interdependency between emotions and sensations with conscious decisions (cf. Damasio, 1995). This is examined in more detail under chapter 5. What is so special about emotional-cognitive theories of empathy is that emotional understanding only comes about through the mutual influence of emotional factors and cognitions.

In the different works (cf. Håkanson, 2003; Gassner, 2006; Wöhrle-Chon, 2000) Feschbachs theory of empathy is named which has been summarised below. This theory puts forth the idea that it is always two cognitive and one emotional factor of empathy each influencing the other, which takes effect. Among the cognitive factors of empathy is on the one hand the ability of a person to differentiate between one's own emotional state and that of another person. On the other hand is the ability to assume different perspectives. One emotional factor of empathy is a person's ability to be touched by emotions which motivates the person to empathy with the feelings of someone else. All three factors are necessary to be able to emotionally understand another person. In this way, emotional-cognitive processes fulfil the requirements given in the working definition (cf. section 3.3.).

3.5.5. Empathy as a process of physical experience

The significance of the human body has been given little consideration in research on empathy (cf. Damasio, 2005). Damasio (1995) postulates that emotions and sensations are experiences and physical states and are linked to scenes already experienced during the decision process. According to his remarks, certain memories can become conscious by causing tension because they are possibly linked to past situation which triggers fear. Such processes can more or less penetrate consciousness (cf. section 5.1.)

Physical sensations which occur during osteopathic treatment can indicate the presence of empathic processes in the patient which should be taken into account during treatment. Thus attention and alertness to one's own physical experience is of importance to osteopaths in order to learn about finer nuances of patients' inner lives. Furthermore, the ability to distinguish between one's own emotions and those of another person are improved through an increased consciousness of processes in one's own body. The reason for this lies in the fact that personal physical processes are consciously observed and can be compared to processes which arise during interaction with a patient.

„Der eigene Bewusstseinsprozess des Therapeuten steht in direktem Zusammenhang zu seinen therapeutischen Möglichkeiten, wenn diese an die Ganzheit des Organismus gerichtet sein sollen. Die eigene Reifung, unser eigenes inneres Gleichgewicht, die Zentriertheit in der Gegenwart, [...], der Zugang zur eigenen Verletzlichkeit und Selbstbewusstheit wirkt sich unmittelbar auf den Patienten aus und ermöglicht einen Kontakt zu homöodynamischen Kräften, der durch die reine Ausführung einer Technik nicht möglich wäre“ (Liem, 2006, 240)

[The therapist's own process of consciousness lies in direct relation to her or his ability as a therapist if this is to be directed towards the organism's entirety. One's own maturity, our own inner balance, the focus on the present, [...], the admission of one's own vulnerability and self-awareness directly affects the patient and enables contact to homeodynamic forces which would not have been possible by purely applying one technique. (translated by M. Bissette)]

This emphasises the necessity of the therapist's consciousness, and the resulting influence on her or his treatment options. The more conscious the therapist of his or her own completeness, meaning his or her body, emotions, thoughts and soul, the more she or he will be able to attune her or his treatment to a patient's entirety. (cf. Liem, 2006).

3.5.6. Summary

Research on empathy fundamentally differentiates between cognitive, emotional as well as mixed cognitive-emotional processes. To sum up, it can be said that frequently what is stressed is that empathic awareness of another person should include both cognitive and emotional factors. A purely cognitive process that is carried out on a mental level neglects the emotional relationship and the motivation for the encounter with a patient. Pure affective empathic processes carry the danger that a person identifies excessively with the emotions of the counterpart being empathised with.

Great importance is attached to the process of understanding in research on empathy. Different terms are used however for the process and the object of understanding. One can find the terms feeling, experience, empathising and perceiving, among others on the process of understanding. Terms for the object of understanding range from *emotions* and *wishes* to *internal frames of reference* and *internal experience*.

3.5.7. Relevance to osteopathy

The analysis of the types of processes involved in empathy yield a range of results which advance the answer to the research question posed in this paper. Empathy motivated by pure cognitive factors would not be thinkable as it is necessary to also incorporate emotional and psychological factors for observing patients as well as for selecting suitable methods of treatment (cf. Liem, 2006). On the other hand, a purely emotional approach to observing patients would carry with it the danger of losing the ability to differentiate between one's own emotional position and that of another person. Moreover, the ability to consciously assume different perspectives would be lost. Other cognitive aspects necessary for correctly evaluating patients with respect to expert opinions and diagnosis would be limited by a too strong affective influence or could even be lost.

By analysing the types of processes at work in empathy, it can be concluded that the mixed emotional-cognitive process in therapy is thinkable for osteopathy. Being able to differentiate between one's own feelings and those of another person, the ability to take on different perspectives as well as to be emotionally affected are key prerequisites for observing patients. These aspects are supported in the working definition (cf. section 3.3.) and should be included, among other things, in „*Eigenschaften eines guten Osteopathen*“ (Liem, 2006, 239) [*Traits of a good osteopath (translated by M. Bissette)*]

„Bedeutsam sind außerdem Studien die darauf hinweisen, dass Empathie, Warmherzigkeit und Respekt in der Praxis auch unmittelbare Wirkung auf den Therapeuten haben können und unmittelbar die Kohärenz der Herzfrequenzvariabilität verbessern“ (Liem, 2006, 239). [Also of significance are studies which indicate that empathy, warm-heartedness and respect when practiced, can directly affect a therapist and instantaneously improve the coherence of variability in the heart rate.(translated by M. Bisette)] For this paper it means that the empathy factor can also contribute to improving a therapist's wellbeing, which, according to Liem (2006) has an overall positive effect on the therapist-patient interaction.

In conclusion, treating the different types of processes involved in empathy and their affects offers a positive response to the research question, namely, that empathy can be viewed as part of the perception process in osteopathy. This hypothesis is substantiated by the fact that numerous authors (cf. Friedelmeier, 1993; Wöhrle-Chon, 2000; Liekam, 2004; Zwick, 2004a) stress the perception aspect of empathy.

3.6. Summary of the chapter on the status on research in empathy

This chapter shows that there have been a multitude of contributions made to research on empathy from different disciplines. It is important to note that each person is equipped with a certain ability to empathise from birth, and that this ability increases in the course of a lifetime under normal circumstances. The ability to empathise is necessary to make social contacts and relationships. The aspect of understanding contained in empathy is also stressed. Currently neither a universal concept nor definition of empathy exists. There have been attempts to create clearer criteria for such a fundamental element of social interaction in order to conduct analysis and training (cf. Liekam, 2004; Gassner, 2006). The interest within the framework of this paper pertains to research on empathy in osteopathy.

Gassner (2006) says, that empathy is not conveyed as a separate emotion in emotional psychology. It has a multifactorial nature and consists of various emotions which in turn are able to express only parts of empathy. *Gefühlsansteckung*, *Sympathie*, *Mitgefühl*, *Perspektivenübernahme* and *Intuition* are all analysed in order to delimit the term *Empathie* from other processes. Essentially there are emotional, cognitive and mixed processes inherent in empathy. The aspect of understanding in empathy is emphasised and described. From an osteopath's perspective, the process of empathic perception of physical processes needs to be added to these theories (cf. section 3.5.5.). This assumption that physical

processes need to be included in the perception of the contents of consciousness is further reinforced by results from neurobiological research described separately in chapter 5.

A significant result of the previous analyses is that the current status of research on empathy allows for the assumption that empathy can be viewed as part of perception of another person. Furthermore, it can be thus assumed and postulated, that empathy can also be viewed as a part of the perception process in osteopathy.

4. Some theories and definitions of empathy

As previously mentioned, this paper sets out to answer the question posed whether empathy can be seen as part of perception in osteopathy. The research deals with relevant works considered from the perspective of osteopathy. For this purpose, the concept of empathy must first be more clearly and systematically defined. So far an historical overview has established and the status of research on empathy outlined. The analysis of the etymology of the term empathy, the historical shift in the concept's meaning and the current status of research on empathy have all led to the result, that empathy can be viewed as an act of perception. If we follow this argument further, we can deduce that empathy can also be considered as part of the perception process in osteopathy. Further observations will be made under these premises.

In the following section an overview of the different theories and definitions of empathy from various fields of research is provided. For this purpose, the term will be examined from viewpoints essential for this paper which are significant to the process of perceiving and the object of perception. Individual theories of empathy are explained and thus the attempt will be made to create as comprehensive a picture as possible of what constitutes the act of empathy from various perspectives and of what it is composed. The attempt to cause the term empathy to resonate with the reader will be continued. In addition, the approaches to empathy described will be linked to thoughts from osteopathy in practice. A summary of setting up a theory concerning the application of research on empathy to osteopathy is provided in chapter 6. The scope of this paper does not allow for going into exhaustive detail of all works from all disciplines. The focus of this paper is the significance of empathy to perception in osteopathy. Only those theories are examined which are related to the research question posed.

The organisation of this section is orientated towards the works of Gassner (2006) and Liekam (2004). The work of Gassner, in particular, offers a comprehensive overview of current theories of empathy, whereby both works approach the concept of empathy from an educational standpoint. The realised results can only partially be applied to research on empathy in osteopathy. Nevertheless, based on the current system, it appears to make sense to build upon further research on empathy from the viewpoint of osteopathy.

4.1. Differing definitions and theories of empathy

Some researchers (cf. Gassner, 2006; Håkanson 2003; Wöhrle-Chon 2000) point out that the phenomenon of empathy has not been sufficiently researched and systematised according to academic criteria. Liekam (2004) says that often unconnected parts of the empathic process are mentioned and described in the different academic disciplines. According to his findings, research can be found among other things in psychology, sociology, education, philosophy and neurobiology. Thus far he only finds a more detailed discussion and theoretical foundation in research in the field of psychology. Yet Liekam (2004) also believes that there are inconsistencies in research findings within psychology.

In his critique of the research on empathy in psychology, Liekam (2004) stresses that empathy is considered on different levels which are difficult to compare. He says that in addition to purely cognitive approaches, which are also characterised in developmental psychology as role-taking (cf. Mead 1968) there are also authors who see empathy primarily as an affective occurrence (cf. Rogers, 1983; Friedlmeier, 1993). Moreover, Liekam (2004) mentions that sympathy, the concern for another person, and the powers of imagination, such as the ability to be able to place oneself in the fictional experience of another person are also interpreted as empathy. The scope of this paper does not lend itself to following these assumptions as the research question is not concerned with the analysis and explanation of related terms. The same applies to negative feelings directed toward oneself and to anxiety as a reaction to the emotional state of another person, designated as "personal distress" which is also brought into context with empathy. This is also not examined in more detail for the same reason mentioned above.

The main difficulty with the differing viewpoints and descriptions is creating a universal concept for the various theories and definitions of empathy. On the one hand this concept must be able to stand up to academic scrutiny, and on the other a permanent phenomenon which occurs in social interaction (cf. Liekam, 2004) must also be increasingly researched in osteopathy from an academic point of view.

Because the meaning of empathy still needs to be clarified more precisely through further studies, especially whether and which aspects of empathy are consciously applied, an exclusionary definition is not provided in this paper. Rather, the case will be exploited that many authors approach the phenomenon of empathy and empathy from various standpoints and thus differing points of view can be drawn upon for analysis. The case that various definitions of empathy exist are used in this paper to that effect, that empathy is discussed in

as wide a context as possible without losing focus of the perception aspect, understanding itself and the object of understanding.

4.2. Empathy from a philosophical view – establishing an epistemological basis

As previously explained, empathy contains an aspect of knowledge about another person and thus an aspect of perception. It has been discovered that cognitive, emotional and mixed process are at work in empathy. Furthermore, each person is born with a certain level of empathic ability which increases in the course of a lifetime. Overall the making and sustaining social contacts is possible through the ability to empathise (cf. section 2.2.1). Subsequently, the question is pursued which phenomenon is involved in empathy. This means that the question of the nature of empathy is investigated according to basic principles of phenomenology. Phenomenology is the „*Wissenschaft, Lehre, die von der geistigen Anschauung des Wesens der Gegenstände od. Sachverhalte ausgeht u. die geistig-intuitive Wesensschau (anstelle rationaler Erkenntnis) vertritt (Husserl)*“ (Duden, 1997, 618). [*science, theory which emanates from mentally perceiving the nature of objects or facts and supports viewing the nature of something from mentally intuitive standpoint (instead of rational knowledge) (Husserl).*](translated by M. Bissette)]

Based on the viewpoints of Theodor Lipps and Edith Stein who have dealt with research on *Einfühlung* in their works in great detail, a discursive approach to this phenomenon will be illustrated. What is meant by discursive knowledge is reaching understanding of an object through logical thinking (cf. Lexikon sociologicus, 2007). Subsequently, the view of empathy by Henri Bergson, who chooses a nondiscursive approach for his observations, is presented. A term such as intuition is associated with non-discursive knowledge, explains Liekam (2004).

Even if the following observations are essentially based on primary sources, Liekam (2004) and Heise (2005) are followed to a certain degree with respect to setting a focus for this paper. Liekam deals with the works of Theodor Lipps and Henri Bergson intensively in his research, whereas the work of Heise makes a significant contribution to understanding the complete works of Edith Stein.

4.2.1. The concept of *Einfühlung* by Lipps.

According to Zwick (2004a) the psychologist Theodor Lipps, born in Munich, was the person who comprehensively and systematically explained the notion of *Einfühlung* for the first time. His research firmly established the term *Einfühlung* in psychology and Lipps' analyses of *Einfühlung* are still considered a relevant, standard work on this subject.

For Liekam (2004), the notion of *Einfühlung* in Lipps' work is of key significance. He emphasises, that Lipps uses the term for the aesthetic perception of works of art and for perceiving what others are experiencing. Even of more fundamental importance according to Liekam (2004) is , „*dass menschliche und insbesondere auch zwischenmenschliche Wahrnehmung und Erkenntnis ohne die Fähigkeit zur Einfühlung nicht vorstellbar wäre*“ (Liekam, 2004, 25). [*that human and in particular, interpersonal perception and knowledge would not be imaginable without the ability of empathy (translated by M. Bisette)*]. This statement shows the relevance of Lipps' contribution to *Einfühlung* to the current research topic because the perceptive nature is stressed.

4.2.1.1. Lipps' sources of knowledge

For Lipps (2006/1906) there are three essential areas of knowledge. External experiences, one's own experiences and the experiences of other individuals. All contents of consciousness are thus related to either external physical appearances, one's own experience or the experience of someone else. Lipps (2006/1906) views sensory perception as the first source of knowledge meaning perception through the senses. The second source of knowledge is mental perception, which is the perception of one's own internal experiences. By this he means retrospectively conceiving one's own I with its workings, acting and feelings and also the I's relationship to and with objects. Lipps views the third source of knowledge as *Einfühlung*, which he uses to describe how the experiences of other people are accessed.

„Ich weiß ja unmittelbar nur vom eigenen Bewusstsein oder von ›mir‹. Dies Bewusstsein aber ist an sich kein individuelles, sondern es ist einfach Bewusstsein; und dies Ich ist an sich nicht ›mein‹ Ich oder ›dieses‹ Ich, sondern es ist schlechthin: ich. Erst indem ich von anderen Ichen weiß, wird dies Ich zu ›diesem‹, zu ›meinem‹, zu einem unter mehreren, kurz zum individuellen. Jene Frage ist also gleichbedeutend mit der Frage: Wie weiß man von fremden Ichen?“ (Lipps, 2006/1906, 34f)

[I only know so directly from my own consciousness or from myself. This consciousness, however, is itself not an individual consciousness, but rather is it simply consciousness, and this I is itself not my I

or this I but rather is simply: me. Only whilst knowing about another I, does this I become this I, my I, to one among many, in short to an individual I. That question is therefore synonymous to the question: How does one know about the I of another? (translated by M. Bissette)]

This citation clearly shows that the own I only shows itself as an individual I through the perception of an other I. This is fundamentally tied to the question how humans learn about the I of another person.

Lipps (2006/1906) says that it would be erroneous to assume that statements about life made by another person can be evaluated based on one's own. Rather, he describes the process of *Einfühlung* as an internal mimesis, an internal imitation. He describes *Einfühlung* as a projection into, or as it is also called objectification into, of dispositions in an external object. The emotionality triggered in the observer by the object is then attributed to the perceived object. Lipps (2006/1906) postulates that the observer of an external object is prompted to specific perceptions. This enables the observer to thus grasp the nature of an external object by feeling into or "feeling in" the object instinctively through one's own emotional world. This becomes clear in the following quotation.

„Damit ist es zugleich für mein Bewusstsein, obgleich aus mir stammend, an das wahrgenommene und aufgefasste Sinnliche gebunden oder liegt in ihm, kurz es ist darin objektiviert. [...] dies heißt, ich objektiviere in solcher Weise ein eigenes, instinktiv in mir sich regendes, aus den Elementen meines eigenen Lebens heraus gestaltetes und doch mir von außen aufgenötigtes Bewusstseins Erlebnis von bestimmter Art“ (Lipps, 2006/1906, 36).

[For this reason it is at the same time bound to those senses perceived or grasped for my consciousness or inside it, although it stems from me – in short it is objectified in it. [...] meaning, I objectify in such a way a separate experience of consciousness of a certain kind which instinctively stirs inside me formed by elements from my own life and yet imposed upon me from external which instinctively stirs inside of me. (translated by M. Bissette)]

4.2.1.2. Feeling in the sensual appearance of a person

What in Lipps' approach to feeling-in is first applied to objects such as works of art, is later applied to the world of experiences and the way other people experience things. He labels this interpersonal perception as *„Einfühlung in die sinnliche Erscheinung des Menschen“* (Lipps, 2006/1906, 198). [feeling in with the sensual appearance of a person (translated by M. Bissette)]. Moreover, he stresses that the body receives major importance when feeling in with external objects and emotions of another I.

„Und es schließen sich wiederum unerklärbarerweise, diejenigen objektivierten Bewusstseinserebnisse zu einem einzigen fremden Ich zusammen, die für mich an einen einzigen ›Körper‹ gebunden sind, oder die gebunden sind an das einheitliche Ding, ›Körper‹ genannt, zu welchem sich nach Gesetzen meines Denkens gewisse wahrgenommene körperliche Vorgänge und Zuständlichkeiten zusammenschließen. Kurz gesagt, die fremden Iche sind das Ergebnis einer instinktiven, durch bestimmte sinnliche Wahrnehmungen ausgelösten, zugleich je nach Beschaffenheit derselben modifizierten Vervielfältigung meiner selbst“ (Lipps, 2006/1906, 36f).

[And inexplicably those objectified experiences of consciousness in turn merge into one external I, which for me, are bound to a single body or bound to the one unified thing called body, to which certain perceived physical processes and states merge according to the laws of my thinking. In short, the other I is the result of an instinctive duplication of my self triggered by certain sensory perceptions simultaneously subject to the nature of this same modified duplication of my self. (translated by M. Bissette)]

This means that experiences of consciousness are bound to the body and that experiences of consciousness of another I are perceived through one's own body. Physical processes of other people are perceived through perception in one's own body. Put another way, the other I triggers sensual processes in the observer which are perceived physically whereby these personal physical processes are instinctively recognised as being external.

The form of empathising with the subjective experiences of another person is identified by Lipps (2006/1906) as the most important area of knowledge of the three described above. Thus empathy also means the ability to achieve insight into knowledge, the imagination, will and thoughts of another person. It can be concluded from this that the perceptive character of empathy which was posited as a hypothesis for this paper is confirmed by Lipps' theory of *Einfühlung*.

4.2.1.3. The perfect or aesthetic *Einfühlung*

Lipps (2006/1906) differentiates between three types of *Einfühlung* which result in the perfect or aesthetic *Einfühlung*.

- A basic prerequisite is first the apperception the conscious realisation of what others are experiencing, in contrast to *Einfühlung* which simply takes place with entering consciousness. During the process, the actions of another person are consciously felt into which are triggered by internal imitation of the other person. Lipps (2006/1906) labels this process as “apperceptive *Einfühlung*”

- Secondly, these actions are always additionally bound to an affective colouring, a mood which are also is felt in the object during apperceptive empathy. Lipps (2006/1906) labels this process as *Stimmungseinfühlung* (mood empathy). One's own mood, own feeling is empathised with the object.
- Thirdly, for apperceptive *Einfühlung* natural laws and coherences, for example personal physical experience which correspond to the experience of the empathiser are felt in the object. Lipps calls this process the "empirical or natural *Einfühlung*".

These three aspects together make up the "perfect or aesthetic *Einfühlung*" as described by Lipps (2006/1906). He explains further that during the act, the empathiser has no consciousness at all of a difference between herself or himself and the person being felt into. A comparison is not made between what one is personally experiencing and what someone else is, and furthermore the question about the realness or apparentness of what is felt into is put at the end. Only after this will the results from the third source of knowledge "feeling in others" be rationally compared with the results from both of the other sources of knowledge, the "sensual perception" and the "internal perception".

Liekam (2004) postulates that Lipps' observations on empathy refer to the perception of all appearances of the external world. This includes inanimate appearances and sensual appearances of other people. Empathising with a fellow human's sensual appearance, according to Liekam (2004) describes, among other things, the prerequisite for the presence of an interpersonal relationship and interaction. Feeling in the sensual appearance of other people is thus the foundation of any verbal and non-verbal communication.

If we follow this line of argument, it can be assumed that according to the analysis of Lipps' (2006/1906) theory of *Einfühlung*, perception can be viewed as the basic aspect of empathising with another person. Each interpersonal contact is only possible based on reciprocal empathy. From this it follows that Lipps' observations confirm that empathy constitutes a part of interpersonal perception, which as a result, can be applied to osteopathy.

4.2.1.4. A summarised reflection on Lipps' theory of *Einfühlung*

As previously mentioned, Lipps deals intensively with *Einfühlung* in his complete works in which he postulates that *Einfühlung* represents a key aspect in social interaction. The notion of *Einfühlung* according to Lipps (2006/1906) is summarised below and various significant points are studied in critical detail.

- Aesthetic *Einfühlung* enables the empathiser to sense emotions which could correspond to feeling in those feelings of another person. By using powers of judgement, it is verified whether and which emotions sensed truly correspond to those which are being felt into. Lipps (2006/1906) stresses that what takes place is the perception of an other I in the corpus of one's own I.
- Lipps (2006/1906) answers the question how *Einfühlung* actually works by postulating that an internal mimesis or internal imitation is at work. The question remains open as to how internal mimesis and imitation function practically.
- The emotions of other people are perceived by means of aesthetic *Einfühlung* which one knows from person experience and are then verified by the powers of judgement. The empathiser gains insight into the emotional and thought processes using the power of judgement and thus insight into convictions, motivation for behaviour and behaviour patterns of another person. At the same time it must be considered that these insights are biased by the empathiser's empirical knowledge and experiences.
- In his theory of *Einfühlung* Lipps (2006/1906) differentiates between more empathic and less empathic people. According to this, empathic people have a wide spectrum of personal emotional knowledge at their disposal and increasingly tend to also focus their attention on perceiving emotions. The empathic person also has a very high ability to verify emotional perceptions using their powers of judgement.
- Lipps (2006/1906) postulates that empathic abilities can be boosted. A person can be guided to practice more or effective introspection. The power of judgement can also be specifically trained to draw conclusions from the results of empathy. The boosting of empathic abilities is discussed in detail under chapter 6. The necessity and possibility of training osteopaths in empathy is examined.

4.2.1.5. Relevance to osteopathy

Lipps' (2006/1906) observations put forward the idea that *Einfühlung* represents a key aspect of interpersonal perception and thus interpersonal relationships. As osteopathy is concerned with a form of interpersonal interaction, the conclusion can be drawn that *Einfühlung* also receives high priority for osteopaths when perceiving a patient. One can assume that perception through palpation with the hands is supported by *Einfühlung* to a relevant extent. Lipps postulates an internal imitation or mimesis of another person in an interpersonal context which as a result, could also be valid for treatment in osteopathy. The osteopath feels in with the patient's knowledge, imagination, emotions, will and thoughts and takes over

that person's perspective or grasps the patient's internal frame of reference. It must also be stressed that the internal imitation according to Lipps is carried out by the body whereby exact instructions of how the procedure should be conducted are missing. If one follows the Lips' observations, it is crucial to question rationally the contents empathised with which appears to come easier to people with a more developed ability to empathise. As a result, training in empathy must be considered for osteopathy, because this could possibly increase perceptive ability.

4.2.2. *Einfühlung* according to Stein

4.2.2.1. Initial thoughts

Edith Stein's phenomenological dissertation, "*Zum Problem der Einfühlung*" (On The Problem of Empathy) provides further information on the topic of empathy and its significance to perception in osteopathy. Stein (1980/1917) discusses various questions to explore the phenomenon of *Einfühlung*. How does *Einfühlung* occur? What is perceived through *Einfühlung*? What effect does *Einfühlung* have on the person being empathised with? What is the prerequisite for unbiased *Einfühlung*? What effect does empathy have on the empathiser? At the end of her work, Edith Stein (1980/1917) deals with the question whether *Einfühlung* takes place in God, which points to the spiritual dimension in Stein's study but is not however treated in this paper. Stein's observations are extensively analysed in this paper, which has to do with the fact that her dissertation is exclusively devoted to *Einfühlung*. The topic is viewed from many different sides and thus helps in understanding empathy. Furthermore, her phenomenological explanations lend themselves to building a bridge to osteopathy and shed more light on the research topic presented in this paper.

Irene Heise (2005), religion teacher and author according to her own account, deals intensively with the works of Stein and analyses Steins (1980/1917) phenomenological dissertation. Heise (2005) stresses that the work on *Einfühlung* falls under the atheistic phase in Stein's life, which is nevertheless characterised by a passionate search for truth.

4.2.2.2. Biography and several characteristics of Stein

Heise (2005) maintains, that Stein, due to her nature and character, is virtually predestined to become immersed in the topic of *Einfühlung* whereby her life on the whole is characterised by the intensive search for answers to questions concerning interaction.

„Edith Stein war eine leidenschaftliche Wahrheitssucherin, die der Welt im buchstäblichen Sinn auf den Grund zu gehen trachtete; eine radikal Fragende, die schließlich den Mut aufbrachte, auch ihren eigenen Atheismus, nachdem sie sich vom praktizierenden Judentum abgewendet hatte, in Zweifel zu ziehen. Sie war eine messerscharfe Denkerin, die Gott nicht nur mit dem Herzen, sondern auch mit dem Verstand zu finden suchte, und dabei oft zerrissen zwischen nüchterner Sachlichkeit und brennender Sehnsucht“ (Heise, 2005,8).

[Edith Stein was a passionate seeker of truth, who attempted get to the bottom of the world in a literal sense: a radical questioner, who mustered the courage to question her own atheism after turning away from practicing Judaism. She was a razor-sharp thinker, who searched for God not only with her heart, but also with her intellect, and in doing so, often torn between sober objectivity and burning passion. (translated by M. Bisette)]

According to Heise (2006) Edith Stein's biography leads us to believe that she was born a Jew in 1891, converted to Catholicism in 1922 and later entered the Carmelite Order of Nuns and was finally executed in the concentration camp Auschwitz in 1942. She was beatified in 1987 and canonised by Pope John Paul II in 1998. In 1999, he declared Edith Stein along with two other women the patron saints of Europe. *„Edith Stein kommt dabei konkret die Rolle einer Symbolfigur für Respekt und Toleranz zu“ (Heise, 2005, 7). [Edith Stein is thus concretely assigned the role of a symbolic figure for respect and tolerance. (translated by M. Bisette)]*

A quote by Raphael Walzer who was abbot in the Benedictine abbey to Beuron from 1927, shows Stein's expertise in interpersonal communication and elucidates her empathic abilities.

„Selten habe ich einen Menschen getroffen, der so viele und hohe Eigenschaften vereinigt hatte. Sie war schlicht mit einfachen Menschen, gelehrt mit Gelehrten, ohne alle Überhebung, mit Suchenden eine Suchende, beinahe möchte ich sagen, mit Sündern eine Sünderin“ (Heise, 2005, 9f zit. Walzer).

[Seldom have I met a person in whom so many and great qualities have been brought together. She was unostentatious with common people, erudite with scholars, without all arrogance, among seekers, a seeker, I would almost say among sinners, a sinner. (translated by M. Bisette)]

The clinical psychologist and psychotherapist, Wunibald Müller (1991) adds to this topic when he explains that being able to put oneself on the level of people from different social classes, levels of education, character, features, attitude towards life as well as in their mood and emotional estate appears to be an essential trait of being able to empathically perceiving other people. Or expressed another way, a person who finds it difficult meeting other people even with contrasting traits at their level will also have difficulties empathising with someone. A summary of Stein's findings are provided below.

4.2.2.3. Definition of *Einfühlung* according to Stein

According to Stein (1980/1917) making the effort to perceive that which other people are experiencing is characterised as *Einfühlung* in philosophical terms. This includes the own I (subject) and the external you (object). Both are linked by their commonality of emotions meaning that empathy is the experience of an external consciousness. Stein (1980/1917) also explains on this topic, that the intention to explore the external subject and its experience, its nature, is inherent in *Einfühlung*. „[...] *Einfühlung* bezeichnen wir als eine Grundart von Akten, in denen fremdes Erleben erfasst wird [...] unter Absehung von allen historischen Traditionen, die an dem Worte hängen, [...]“ (Stein, 1980/1917, 4). [We characterise empathy as a basic type of act in which an external experience is perceived [...] disregarding all historical traditions which depend on the word [...]. (translated by M. Bissette)] Stein uses this working definition during her analysis as a basis for each further question she poses in the scope of her dissertation. The following quote should show how the processes involved in Stein's research, and how she approaches the concept of *Einfühlung* from a phenomenological perspective. She attempts to rule out objects until the one object to be examined remains which is to be described.

„Wir nehmen ein Exempel, um uns das Wesen des *Einfühlungsaktes* zu veranschaulichen. Ein Freund tritt zu mir herein und erzählt mir, daß er seinen Bruder verloren hat, und ich gewahre seinen Schmerz. Was ist das für ein Gewahren? Woraus es sich gründet, woraus ich den Schmerz entnehme, darauf möchte ich hier nicht eingehen. Vielleicht ist sein Gesicht blaß und verstört, seine Stimme klanglos und gepreßt, vielleicht gibt er auch in Worten seinem Schmerz Ausdruck: all das sind natürlich Themata für Untersuchungen, aber darauf kommt es hier nicht an. Nicht auf welchen Wegen ich dazu gelange, sondern was es selbst, das Gewahren, ist, das möchte ich wissen“ (Stein 1980/1917, 4).

[We take one example, to illustrate the nature of the *Einfühlung* act. A friend comes for a visit and tells me that he has lost his brother, and I am aware of his pain. What type of awareness is it? From where does it originate, from where do I draw the pain, I prefer not to elaborate on that at this juncture. Perhaps his face is pale and distraught, his voice toneless and pressed, perhaps he also expresses

his pain with words: all of these are of course topics for analysis, but that is not what it is about at this point. Not which ways I take to arrive at it, but rather what it is, being aware, that is what I aim to know. (translated by M. Bissette)]

She is not concerned with analysing the friend's different ways of expression. She also does not want to research how she perceives the friend's pain through his expression. She wishes to find out in her research, what the perception of pain itself is, or expressed in another way, which phenomenon is involved in *Einfühlung*. It is emphasised that Stein (1980/1917) defines *Einfühlung* as an act in which a subject analyses what an object is experiencing. *Einfühlung* itself is identified as the intention to want to analyse another being.

4.2.2.4. Delimiting *Einfühlung* to other acts of knowledge

It has been pointed out further above, that the numerous definitions, explanation of concepts and delimitations serve the purpose of making the concept of empathy clearer and elucidating the nature of empathy. Even Stein's (1980/1917) research builds upon delimiting *Einfühlung* to other related concepts. An analysis of *Einfühlung* in relation to *Äußere Wahrnehmung* (external perception), *Erinnerung* (memory), *Erwartung* (expectation), *Phantasie* (imagination), *Einsicht* (insight), *Wissen um fremdes Erleben* (knowledge of the other experience), *Mitfühlen* (fellow-feeling), *Einsfühlen* (emotional identification) and *negative Einfühlung* (negative empathy).

As this work pursues to answer the question whether empathy can be viewed as part of the perception in osteopathy, the differences Stein (1980/1917) sees between the concepts *Wahrnehmung* (perception) and *Einfühlung* (empathy) are analysed. It can be said in advance, that although *wahrnehmen* (perceiving) and *empfinden* (feeling into) represent related concepts according to Stein, differences are also to be found. To continue with Stein's observations, the notion of *Originarität* (primordially) must first be defined. Heise (2005) explains that *Originarität* is a central concept in Stein's phenomenology and means something close to naturalness. The term arises whenever the real existence of a phenomenon is being treated. What is primordially given to us, for example, is the environment, or if we intuitively perceive the essence of something (ideation) or our own current experiences. Stein (1980/1917) says that *Einfühlung* is not ideation, which is non-primordial (*nicht-originär*). This means that Stein refers to *Einfühlung* as being non-primordial.

4.2.2.4.1. Äußere Wahrnehmung and Einfühlung

Äußere Wahrnehmung (external perception) is the perception of the external world whereby as Stein (1980/1917) postulates, only one side of a thing can be perceived, namely that which one is focused on. Perceiving that aspect of something which a person is focused on is primordial, in contrast to that aspect of a thing turned away from which is also perceived.

„äußere Wahrnehmung ist ein Titel für die Akte, in denen raum-zeitliches, dingliches Sein und Geschehen mir zu leibhafter Gegebenheit kommt, vor mir steht als hier und jetzt selbst daseiend, mir diese oder jene Seite zukehrend, wobei diese mir zugekehrte Seite im spezifischen Sinne leibhaft oder originär da ist, im Vergleich zu den mitwahrgenommenen abgewandten Seiten“ (Stein, 1980/1917, 5)

[External perception is a name for the act in which spatiotemporal material being and events for me become personified facts, confront me as being itself here and now, this or that aspect turning to me, whereby this aspect turned toward me is primordially there in a specific sense, compared to those aspects turned away from me. (translated by M. Bissette)]

In Stein's terms, *äußere Wahrnehmung* (external perception) is given primordially to the observer. By this example, Stein (1980/1917) demonstrates the difference between *äußere Wahrnehmung* und *Einfühlung*. Pain experienced by another person can be perceived externally through expression of pain on the person's face who is affected. *Einfühlung* however would involve the pain itself. Because pain itself, according to Stein (1980/1917) cannot be experienced by the empathiser, it is not primordially (*nicht originär*) given.

For Stein (1980/1917) *äußere Wahrnehmung* does not have the same character of *Einfühlung* and explains it thusly, that *äußere Wahrnehmung* should be viewed as being primordial, yet *Einfühlung* only has the character of *Originarität*. The reason for this is that as a momentary experience, *Einfühlung* is primordial, yet is non-primordial with regards to its content. Further, she comes to the conclusion that what *äußere Wahrnehmung* and *Einfühlung* have in common, is that their object is present here and now.

In order to arrive at the statement whether *Einfühlung* is primordial as personal experience, Stein (1980/1917) believes that the concept of *Originarität* must first be distinguished. For this purpose she explains that personal experience is primordial the moment it occurs. If an experience is reflected upon after it has occurred, it only has the character of *Originarität*. The same is valid for *Erinnerung*, *Erwartung* and *Phantasie*. The character of *Originarität* mentioned above is thus explained, and Stein (1980/1917) postulates that there is a far-

reaching analogy between *Einfühlung* act and those acts in which something personally experienced is non-primordial.

4.2.2.4.2. *Erinnerung, Erwartung, Phantasie and Einfühlung*

Stein (1980/1917) explains that an *Erinnerung* (memory) of a friend involves an act of recalling, which is primordial as such. The content of the act however (the joy) is not primordial. „*Sie hat ganz den Charakter der Freude, so daß ich ihn an ihr studieren könnte, aber sie ist nicht originär und leibhaft da, sondern als einmal lebendig gewesen [...]*“ (Stein, 1980/1917, 7). [*it has the complete character of joy, so that I can examine it, but it is non-primordial and personally here, rather it was once alive [...]. (translated by M. Bissette)*] As memories can vary from that which is actually experienced, such as caused by gaps in memory, they can only „*Zweifels-, Vermutungs-, Wahrscheinlichkeitscharakter, niemals aber Seinscharakter haben*“ (Stein, 1980/1917, 8). [*have a character of doubt, supposition, probability, but never a character of being (translated by M. Bissette)*]. *Erwartung* (expectation) according to Stein (1980/1917) should be considered parallel with memory.

Stein (1980/1917) differentiates in *Phantasie* (imagination) between the I, which the imaginary world creates and should be viewed as being primordial, and the I which lives in the imaginary world. The I which lives in the imaginary world is non-primordial. She explains further that if someone lives in an imaginary experience, there is no temporal distance between the imagining I and the imagined I. „*Und die phantasierten Erlebnisse sind gegenüber den erinnerten charakterisiert dadurch, dass sie sich nicht als Vergegenwärtigung wirklicher Erlebnisse geben, sondern als nicht-originäre Form gegenwärtiger Erlebnisse*“ (Stein, 1980/1917, 8). [*And the imagined experiences compared to remembered experiences are characterised by the fact that they do not pretend to be the visualisation of actual experiences, but rather as the non-primordial form of present experiences. (translated by M. Bissette)*] This quote explains the difference between *Erinnerung* and *Phantasie*, whereby *Phantasie* does not involve actual experiences.

According to Stein (1980/1917) the main difference between *Erinnerung, Erwartung* and *Erinnerung* and *Einfühlung* lies in the fact that the subject of the experience is not the same. Primordial joy is not felt in *Einfühlung*, it also does not have the character of a being having once been alive and is also not imagined joy. However, the other life, into which someone feels is primordial and the non-primordial experience of the empathiser feels as if is led by a primordial experience. „*So sieht die Erfahrung aus, die ein Ich überhaupt von einem andern Ich hat. So erfaßt der Mensch das Seelenleben seines Mitmenschen, [...]*“ (Stein, 1980/1917, 10f). [*This is*

what the experience looks like which an I generally has at all from another I. In this way, a person grasps the spiritual life of her or his fellow being, [...] (translated by M. Bissette)]

4.2.2.4.3. *Einsicht* and *Einfühlung*

Stein (1980/1917) differentiates *Einsicht* (in-sight) from *Einfühlung*. *Einsicht* is said to be orientated towards embracing and understanding the ideas and intellectual concepts of another person. In contrast, what is meant by *Einfühlung* an epistemological act or the sum of acts of perception which are orientated towards subjective feeling, the internal world and this towards the entire personality of the person being felt into. Moreover, *Einsicht* involves knowledge gained by someone based on, for example, linguistic information. For this reason, though *Einsicht* is considered a cognitive act, it is not however viewed as an aspect of *Einfühlung*.

4.2.2.4.4. Knowledge of an other's experience and *Einfühlung*

Concerning knowledge of an other's experience I am aware of someone else's pain through the messages they send, the pain itself, however remains external, says Stein (1980/1917). Pain is given here as empty knowledge based on a message. Being aware of external experience is to be dissociated from *Einfühlung* as it refers to an act which is seen and experienced. *Einfühlung* is however the experience itself, which refers back to awareness of external experience.

4.2.2.4.5. *Mitfühlen* and *Einfühlen*

In order to delimit the concept *Mitfühlen* (fellow-feeling) from *Einfühlen* (empathy) and explain it in greater detail, Stein (1980/1917) chooses the example of a student's joy who is rejoicing about a good mark received on a test. While experiencing *Mitfühlen* for the student, the person places herself or himself in the event of the good mark on the test, that is in that about which the student is rejoicing. The person is rejoicing with the student and is conscious about the fact that the event is actually pleasant for him, yet the person does not experience this joy herself or himself. Stein (1980/1917) describes it in a way that while experiencing the object, the I is focused on the other experience, that means in the example mentioned the content of the joy. *Einfühlung* would be focused on the other experience.

4.2.2.4.6. *Einsfühlen* and *Einfühlen*

Even *Einsfühlen* (emotional identification) and *Einfühlung* (empathy) are two separate acts, says Stein (1980/1917). Accordingly to this, a person can take pleasure in the same occurrence in which someone else does. This leads to both people being happy about something together. Both feel as one in delighting in the same event. The epistemological act is also orientated towards the object of delight, not however, towards the joy of the other itself. Stein (1980/1917) emphasises, that when two or more people delight in the same occurrence, this delight does not have to be felt the same by all people. One of the persons has possibly opened up herself or himself to the joy more intensely, and the joy of the other person is sparked only by feeling into this person, thus resulting in full coverage of an experience. „Und nicht durch *Einsfühlen* erfahren wir von andern, sondern durch das *Einfühlen*, durch *Einfühlung* wird *Einsfühlung* und *Bereicherung des eigenen Erlebens möglich*“ (Stein, 1980/1917, 18) [And we do not learn about another person through emotional identification, but rather emotional identification and enrichment of our own experiences are possible through empathy. (translated by M. Bissette)]

4.2.2.4.7. *Negative Einfühlung* and *Einfühlung*

Stein (1980/1917) analyses Theodor Lipps' observation, who views *negative Einfühlung* as a tendency of the *Einfühlung* experience as not being able to realise itself because something in the empathiser is reacting against it. She uses the example of someone who is not able to share in the joy of another person due to grief felt caused by the loss of a close relative. Stein does not find this to be a specific characteristic of *Einfühlung*, but rather as a typical form of transition from a “being focused” on another person. The difficulty in empathising with the joy lies in being focused in the grief and the problem of changing the focus to the joy of another person. Expressed differently, according to Stein (1980/1917), the problem in this example does not lie in the inability of feeling into, but rather in the distraction by another event.

4.2.2.4.8. *Summary and relevance to osteopathy*

So far, how someone should proceed during *Einfühlung* has not emerged from Stein's observations. She uses abstract definitions and delimitations to arrive more at understanding for the nature of the *Einfühlung* act. The terms *Äußere Wahrnehmung* (external perception), *Einsicht* (insight), *Wissen um fremdes Erleben* (knowledge of an other's experience),

Mitfühlen (fellow-feeling), *Einsfühlen* (emotional identification) and *Negative Einfühlung* (negative empathy) though exhibiting commonalities with the concept of *Einfühlung*, they diverge in exact meaning. These differences lie partially in the area of primordality (e.g. *äußere Wahrnehmung*) or in the area of the intention of an act itself (e.g. *Mitfühlen* and *Einsfühlen*).

For *Erinnerung* (memory), *Erwartung* (expectation) and *Phantasie* (imagination) subject and object are not separated, but rather, a subject remembers, expects or imagines a personal experience. In contrast to this, *Einfühlung* is focused on an external object. The acts first mentioned do not focus on the learning about an external consciousness such as *Einfühlung*, but explain the character of *Einfühlung* mentioned by Stein (1980/1917).

Stein (1980/1917) differentiates between *äußere Wahrnehmung* (the denotation for perceiving one's environment) and *Einfühlung* because she says, that *äußere Wahrnehmung* is a primordial act in relation to that which is being experienced and has a primordial content. *Einfühlung* in contrast, though it can be characterised as being primordial with regards to experience, it is non-primordial with regards to content. Hence, *Einfühlung* only has the character of primordality, as Stein (1980/1917) puts it. What *äußere Wahrnehmung* and *Einfühlung* have in common is that in both their objects are present here and now. In terms of the research question whether empathy is part of the perception process in osteopathy, it can be concluded that according to Stein that though perception and *Einfühlung* involve acts which must be distinguished from each other, there is a close relationship which lies in gaining knowledge of external consciousness.

If we follow Stein's (1980/1917) concept of *negative Einfühlung*, it seems important to osteopaths to be conscious of the fact that problems can arise when empathy with an external consciousness when the consciousness is focused on other things. If an osteopath is preoccupied with internal personal issues during a treatment session, she or he will not be able to focus her or his consciousness on patients and therefore not be able to empathise with patients. This line of argument would mean that it would be conducive to osteopathic treatment for an osteopath to be as free as possible from distracting thoughts in order to be able to empathise with the content of consciousness of patients as extensively as possible.

4.2.2.5. Discussion of other descriptions of *Einfühlung*

In her research, Stein (1980/1917) develops her own description of the concept of *Einfühlung* and delimits them from other descriptions of *Einfühlung*, in particular from Theodor Lipps'

account (cf. section 4.2.1.). She uses this discussion to make her own descriptions of *Einfühlung* more understandable. Stein's critique of various theories is described below and examined for their significance to osteopathy. Possible perceptive aspects of the theories are critically questioned.

4.2.2.5.1. Critique of the mimetic theory

Stein's (1980/1917) critique of the mimetic theory by Lipps provides insight into its own differentiation during observation and continues with her analysis of the concept of empathy.

„Die Theorie, mit der Lipps die Erfahrung von fremden Seelenleben zu erklären sucht [...], ist die uns bereits bekannte Lehre von der Nachahmung. Eine gesehene Gebärde weckt in mir den Trieb sie nachzuahmen, ich tue das – wenn nicht äußerlich, so doch „innerlich“; nun habe ich außerdem den Trieb, alle meine Erlebnisse zu äußern und Erlebnis und Äußerung sind so eng miteinander verbunden, dass das Auftreten des einen auch das andere nach sich zieht. So wird mit jener Gebärde auch das zugehörige Erlebnis mitgemacht, indem es aber „in“ der fremden Gebärde erlebt wird, erscheint es mir nicht als meines sondern als das des andern. [...] Danach müssen wir sagen: jene Theorie unterscheidet das eigene vom fremden Erleben nur durch die Gebundenheit an verschiedene Leiber, in Wahrheit sind jene beiden aber in sich verschieden. Ich komme auf dem angegebenen Wege nicht zu dem Phänomen des fremden Erlebnisses, sondern zu einem eigenen Erlebnis, das die fremde gesehene Gebärde in mir wachruft“ (Stein, 1980/1917, 23f)

[The theory with which Lipps attempts to explain learning about the spiritual life of another person [...] is the theory of mimesis with which we are already familiar. A gesture which I see awakes in me the urge to imitate it; I do it – if not externally then 'internally'; now I also have the urge to express all my experiences, and experience and expression are so closely related to one another, that the appearance of one entails the other. In this respect with each gesture, the experience that goes with it also takes part, while it is being experienced 'in' the external gesture, it appears to me not to be my own but rather as that of the other person. [...] According to this we must say: each theory distinguishes that which is personally experienced from that which is experienced by someone else, only through the bond to different bodies, in truth however, each of two are different in themselves. I do not arrive at the phenomenon of the external experience from the path indicated, but rather to a personal experience, which awakens in me the gesture I have seen by someone else. (translated by M. Bissette)]

The mimetic theory describes the practical transfer of empathy described by Lipps (cf. section 4.2.1.). Stein's (1980/1917) critique of the mimetic theory by Lipps can be summarised by the idea that mimesis has no affect on foreign experience, but rather a separate experience which is awakened by observation. This means that the contents, which can be perceived, are limited to the empathiser's spectrum of experiences and emotions. As

mentioned in section 4.2.1., it is important to reflect upon knowledge gained by imitation and isolating it from one's own experiences. The mimetic theory is by all means of significance to osteopaths, because certain postures of patients can be relived or certain gestures observed, imitations, can be evoked in osteopaths. Lipps theory is interpreted in this paper to that effect, that mimesis represents a type of putting oneself into the situation and emotional state of another person in order to grasp that person's internal frame of reference. This can therefore lead to perception of another person but has to be seen within the context of own experience.

4.2.2.5.2. Critique of the association theory

The Association theory as it is advocated, for example by Paul Stern emerged as an opponent of the mimetic theory, says Stein (1980/1917). *„das optische Bild der fremden Gebärde reproduziert das optische Bild der eigenen Gebärde, dieses das kinästhetische und dies wiederum das Gefühl, mit dem es früher verknüpft war“* (Stein, 1980/1917, 25f). *[the optical image of another person's gesture reproduces the optical image of one's own gestures, this one the kinaesthetic and this in turn the emotion with which it was once linked (translated by M. Bissette)]* Kinaesthesia, according to Duden (1997) represents the ability, to unconsciously control and regulate the movement of body parts. This also raises the question for Stein (1980/1917) whether the phenomenon of empathy, namely conceiving the spiritual life of another person is located at the end of this development process. She answers the question herself with no and objects that association leads to a personal emotion. She offers the following example on this:

„Ich sehe jemanden mit dem Fuß stampfen, es fällt mir ein, wie ich selbst einmal mit dem Fuße stampfte, zugleich stellt sich mir die Wut dar, die mich damals erfüllte, und ich sage mir: so wütend ist der andere jetzt. Ich habe die Wut des anderen nicht selbst gegeben, sondern erschließe ihre Existenz und suche sie mir in einem Repräsentanten – der eigenen Wut – nahe zu bringen“ (Stein, 1980/1917, 26).

[I see someone stomping her or his feet, it occurs to me how I myself once stomped my feet, simultaneously the anger I felt at that time shows itself, and I say to myself: this is how angry the other person is now. I am not responsible for providing the other person's anger, but rather infer its existence and search for it in an agent – my own anger – to bring it near. (translated by M. Bissette)]

In terms of praxis in osteopathy, this means that great care should be given when associating with that which is observed. Perhaps the association does not concur with the patient's reality, but instead, solely describes the memory of a personal experience. For this

reason, association must be viewed very critically during osteopathic treatment in regard to perception.

4.2.2.5.3. Critique of the conclusion by analogy theory

Stein (1980/1917) also critically discusses the conclusion by analogy theory (as is advocated, for example, by J. St. Mill). According to Stein's observations it becomes clear with this theory that it neither satisfies the phenomenon of *Einfühlung* as Stein views the notion, nor is able to offer a plausible explanation for it. The following quote on the description of the conclusion by analogy theory makes clear, that it cannot involve the experience of a foreign consciousness, but rather, that conclusions are drawn based on personal experiences analogue to the experiences of another person.

„Ich kenne den fremden Körper und seine Modifikationen, ich kenne den eigenen Körper und seine Modifikationen und weiß im zweiten Falle, daß sie Bedingungen und Folgen meiner [...] Erlebnisse sind. Weil nun in einem Falle die Abfolge der körperlichen Erscheinungen nur möglich ist durch das Zwischenglied - das Erlebnis -, nehme ich auch dort, wo mir nur die körperlichen Erscheinungen gegeben sind, das Vorhandensein eines solchen Zwischengliedes an“ (Stein, 1980/1917, 28f).

[“I am familiar with the foreign body and its modifications, I know my own body and its modifications and know in the second instance, that they are conditions and consequences of my [...] experiences. Since in one instance, the sequence of physical appearances is only possible through the interlink – the experience – I also assume the presence of such an interlink there, where physical appearances are present.” (translated by M. Bissette)]

Stein (1980/1917) stresses however, that there is something like the conclusion by analogy in the perception of other people's experiences. It is quite possible that in the process, someone is reminded of her or his own expression by someone else's expression and that that person gives it the same significance it initially had for oneself. *„Der Analogieschluß tritt an Stelle der vielleicht versagenden Einfühlung und ergibt nicht Erfahrung, sondern eine mehr oder minder wahrscheinliche Erkenntnis des fremden Erlebnisses“ (Stein, 1980/1917, 29). [The conclusion by analogy takes the place of the empathy which is perhaps failing and does not provide knowledge but rather a more or less probable perception of someone else's experiences. (translated by M. Bissette)]* The osteopath should also be aware that drawing conclusions by analogy from one's own personal experiences to those of another carry the danger of not being able to grasp the true content of what the patient is experiencing. Rather, one is preoccupied with personal experiences which are then erroneously attributed to the patient. This paper follows Stein's line of argument and views the conclusion by analogy as not viable for perception in osteopathy as the danger of interpreting analogies inaccurately

appears to be too great. Furthermore, the danger appears to be too great, that certain physical modifications which appear to be the same purely on the outside have different consciousness as content.

4.2.2.5.4. *Summary and relevance to osteopathy*

The mimetic theory, conclusion by analogy theory and association theory do not offer logical explanations for the phenomenon of *Einfühlung* as an act of learning about what someone else is experiencing. The criticism of these theories is that other people's experience are inferred from personal experience and knowledge. This can result in possibly transferring distorted evaluation of one's own experiences to the person being empathised with. This in turn, would bring with it an error in judgement of the other person's consciousness. The mimetic theory is viewed in the research provided as a perceptive process through *Einfühlung*, whereby the grounds of justification described in section 4.2.1. are followed.

Overall Stein's critique of the theories of *Einfühlung* discussed indicates that it is essential for osteopaths to promote the development of their own personality in order to interpret a foreign consciousness responsibly. The theories criticised by Stein involve, as does Stein's theory, explanatory models on how *Einfühlung* works in other people. Steins (1980/1917) observations point to the importance of consciously questioning information gained through *Einfühlung*. In this way, the danger of misinterpretation and thus a distorted perception is reduced.

4.2.2.6. **How does *Einfühlung* occur?**

After Stein's theory of *Einfühlung* is delineated from other theories, the question remains how *Einfühlung* in a foreign consciousness works, how the act should concretely proceed. Even the delimitations to other related concepts do not offer a definitive answer. The research presented attempts to make the phenomenon of *Einfühlung* increasingly accessible through the various descriptions and delimitations. Criteria and explanations are given to enable the consciousness to grasp the concept. The approach with which the notion of *Einfühlung* should be made more accessible, is supported by the theologian's statements, Reinhard Körner (1998), on Stein's approach in her research. He says that *Einfühlung* as Edith Stein understands it is very difficult to define. Though *Einfühlung* can be delimited from similar epistemological acts, it is positively only insufficiently comprehensible with defining sentences.

„Wie Einfühlung vor sich geht, lässt sich in der Tat nur „beschreiben“ [...] und die beschreibenden Worte sind dabei wie Fenster, durch die wir hindurchblicken müssen auf die gemeinte Wirklichkeit: auf das Einfühlen, das ein anderer vollzieht- wie zum Beispiel meisterhaft Edith Stein selbst [...]“ (Körner (1998, 2).

[How *Einfühlung* occurs, can indeed only be ‘described’ [...] and the descriptive words used in the process are like windows through which we must look at the intended reality: at the empathy which another person performs as, for example, Edith Stein does herself masterfully [...]. (translated by M. Bissette)]

Körner (1998) says such windows for understanding *Einfühlung* open themselves up to readers in words such as “empathetically putting oneself in someone else’s position”, “experiencing a foreign consciousness”, or “*Einempfinden*” (sensing into). Furthermore, Körner (1998) quotes statements made by Stein in which such windows open themselves and understanding can be spread. „*Einfühlend ziehen wir keine Schlüsse, sondern haben das Erlebnis als fremdes im Charakter der Erfahrung gegeben*“ (Körner, 1998, 2 zit. Stein). [By feeling into we do not draw conclusions, but rather have given what is being experienced as something foreign to the character of experience.” (translated by M. Bissette)] Even when Stein describes the epistemological act of feeling into as a perception: „*in der Ich bei dem fremden Ich bin, und sein Erleben nachlebend expliziere*“ (Körner, 1998, 2 zit. Stein). [in the I in which I am a foreign I, and explicate its experience after it has passed” (translated by M. Bissette)]

4.2.2.7. How *Einfühlung* is performed

Stein (1980/1917) describes three levels of performance or three steps which take place during *Einfühlung* with a foreign consciousness. She labels the first step as the *Auftauchen des Erlebnisses* (appearance of the experience), when the object, such as grief on a person’s face, confronts the empathiser. The second step is the *erfüllende Explikation* (fulfilling explication), which is meant by the empathiser classifying the mood of another person. During this process grief is no longer an object in the proper sense, but rather the empathiser is drawn into the object. In the third step after the object has been successfully clarified and left, the experience of *Einfühlung* is put in concrete terms or as Stein expresses it, reified. Now the empathiser is confronted with the object. „*Auf der ersten und dritten Stufe stellt die Vergegenwärtigung die nicht-originäre Parallele zur Wahrnehmung, auf der zweiten Stufe zum Vollzug des Erlebnisses dar*“ (Stein, 1980/1917, 10). [In the first and third steps the imagination expresses the non-original parallels as perception, in the second step as performance of the experience. (translated by M. Bissette)] This means that the perceptive aspect of *Einfühlung*

distinguishes the first and third steps. In the second step, the empathiser is drawn into the object and thus experiences the person's state who is being empathised with.

4.2.2.8. What is perceived through empathy?

According to Körner (1998) it gradually becomes apparent in Stein's formulations, that the object of the *Einfühlung* act, "foreign experience" can have different contents. As humans are entities made up of body, soul and mind, *Einfühlung* can involve psychoemotional and cognitive experiences. Stein (1980/1917) characterises the perception of other' physical experiences, that is, empathy with the corporeality of another person, such as with physical pain as "empathetic imagination". Empathising with emotions and sensations such fear or joy, for example are characterised by Stein (1980/1917) as *Empfindungseinfühlung* (feeling into sensations) or *Einempfindung* (sensing into). With regards to feeling into the cognitive world of experience, she speaks of *nachlebendem Verstehen* (lived-out understanding) and *einführendem Erfassen* (feeling-into understanding).

4.2.2.8.1. *Einfühlung* in the world of values

Cognitive experience, which according to Stein (1980/1917) is always connected to the body, by virtue of the wholeness of a person as an entity made up of body, soul and mind, the empathiser puts herself or himself in the person's world of values who is being empathised with. The empathiser is confronted with those values which result from the history and culture of the person and shape her or him. The empathiser becomes conscious of the entire world of values in which the other person thinks, feels and acts. In order to think in even more concepts, it is the other in her or his "self" which is ultimately perceived. During an *Einfühlung* act which involves grasping personal values, Stein (1980/1917) speaks of an act of love which takes place. She explains, that we love persons not because they do good, because their value does not consist in doing good. We love them because they are valuable themselves, and for the sake of themselves.

4.2.2.8.2. Summary and relevance to osteopathy

Feeling values, as Stein postulates, gives reason to assume that it is possible to perceive a person's values through *Einfühlung*. The world of values, according to Stein, is connected to the body, and the body is shaped by these values. Perceiving a person's world of values

takes place via the body through *Einfühlung*. If we follow Stein's line of argument, this would mean for osteopaths, that empathising with the patient's body leads to perceiving her or his history and thus her or his own personal values. Stein's observations on *Einfühlung* thus support the research hypothesis, that empathy represents a part of the perception process in osteopathy.

4.2.2.9. Prerequisite for empathy

Stein (1980/1917) points out that empathy can only be successful if an analogy, meaning there is a being-related correspondence between the empathiser's and the person's character who is being empathised with. She speaks of the same species which must be given so that a person can empathise with another person. That is, that empathy essentially can only succeed in the human species. Because the human species is similar to other beings, people are, for example, also able to empathise with an animal's pain. Stein (1980/1917) further postulates, that the further removed the object to be empathised with is from the human species, the less the chances of learning about the object through an empathy act. Only by empathising with another person, can the empathy act succeed in the most diverse contents of subjective experience by *empfindende Vergegenwärtigung*, *Einempfindung* and *empfindendes Erfassen*.

Stein makes yet one more key remark about how *Einfühlung* is possible or which preconditions are necessary for *Einfühlung*. She postulates that only people who experience themselves as a person, as a complete whole, can understand other people. Otherwise, a person is constrained in the prison of her or his own character and others will become a mystery. Stein (1980/1917) comments about this, that the more a person has found his or her self, he will become a master of understanding. The view that personal maturity is a vital prerequisite for the ability to empathise, is shared by many authors. (cf. e.g. Lipps, 2006/1906; Bischof-Köhler, 1989). This would mean for osteopaths that it is essential to continue to develop oneself further, not only with regard to palpation and other skills of an osteopath. It would mean also working on personal maturation. The better an osteopath knows herself or himself, the more she or he is conscious of her or his idiosyncrasies, abilities, qualities and strengths and also deficits as well as weaknesses the more she or he will be able to empathise with their patients on a neutral level. (cf. section 6.).

4.2.2.10. What effect does empathy have on the empathiser?

Stein (1980/1917) says, that by empathising the other person is perceived in her or his very own value and with their own world of values. This in turn has a reaction on the empathiser. By empathising with another person, a new I is composed in the empathiser, namely, the I of the other person being empathised with. Stein (1980/1917) postulates further that each realisation of different people can be used as the base for a value comparison. The fellow human perceived through empathy, in its values and with its values, clarifies the empathiser for what she or he more or less is, as the other. If, while empathising, someone comes up against closed ranges of values, she or he will become conscious of her or his own deficiency or worthlessness.

„Indem ich übrigens fremdes Seelenleben als meinesgleichen auffasse, lerne ich auch mich selbst als Objekt zu betrachten, gleichsam von einem Standpunkt außerhalb meiner selbst. Solche Einfühlung, auf mich selbst bezogen, kann ein nützliches Korrektiv sein, um der Täuschungsmöglichkeit zu entgehen, die in der inneren Wahrnehmung liegt“ (Heise, 2005, 22 zit. Stein)

[By incidentally understanding another person's spiritual life as my own, I also learn how to view myself as an object, quasi from a perspective outside myself. Such empathy applied to my self, can be a useful corrective in order to avoid the possibility of being misled which lies in internal perception. (translated by M. Bisette)]

This statement shows that empathising with other people can indicate what lies hidden within oneself. Empathy is possibly an instance in which empathisers can protect themselves from self-deception. According to Stein (1980/1917) values and levels of personality possibly open up themselves to the empathiser for whose experience and ideational realization no opportunity has presented itself up to the point in time of the empathised experience.

Concluding, Stein (1980/1917) emphasises three effects of *Einfühlung* on the empathiser. Firstly, it brings about understanding intellectual people. In the process, she assumes that the mind of a person reaches into his or her own physical world and thus leads to a *Sichbarwerden des Gestes im Leibe* (manifestation of the mind in the body). This means that the psychological reality manifests itself in the body and can be experienced by perceiving the body. Secondly, *Einfühlung* brings about enlightenment of other values, whether the empathiser classifies herself or himself according to the value as being either above or below the person being empathised with. This value can affect the entire person or only partial aspects of her or his personhood. Thirdly, *Einfühlung* brings about the constitution of the psychophysical individual in the empathiser's life. This means that the empathiser becomes familiar with her or his own levels of personality. *Einfühlung* is thus also a process of self-

perception and self-awareness. Stein (1980/1917) describes the psychophysical individual as the unity of shared identity between the soul and the body. In her phenomenology of *Einfühlung*, she uses the term body to describe the physical, *empfindenden physischen Körper* (sensing body), to which an I belongs, an I which senses, thinks and feels and is itself a centre of orientation in a world of phenomena.

4.2.2.11. Summary

At the beginning of this section, reference is made to Edith Stein's biography to provide insight into the motivation for her research. Viewing *Einfühlung* as a basic type of act, in which foreign experiences are conceived, is used by Stein as a starting basis and definition for her theoretical observations. In order to expound upon the nature of the *Einfühlung* act, the concept is juxtaposed to related terms, such as *äußere Wahrnehmung* (external perception), *Einsicht* (insight), *Mitfühlen* (fellow-feeling), *Einsfühlen* (emotional identification) and *negative Einfühlung* (negative empathy).

Subsequently Stein's thoughts on *Einfühlung* are juxtaposed to theories on grasping a foreign consciousness. The mimetic theory, association theory and conclusion by analogy theory offer insufficient answers according to Stein. The main point of criticism is, that these theories solely infer the experience of another person from one's own experience. Stein explains the nature of empathy using figurative descriptions. Mental windows are said to open themselves which contribute to the ability of understanding aspects of the entire phenomenon.

Einfühlung, according to Stein takes place in three steps. The object of *Einfühlung* appears, draws the subject into it, and after successful clarification and conscious experience, the empathiser is again confronted with the object.

The "foreign or other experience", which is realised through the *Einfühlung* act, can contain physical, psychological or mental functions. Depending on which aspect is realised through empathy, Stein speaks of *einfühlender Vergegenwärtigung*, *Einempfindung* and *einfühelndem Erfassen*.

Einfühlung is most successful in the human species. Because humans are similar to other beings, people are, for example, also able to empathise with an animal's pain. However it is only possible to realise the entire foreign experience among animals with great difficulty.

Only people who experience themselves as a person, as a complete whole, are able to feel into and understand other people. By empathising, the empathising subject becomes acquainted with the empathised object's values in order to then juxtapose these to their own

values. Someone's own worth or worthlessness becomes conscious. Furthermore, the empathiser becomes familiarised with her or his own levels personality through *Einfühlung*.

4.2.2.12. Relevance to osteopathy

Stein's observations give rise to the idea that *Einfühlung* involves perceiving the contents of consciousness of another person. It is also made clear, that it should entail deliberate phenomenon, and that a delimitation should be made to unintentional *Einfühlung* which occurs. This results in the idea that in addition to intentional *Einfühlung*, unintentional *Einfühlung* can also arise which, however, is not meant in the work of Stein (1980/1917). *Einfühlung* is delimited from sensual perception. Stein (1980/1917) says, for instance, that seeing a face distorted with pain and the association made with it do not describe the *Einfühlung* act. This involves perceiving an object's expression using the senses in the face in conjunction with explanatory thoughts. Thus, perception through empathy is based not on processes, which are established in known sensory perceptions, but rather is attributed to other physiological processes. These processes still remain unclear and in Edith Stein's time, have not yet been researched, which has also been developed in this paper thus far. The neurobiological research and findings of Antonio Damasio in mirror neuron research supplement the epistemological work of Stein and portray a number of questions, for example, how empathy occurs, in a different light (cf. section 5).

As previously mentioned, Stein's statements support the thesis, that empathy is a part of the perception process in osteopathy. If we follow Stein's argumentation, a patient's physical, psychoemotional and mental experience can be perceived during osteopathic treatment through empathy. Through more differentiated perception, it would be possible to better harmonise osteopathic treatment to patients' needs. Stein's discourse stresses in particular, the body's importance in perception through *Einfühlung*. After the analysis of Stein's statements, it is emphasised that a patient's word of values can be felt into, thus providing a more differentiated picture of the patient. In addition, feeling into a patient's world of values helps the osteopath to reflect on her or his own values and become better acquainted with her or his own levels of personality. Stein also makes clear, that the ability to feel into is reserved to humans which experience themselves as a meaningful whole. According to this, osteopaths would be called upon to work on their own personal maturation.

4.2.3. Bergson's concept of intuition

According to Liekam (2004) the concept intuition, as it is envisaged by the French philosopher and Noble Prize winner in literature in 1927, Henri Bergson, becomes such a fundamental method of humanistic realisation, that it also includes as if self-evident, the area of empathic occurrences. Bergson's notion of intuition is analysed in this paper because it has commonalities in key aspects with the working definition proposed (cf. section 3.3.) such as the ability to put oneself into another's position or the intention of gaining knowledge of a foreign consciousness. This understanding of intuition provides further information on empathy and helps create a link to osteopathy. The significance of Bergson's remarks to this paper is then subsequently elucidated.

4.2.3.1. Intellectual *Einfühlung*

„Intuition heißt jede Art von intellektueller Einfühlung, kraft deren man sich in das Innere eines Gegenstandes versetzt, um auf das zu treffen, was er an Einzigem und Unausdrückbarem besitzt“ (Bergson, 1964, 9) [*“Intuition means each type of intellectual empathy by virtue of which someone puts herself or himself in the inside of the object in order to meet that which she or he possesses as their own and cannot be expressed.”* (translated by M. Bisette)]. This means that intuition is an intellectual act with the intent of feeling into the internal world of an object (this holds true for people and situations) in order to gain knowledge about the object. This description shows that the concept intuition used by Bergson, is comparable to the definition of *Einfühlung* by other authors. (cf. e.g. Zwick, 2004a, for her means empathy, being able to take on someone else's perspective in order to grasp her or his internal frame of reference).

Bergson (1964) advocates the view that intuition, as a method of philosophy and reason as a method of science must work together to make innovation and progress possible. Intuition means an act of exertion, concentration which in contrast to normal work involved in normal thinking cannot be continued as long as one wishes. Intuition is painstaking and can therefore not last long.

4.2.3.2. Intuition and normal thinking

„Für die Intuition ist die Veränderung das Wesentliche: was das Ding angeht, wie es der Verstand auffaßt, so ist es nur ein Querschnitt im Fluß des Werdens, den unser Geist als Ersatz für das Ganze genommen hat. Der [gewöhnliche] Gedanke stellt sich gewöhnlich das Neue vor als eine neue

Anordnung von vorher existierenden Bestandteilen, für ihn geht nichts verloren, entsteht aber auch nichts Neues. Intuition, mit einer Dauer verbunden, bedeutet inneres Wachstum, sie gewahrt in ihr eine ununterbrochene Kontinuität von unvorhersehbarer Neuheit, sie sieht, sie weiß, daß der Geist über sich selbst hinaus zu wachsen vermag, dass die wahre Geistigkeit gerade darin besteht, und daß die vom Geist durchdrungene Wirklichkeit Schöpfung ist (Bergson, 1948, 47).

[“The substance of intuition is change: as for the thing, how it conceives reason, in this respect it is only a cross-section in the flux of becoming which our mind has taken as a substitute for the whole. The [common] thought as a rule, imagines the unfamiliar as a new array of previously existing components, for the thought nothing is lost, yet nothing novel emerges. Intuition, connected to a duration, means inner growth, it becomes aware of continuous continuity of unforeseeable unfamiliarity, it knows, that the mind may be able to outgrow itself, that true intellectuality consists in exactly this and that the reality permeated by the mind is creation.” (translated by M. Bissette)]

This means that intuition must be seen in the context of change, that intuition is a dynamic process, which describes the flux of life and leads to new knowledge. In contrast to this, normal thinking should be considered static, as a stringing together of already existing facts.

Bergson (1948) understands intuition as a putting of oneself in someone else's position in the world, the experience, the sensation and consciousness of another person whereby she or he makes a strict distinction between normal thinking and intuition. Normal thinking merges from motionlessness and reconstructs rough and readily the movement through immovable items placed next to each other. Intuition on the other hand, arises from the movement, realises reality itself and sees only abstraction in motionlessness, a quasi snapshot of our mind. Empathising with and recognising movement in each moment is possible according to Bergson (1948) possible through exertion and concentration and must lead to an expansion of normal consciousness.

4.2.3.3. Psychological osmosis as a penetration into foreign consciousness

Theodor Lipps and Edith Stein were only able to partly answer the question of how *Einfühlung* takes place in their observations. Their explanations make use of images and metaphors (cf. sections 4.2.1. and 4.2.2.). Bergson borrowed the term osmosis from biochemistry to describe a psychodynamic event.

„Zwischen unserem Bewußtsein und dem der anderen ist die Trennung weniger scharf als zwischen unserem Körper und den anderen Körpern, denn der Raum allein bewirkt die scharfen Abgrenzungen. Die unreflektierte Sympathie und Antipathie, die oft so hellichtig sind, bezeugen eine mögliche gegenseitige Durchdringung der menschlichen Bewußtseinssphären. Es gäbe also Erscheinungen

psychologischer Osmose. Die Intuition würde uns im allgemeinen in die Bewußtseinswelt eindringen lassen“ (Bergson, 1948, 44).

[“The separation between our consciousness and that of another person is less sharp as between our body and that of another person, because the space alone causes the sharp delimitations. Unreflected sympathy and antipathy, which are often clear-sighted bear witness to a possible interpenetration of the spheres of consciousness in people. This would therefore mean the appearances of psychological osmosis. Intuition would generally allow us to penetrate the world of consciousness.”(translated by M. Bissette)]

Using sympathy and antipathy as an example, it will be explained how spheres of consciousness penetrate each other and can thus be grasped. The permeability of consciousness is described and reference is made to the division between the fixed bodies. Osmosis is defined as a concept in chemistry which describes „Übergang des Lösungsmittels (z. B. Wasser) in eine stärker konzentrierte Lösung durch eine feinporige (semipermeable) Scheidewand, die zwar für das Lösungsmittel selbst, nicht aber für den gelösten Stoff durchlässig ist“ (Duden, 1997, 579). [“the passage of a solvent (e.g. water) in a more strongly concentrated solution through a finely porous (semi permeable) porous barrier, which permeable for the solvent itself, but not for the solute.” (translated by M. Bissette)] It can be assumed that the concept is meant as an image, to demonstrate that consciousnesses can flow into one another and diffuse easier than is possible between two fixed bodies. Psychological osmosis, according to Bergson (1948) serves life experience as a flux and not as a stringing together of individual snapshots as takes place during normal or ordinary thinking. The difficulty with this lies in following the movement, in not remaining with one snapshot in order to jump to the next snapshot. The comparison imposes itself, to look out a window of a moving train whereby the eye fixates again and again on the object rolling by. This example would be comparable to ordinary thinking. Intuition in comparison would be registering all objects rolling by in movement.

4.2.3.4. Intuition for registering life in motion

Bergson (1948) refuses to apply the scientific approach with its methodology to psychological questions. He strictly turns against separating the psyche from the physis.

„Wenn jedes lebende Wesen geboren wird, sich entwickelt und stirbt, wenn das Leben eine Entwicklung und die Dauer hier eine Wirklichkeit ist, gibt es dann nicht auch eine Intuition des Lebendigen und folglich eine Metaphysik des Lebens, die über die Wissenschaft des Lebendigen hinausginge? Gewiß, die Wissenschaft wird uns immer besser die Physikochemie der organisierten Materie erschließen, aber die tiefere Ursache der Organisation, [...] dringen wir nicht zu ihr vor, indem wir durch das Bewußtsein den Lebensschwung, der in uns ist, erfassen? (Bergson, 1948, 44)

["If each living being is born, develops and dies, if life is development and the duration a reality, is there then also not an intuition of the living thing and consequently a metaphysics of life which exceeds the science of living things? Certainly science will better and better reveal to us the physical chemistry of organised matter, but the deeper origin of organisation, [...] are we not advancing toward it by grasping the pendulum of life through consciousness?" (translated by M. Bissette)]

Reference is made to the idea, that it is important to grasp life in motion, that empathising with other living beings is thus something dynamic, movable, and intuition therefore offers dynamic descriptions for explaining the process of life. The dynamics of intuition are emphasised once again in the following quotation. *„Dennoch gibt es eine Grundbedeutung: intuitiv denken heißt in der Dauer denken“* (Bergson, 1948, 46). *["Nevertheless there is a basic meaning: intuitive thinking means thinking over duration." (translated by M. Bissette)]* It is understandable that static thinking can register a moment held in time. Registering a sequence of life means, according to Bergson (1948), removing oneself from static thinking and opening oneself up to consciousness. In this way, the consciousness of the intuitive or empathic person is merged with the consciousness of another person and is thus enriched.

4.2.3.5. Tension and concentration

Bergson (1964) writes in his philosophy about the human mind, that intuition needs tension, concentration and exertion. Exertion leads to intuition which carries with it an expansion of consciousness and enables it to temporarily break through the barriers of the unconscious.

„Wir verwerfen daher auch jede allzu mühelose Art des Denkens, wir empfehlen eine gewisse ernste und schwere Gedankenarbeit. Über alles schätzen wir die Anstrengung. Wie haben sich einige darüber hinwegtäuschen können? Wir verlieren kein Wort über denjenigen, der meint, dass unsere Intuition Instinkt oder Gefühl wäre. Keine Zeile von dem, was wir geschrieben haben, legt eine solche Auffassungsweise nahe, und in allem, was wir geschrieben haben, liegt die Behauptung des Gegenteils, nämlich daß unsere Intuition Reflexion ist“ (Bergson, 1948, 106).

["We therefore also discard each type of thinking that is too effortless we recommend a certain degree of serious and heavy level of thinking. We value exertion above all. How have some people been able to belie themselves? We do not lose words over the person who thinks that our intuition were instinct or an emotion. None of the lines which we have written, lies so close to such the way of perception, and in all of what we have written, there is a proposition of the opposite, namely, that our intuition is a reflection." (translated by M. Bissette)]

The mental exertion necessary for intuition is emphasised. This means that Bergson (1948) views intuition as an intentional act, and he privileges reflection over that which is

experienced. This allows a parallel to Stein (1980/1917) to be drawn which identifies *Einfühlung* as the intention to experience the consciousness of another person. It is unanimously expressed by Bergson and Stein that *Einfühlung* is not a process that simply occurs, but instead means the conscious placing of oneself into the position of another person. The last step in intuition occurs, as described above, through mental osmosis whereby the other person is intellectually sympathised with through active *Einfühlung*, as Bergson (1948) points out.

„Bemerken wir übrigens beiläufig, daß eine gewisse Analogie zwischen der Kunst des Lesens, [...] und der Intuition besteht, die wir dem Philosophen anempfehlen. Auf der Seite, die sie in dem großen Buch der Welt aufgeschlagen hat, möchte die Intuition Bewegung und Rhythmus der Komposition herausfinden und die schöpferische Entwicklung nacherleben, indem sie sich einführend in sie versenkt“ (Bergson, 1948, 105).

[“Let us incidentally take notice in passing that a certain analogy exists between the art of reading, [...] and intuition which we can commend to the philosopher. Intuition would like to identify the composition’s movement and rhythm and experience the creative development after the fact on the page, to which you have turned in the big book of the world, by empathetically sinking into it.” (translated by M. Bissette)]

From this it can be seen that understanding a foreign consciousness should be seen dynamically in space and time and that ultimately means the perception of something which is dynamic in contrast to something static. It can be surmised from this quotation, that the consciousness opens itself in that moment of intuitive perception of another person, is permeated by the other person’s consciousness and involves the expansion of consciousness of the person performing the intuitive conception.

4.2.3.6. Summary of Bergson’s concept of intuition

Bergson’s notion of intuition is quoted in this paper because his interpretation displays relevant parallels to descriptions of empathy. It is therefore Bergson’s (1964) understanding that wilful mental exertion can lead to a drastic shift in perception, to a radical shift in perspective. This exertion leads to a new alertness, called intuition. This carries with it an expansion of consciousness whereby the consciousness’ barriers are temporarily broken through. Emotional osmosis can lead to a permeation of the other person’s spheres of consciousness, and ultimately to active *Einfühlung* and intellectual sympathy for the other person. In this sense, Bergson’s concept of intuition becomes a concrete element of the empathic instance. Liekam (2004) emphasises that just as the mental nature of a philosophical object can be grasped by active *Einfühlung*, intuition as a means of access also

makes it possible to mentally sympathise with the specific and individual nature of another person. Intuition therefore can also be viewed within the context of empathy, which makes it possible to nondiscursively grasp and experience the essence of another person through mental exertion.

4.2.3.7. Relevance to osteopathy

If Bergson's theory is viewed from the perspective of osteopathy, it can be postulated that it should also be possible for osteopaths, to empathise with their patients through wilful mental exertion which should ultimately lead to a type of expansion of consciousness. This could lead to findings on patients, which according to Bergson's theory, would not be considered static itemised information, but rather offer dynamic descriptions to explain the person's process of living who is being empathised with. To what extent the exertion postulated by Bergson in an osteopathic treatment session can be used, requires a separate discussion which would go beyond the scope of this paper. It can be assumed that Bergson's take on intuition which links the consciousness of the intuitive person with the consciousness of the other person, should be considered an act of perception, as laid out in the working definition.

4.3. Theories of empathy and definitions which focus on prosocial behaviour

After creating an epistemological basis in section 4.2, in the following section, theories of empathy which focus on prosocial behaviour are described and analysed. According to Gassner (2006) behaviour exhibiting solidarity, a peaceable demeanour in conflict resolution, and a co-existential way of life are examples of prosocial processes which reflect humanity. Moreover, he explains that the key existential essentials of a person arise through empathic processes and thus individual and social needs in this respect can be synchronised giving rise to synergy effects in shaping a peaceful and social coexistence. This establishes an important criterion for health.

At this point insights on empathy related to prosocial behaviour will be analysed for their significance to perception in osteopathy. A link between each of the theories of empathy and the working definition (cf. section 3.3.) will be created. At the centre of the theories of empathy described is the idea, that people empathise with other people with the intent to understand them and thus be able to support them. The developmental psychologist

Wolfgang Friedlmeier deals with the development of empathy, the concept of the self and prosocial behaviour in children. According to Friedlmeier (1993), prosocial behaviour means that a person performs an act for the well-being of another person, whereby self-interest is secondary. Furthermore, he explains that prosocial behaviour cannot be identified solely from observable behaviour patterns, but rather is characterised by the motivation component of doing good for someone else. As the following section shows, the question of "why" a person wants to do good for another person is to be answered from different perspectives. Essential for this research topic is whether a link to perception in osteopathy can be created by means of the following theories of empathy.

4.3.1. Evolutionary theories of empathy

Evolutionary theories of empathy focus on the aspect of the origin of the ability to empathise. All these theories come to the understanding, that empathy is a process of action determined by evolution which moves living beings to synchronised, social behaviour, says Gassner (2006). He explains further that from an evolutionary point of view, such behaviour in earlier times, for example joint flight or resistance was meant to act as protection from impending danger. Today, the ability to empathise preset by evolution serves to make social contacts or social integration altogether possible. Still to be clarified in further questions for this research topic is whether and under which conditions the existing ability to empathise from an evolutionary point of view has an influence on perception in osteopathy.

4.3.1.1. Plutchik's theory of empathy

4.3.1.1.1. Empathy as an innate ability

Plutchik (1987) assumes that there is a biological continuity in the phylogenetic development between animals and humans. He uses this to explain the occurrence of certain similar emotional forms of expression among all living beings. He cites similar behaviour at work in forming groups, expressing sympathy and in communicating. For this reason, he postulates in his theory, that empathy is determined by genetics and with the help of innate emotional patterns of reaction, important information is transmitted quickly and purposefully.

According to Plutchik (1987) empathy emerges very early after birth and brings about social behaviour necessary for survival. In his opinion, learning processes play a subordinate role

and only serve to differentiate subtleties in empathic behaviour. Plutchik (1987) describes empathy as the ability to share in the feelings, thoughts and physical forms of expression of another living being. According to this, empathy is prerequisite to the ability to draw a conclusion about the emotionality of another person. For Plutchik (1987) the main function of empathy lies in the fact that information gained in this way is on hand during situations vital for survival. An example would be being alert to alarm signals to develop defence strategies in threatening situations and to use them.

Empathic processes also foster bonding between a mother and her child and should help the child acquire life-sustaining behaviour on a synchronised base with the mother. According to Plutchik (1987), synchronous behaviour, for example including the form of greeting, advertising behaviour, certain solutions during conflict situations, dealing with situations of grief and also defending one another. All of these processes of survival should be based on innate behaviour.

4.3.1.1.2. Summary

According to Plutchik's theory of empathy, the basic empathic skills lie in human genes and are used to evaluate another person in a social context. Empathy serves to share in emotions, thoughts and physical forms of expression of other people, especially to have on hand in situations essential for survival. If we choose to follow this theory, it can be assumed that empathy is used for perceiving the emotional state or sensitivities of other people. The original function serves the purpose of recognising danger from other living creatures, in order to react to them in an appropriate manner. In general, empathy serves the ability to act synchronously such as for example in being able to find solutions in conflict situations.

4.3.1.1.3. Critical reflection

The analysis of the epistemological principles shows that what is meant by empathy is a conscious process, in which a person intends to empathise with what another person is experiencing (cf. Lipps, 2006/1906; Stein, 1980/1917; Bergson, 1948). Plutchik (1987) postulates however, that empathic processes automatically take place during encounters. According to this, it can be assumed that the automatic process and conscious use of empathy can be viewed as different phenomena. Whether it is the quantity or the quality of the empathised contents during conscious or unconscious empathy, has not yet emerged

from current research. Its affect on the interaction and interaction partner thus cannot be evaluated.

4.3.1.1.4. Relevance to osteopathy

Plutchik's theory shows that empathic processes are automatically at work (contingent upon evolution) when people come together. Accordingly, this assumption must also have validity when people come together during osteopathic treatment. The assertion, that empathy serves to assess the emotionality of a person, forges a link to the working definition. This says, that empathy means the ability to put oneself in the situation and emotional state of a person in order to understand or perceive their internal frame of reference (cf. section 1.6.). This paper views the fact that empathy involves a consciously performed act of perception is not mentioned Plutchik's theory as critical. If we are to follow the thesis that empathic processes are automatically activated during encounters, though it can be assumed that the osteopath unconsciously attempts to gain knowledge about the patient's internal frame of reference, the existence of conscious empathy cannot be deduced. This in turn would mean that though synchronous behaviour in interaction between the osteopath and patient does take place, the existence of a conscious perception in order to, for example, make an osteopathic diagnosis cannot however be substantiated by Plutchik's theory of empathy.

4.3.1.2. Bischof-Köhler's theory of empathy

4.3.1.2.1. Empathy on the basis of phylogenetic development

The psychologist, Doris Bischof-Köhler explains that empathic occurs due to phylogenetic development processes. Bischof-Köhler (1989) mentions paleoanthropological findings in eastern Africa, which provide a rather clear picture of the development of humankind over the past four million years. Tools and animals bones have been found which indicate that approximately two million years ago, the first representatives of current humans started hunting big game, which, seen from the present, does not appear to be manageable for individual people. According to Bischof-Köhler (1989) the question remains unanswered how this transition from hunting big game could be managed, which brings with it extremely substantial problems. Several people have to join in the hunt and afterwards, the bag has to be divided up amongst members of society who do not participate in the hunt, especially mothers and children. According to Bischof-Köhler's view (1989), humans today must instead

incorporate cognitive and social factors in their actions instead of instinct. These abilities must first be learned, as primates, herbivores and insectivores are not coerced into cooperation when acquiring food.

4.3.1.2.2. Empathy as social competence

For Bischof-Köhler (1989) in addition to empathy, the ability to take on different perspectives, sympathy, and forming prosocial motives are significant factors of competence of modern humans. This enables humans prevent their own egotistical needs from taking over through self control in favour of social aspects. The competence factor empathy in her opinion requires above all cooperative and protective behaviour. Bischof-Köhler (1989) examines the ability of empathy in chimpanzees and small children in her studies. She relates these results to the development of cognitive and social factors in prehistoric humans and early humans. Instead of instincts among certain animals which hunt together and share the bag, in Bischof-Köhler's (1989) opinion humans incorporate, contingent upon evolution, cognitive and social factors into their actions. This means that behaviours are reflected upon and specifically carried out.

4.3.1.2.3. Bischof-Köhler's definition of empathy

Bischof-Köhler (1989) recommends differentiating between a phenomenal and functional level of observation when attempting to define empathy.

„Phänomenal ist Empathie die Erfahrung, unmittelbar der Gefühlslage eines Anderen teilhaftig zu werden und sie dadurch zu verstehen. Trotz dieser Teilhabe bleibt das Gefühl aber anschaulich dem Anderen zugehörig. Darin unterscheidet sich Empathie von Gefühlsansteckung (z.B. bei Panik, Begeisterung oder ansteckendem Lachen), bei der die Stimmung des Anderen vom Beobachter selbst Besitz ergreift und dabei ganz zu dessen eigenstem Gefühl wird“ (Bischof-Köhler, 1989, 26).

[“Phenomenally empathy is the experience of intuitively taking part in the emotional state of another person and thus understanding that person. Despite this participation the emotion still belongs to the other person but is eidetic. This is what differentiates empathy from the transmission of feelings (e.g. panic, enthusiasm or infectious laughter) in which another person's mood takes over the observer and in doing so, becomes entirely their own emotion.” (translated by M. Bissette)]

This means that a person empathises with another person's emotional states thereby gaining knowledge about the other person. Reference is made in particular to the difference between empathy as a conscious experience and the transmission of feelings.

According to Bischof-Köhler (1989) treating the functional question primarily entails examining which empathic processes are at work based on which fundamental stimulus. Two different fundamental stimuli come into question during the process, namely the individual expression a person presents or the person's current situation. Thus Bischof-Köhler (1989) differentiates between expressionally mediated empathy (*Ausdrucksvermittelte Empathie*) and situationally mediated (*Situationsvermittelte Empathie*) empathy which she basically distinguishes from each other as is presented below.

4.3.1.2.3.1. Expressionally mediated empathy

A prerequisite for this form of empathy according to Bischof-Köhler (1989) is *Gefühlsansteckung* (the transmission of feelings), whereby she assumes that perceiving another person's expression in the form of a trigger mechanism immediately induces the corresponding emotion in the observer. Bischof-Köhler (1989) explains the mechanism of expressionally mediated empathy in that an individual perceives another person's expression and is infected by their emotion. This newly added concept of self makes it possible for the individual to differentiate between I and the other thereby being aware of their role as experience carrier separate from a you. In this way, insight into the state of the other person can be gained through *Gefühlsansteckung*. At this point it still needs to be explained how differentiation is made between a personal emotion and that of another person. For this purpose, Bischof-Köhler (1989) uses an example from the phenomenology of emotions by Philipp Lersch (1962) who describes two ways emotions can become experience, namely impression and *Zumutesein* (mood). For impressions, an external condition is expressed, as in for example, "the forest is menacing". For mood, an internal emotion which belongs to the own subject is described, such as "I am frightened".

„Wenn man Gefühlsansteckung in diesen Kategorien zu beschreiben sucht, dann hat das übertragene Gefühl die Qualität des Zumuteseins, es wird im Erleben nicht deutlich, dass einen der Andere durch sein Ausdrucksverhalten mit diesem Gefühl angemetet hat. Erst mit der Selbstobjektivierung wird diese Differenzierung möglich, das mitempfundene Gefühl erhält gleichsam „Du-Charakter“ und damit die Qualität, eigentlich dem Anderen zuzugehören“ (Bischof-Köhler, 1989, 57).

[“If one looks to describe the Gefühlsansteckung in this category, the transferred emotion then as the quality of mood, it is not clear in experience that the other person through their expression comes across to someone as having this emotion. This differentiation is only possible with self objectification; the emotional felt with the other person takes on a quasi "you character" and thus the quality of actually belonging to the other person.” (translated by M. Bissette)]

As an explanation it is held that the experienced emotion presents itself as a mood through *Gefühlsansteckung* and can be identified as the emotion of the person being empathised with by the person infected (empathiser) only through consciously reflecting upon one's own emotions. This means that only through reflection can we recognise that it involves an appearance of an emotion.

Bischof-Köhler (1989) postulates that it takes highly pronounced cognitive abilities and a mature personality to cope with this differentiation. She explains further, that empathy, built upon the old mechanism of transmission of feelings seen from phylogenetics, can only result when a concept of self has been developed. The concept of self makes it possible to differentiate between I and the other on the imaginary level. The cognitive prerequisite has thus been fulfilled in order to recognise the personal emotion felt into the other and from this to receive an explanation for the other person's emotional state. Bischof-Köhler (1989) states that the development of the concept of self takes place between the age of 18 and 24 months which she experimentally proves with elaborate "mirror image tests". At this age, small children are able to recognise themselves in the mirror for the first time proving the existence of the concept of self.

4.3.1.2.3.2. Situationally mediated empathy

Essential to situationally mediated empathy mediated is the perception of another person's emotional situation. According to Bischof-Köhler (1989) a person recognises whether she or he has a synchronous identity experience contingent upon the situation. By identity experience, she means identifying with another person in order to perceive their emotional state. This raises the question, what could the basis of emotional participation in another person's situation involve.

„Hier zeigt sich, dass die Fähigkeit zur synchronen Identifikation auch die Weise, wie der Andere wahrgenommen wird, grundlegend verändert. Durch sie eröffnet sich nämlich die Möglichkeit, das Selbst und den Anderen als wesensverwandt und daher zu einer Schicksalseinheit verbunden zu sehen. Was dem Anderen widerfährt, erlebt man dann als wäre man selbst betroffen. Man fühlt sich in seine Lage versetzt und reagiert emotional auf seine Situation“ (Bischof-Köhler, 1989, 60).

[“It becomes apparent that the ability of synchronous identification including the way the other person is perceived fundamentally changes. This identification namely opens up the possibility of seeing the self and the other as related in character and thus bound to a unit of fate. What befalls the other person is then experienced as if oneself were affected. One feels as if put in the place of another person and reacts emotionally to the situation.” (translated by M. Bisette)]

The following example by Bischof-Köhler (1989) should explain the significance of the quote. Someone experiences a mishap in which a chair collapses, the person however remains unhurt. The observers feel the need to laugh. This laughing is caused by the pseudo dramatic event. After a bit of a shock, where the danger of becoming hurt was anticipated, the person feels relief that the event has ended mildly. The shock affects another person. Though they are not at all affected, the observers are obviously able to identify with what has happened to the victim. They anticipate the risk of injury, and are able to laugh with relief as they realised that nothing has happened.

Bischof-Köhler (1989) terms this “ability to empathise with another person’s situation” as perspective induction, and emphasises not to confuse this term with the “ability to think one’s way into another person’s situation” which characterises a cognitive process known as taking on a different perspective. Perspective induction occurs instantaneously without first requiring conscious reflection of how one should feel. She says that the empathic emotion comes into being in that cognitive mechanisms underlying the concept of self also make possible identification with other people and thus bring about perspective induction. The foreign situation is perceived as if it were one’s own. This results in the fact that the individual also emotionally acts to the foreign situation as if it were one’s own. The second function of the concept of self in situationally mediated empathy is then separating personal experience from that of another person. Even at this point, the distinction between I and the other as with expressionally mediated empathy gives the emotional shock “you character”. For this reason, according to Bischof-Köhler (1989), the realization is solidified, that it involves the other person and her or his situation.

Bischof-Köhler (1989) points to the fact that understanding for the situation of another person is developed through empathic participation with the help of perspective induction. This phenomenon described by her as situational understanding is a first from an evolutionary point of view. What is new about it is that a situation, which clearly affects another person, in general receives importance to an outside observer. Bischof-Köhler (1989) also raises the question in her research, whether and to what extent situationally mediated empathy remains limited to situations experienced personally whose emotional content is therefore familiar from personal experience. This is explained by:

„Tatsächlich ist das nicht der Fall, obwohl es in der Literatur oft unterstellt wird [...]. Mit der situationsvermittelten Empathie ist nämlich erstmals die Möglichkeit gegeben, den Anderen stellvertretend für sich selbst Erfahrungen machen zu lassen und gegebenenfalls aus diesen zu lernen, ohne die Kosten selbst aufbringen zu müssen. Vorausgesetzt ist dabei nur, daß eine Situation

potentielle Relevanz hat, daß sie einen also betreffen würde, wenn man sich tatsächlich an der Stelle des Akteurs befände“ (Bischof-Köhler, 1989, 69).

[“Indeed it is not the case, although it is often implied in literature [...]. With situationally mediated empathy it is namely now possible to allow the other person to make their own experiences and as the case may be, to learn from them without needing to raising any costs alone. The only precondition is that a situation has potential relevance, that it would affect someone, if they were actually in the actor's person.” (translated by M. Bissette)]

For clarification, that an intact concept of self is a precondition for empathic perception, Bischof-Köhler (1989) mentions another example with baboons who observe a group member falling into a trap. The onlooking baboons are not able to learn from this experience but instead fall into the trap at the next opportunity. Bischof-Köhler (1989) relates this to the fact that baboons are unable to recognise themselves in a mirror. This suggests that their deficient behaviour can be justified by their lack of identification ability. Bischof-Köhler (1989) says that the insight which gained about other people from synchronous identification, extends beyond the social cognitive function, opens up in fact the new opportunity evolutionarily to learn from the experience of the other person through observation.

4.3.1.2.3.3. Summary of Bischof-Köhler's theory of empathy

In her theory, Bischof-Köhler (1989) assumes that empathy is inherent in humans and is explainable from an evolutionary point of view. It only takes effect if a person is able to physically and psychologically differentiate between their own self and another person. This ability develops between the age of approximately 18 months and 2 years and normally continues to develop with age. Empathy is always closely connected to ego formation, self-objectification and self-sensation which can be taken together as self concept. Bischof-Köhler (1989) maintains that it ultimately takes highly pronounced cognitive abilities and a mature personality to be able to differentiate between one's own emotions and those of another during an empathic experience.

Bischof-Köhler (1989) distinguishes between two types of empathy. Expressively mediated empathy includes the signal character of another person's emotional expression which has been observed. This is how she explains the occurrence of a synchronisation of feelings. Situationally mediated empathy includes emotional factors arising from certain situations. During this type of empathy, a person empathises with another person's situation while at the same time perceiving individual and common experiences of identity and becomes aware of the relatedness of character with the other person. This type also enables a person to gain

insights for their own repertoire of action which should be assessed as new from an evolutionary point of view. Because the ability to empathise is already inherently present, a person's empathic abilities according to Bischof-Köhler (1989) can only be boosted when the mother encourages the empathic ability her child already exhibits. For this purpose, the mother should use an empathic style of upbringing.

4.3.1.2.3.4. Relevance to osteopathy

If we are to follow Bischof-Köhler's views and apply them to osteopathy, it could also lead to the phenomenon of *Gefühlsansteckung* (impression) during osteopathic treatment. It could be difficult for the osteopath to distinguish between their own feelings and those of another person. The necessity of consciously dealing with *Gefühlsansteckung* becomes clear from Bischof-Köhler's observations because only once *Gefühlsansteckung* is consciously reflected upon does it become empathy. The potential of gaining important information about patients' consciousness lies in empathy. When it comes to the pure transmission of emotions, those emotions experienced can lead to confusion because those emotions which suddenly occur would be unexplainable. If we follow Bischof-Köhler's (1989) line of argument, only the conscious reflection of feelings by the empathiser and thus also the osteopath would enable the perception of a patient's emotional state. This requires highly pronounced cognitive abilities and a mature personality. As the ability to empathise itself, according to Bischof-Köhler cannot be trained, it would be advisable for osteopaths to work on developing their cognitive abilities and a mature personality. Perhaps empathic potential already acquired in childhood and adolescence could then increasingly be developed. Expressionally mediated and situationally mediated empathy serve the purpose of perceiving the emotional state of another person. For this reason, it can be assumed, after analysing Bischof-Köhler's theory of empathy, that empathy can also be viewed as part of the perception process even in osteopathy, provided the osteopathy has sufficiently developed her or his ability of self-reflection.

4.3.1.3. Relevance of evolutionary theories of empathy to osteopathy

Because the ability to empathise represents a key function for survival according to evolutionary theories of empathy, it is embedded in humans. For this reason, it can be assumed that osteopaths consciously or unconsciously attempt to empathise with their patients in order to better understand them. On the one hand emotions are registered and are link to physical states. On the other hand inferences can be made about patients'

emotional state of mind by perceiving physical and mimicked expressions. Bischof-Köhler (1989) justifies recognising and correctly interpreting the root of certain physical and mimic forms of expression with the ability to empathise. According to Bischof-Köhler's statements it becomes clear that a well developed reflectivity makes organising how to deal with emotions experienced through *Gefühlsansteckung* more conscious. This would mean for osteopaths that having a mature personality structures could significantly contribute to the quality of treatment. The reasoning for this lies in the ability to differentiate patients' emotions from one's own, thereby understanding the patient's internal frame of reference, and adopting suitable therapeutic measures.

4.3.2. Psychosocial theories of empathy

According to Gassner (2006) psychosocial theories of empathy are based on the assumption that all people are dependent on cooperative social contact with other people for existential reasons, and that empathic ability is necessary for such social contact. Gassner (2006) also notes that because people's social reference person changes during life, it is necessary for people to adjust to new social relationships which is facilitated by the distinction of personal identity in connection with the development of empathic abilities. This section sheds light on theories of empathy put forth by the American social psychologist and social philosopher George Herbert Mead as well as the American psychoanalyst and social psychologist Erik Homburger Erikson. The application of these theories to osteopathy is examined below.

4.3.2.1. Empathy in the theory by Mead

Mead (1969) introduced the concept of role-taking in research on empathy within the field of psychology. His approach stresses on the hand the behavioural aspect from which thinking and consciousness should develop. On the other hand, he views people as social beings bound to society which have the ability to consciously act based on thought and cognitive processes. Mead (1969) uses the question of what the self or also an individual's identity is made up in interactive social behaviour in developing his thesis.

4.3.2.1.1. Social interaction as adjustment to stimuli

As Mead (1969) understands it, the partner in interaction is perceived as a stimulus triggering behaviour whereby social interaction becomes an interplay of stimulus and response.

Behaviour is constantly adjusted as a response to perceived stimuli whereby the current situation is influenced and changed. For Mead's theory of social interaction significant symbols are essential to the discussion. As an example of a significant symbol, Mead (1969) states that if someone shakes their fist in front of another person's face, the recipient of the action not only assumes the person is expressing a hostile act, but also that there is an idea behind it. If then a gesture expresses an idea behind it and this triggers the idea in another person, meaning the person perceives the idea behind it, this is called a significant symbol. For Mead (1969), language is an interactive exchange of significant symbols because a word is a gesture with an idea behind it which in turn triggers the idea in the other person.

„Die vokale Geste wird zum signifikanten Symbol [...], wenn sie auf das sie ausführende Individuum die gleiche Wirkung ausübt wie auf das Individuum, an das sie gerichtet ist oder das ausdrücklich auf sie reagiert, und somit einen Hinweis auf die Identität des Individuums enthält, das die Geste ausführt“ (Mead, 1969, 85)

[“A vocal gesture becomes a significant symbol [...] if it has the same affect on the individual toward whom it is directed or who explicitly reacts to it as it does on the person who performs the gesture and this gives an indication of the individual's identity.” (translated by M. Bissette)]

This means that a word becomes a significant symbol if it has the same affect on the speaker and listener and affects the listener in such a manner that she or he discovers something about the identity of the speaker.

4.3.2.1.2. Role-taking according to Mead

Because an individual uses significant symbols such as language, a response is triggered in the other person. The response is in turn a significant symbol which triggers an adjustment or a further response. This mechanism is referred to as role-taking by Mead (1969). Social interaction is therefore a constant interplay of responses to perceived, significant symbols.

In Mead's (1969) opinion language is an important factor responsible for the development of the mind and identity. The mind is presented by Mead (1969) as the taking in of social process of communication in steps. This is how a person becomes with and reflects upon the role structure of another person. The mind also enables a person to put herself or himself in the role of another person, to take on the role of this other person, in order to step out of their own limited world, says Mead (1969). A role is always defined in its interaction with language, behavioural gesture and social expectations. If a role is perceived by another person it is associated with a behavioural pattern which is present in that society. Thus the

role represents a basis for communicating, empathy, understanding and orientation for behaviour between people.

4.3.2.1.3. Role-taking and mimicking

In developing his theory, Mead (1969) distinguishes between role-taking and mimicking. Whereas in role-taking a reflective process takes place, mimicking occurs whenever people taken on and imitate other people's characteristics in an unreflected manner.

„Nachahmung löst jedoch nicht die Frage nach dem Ursprung der Sprache. Wir brauchen eine Situation, aus der wir ein Symbol ableiten können, das eine identische Bedeutung hat. Aus dem reinen Nachahmungsinstinkt können wir es nicht gewinnen. Es gibt keine Anzeichen dafür, daß die Geste im Allgemeinen dazu neigt, die gleiche Geste im anderen Organismus auszulösen“ (Mead, 1969, 99).

[“Mimicking however does not answer the question of the origin of language. We need a situation from which we can derive a symbol which has an identical meaning. We cannot obtain it from a purely imitative instinct. There is no indication that a gesture in general tends to trigger the same gesture in another organism.” (translated by M. Bissette)]

From this it becomes clear that mimicking does not represent an exchange of significant symbols. For this reason social interaction on the level of conscious, reflected communication cannot take place.

4.3.2.1.4. Understanding role-taking as an empathic act.

Overall, Mead points out a significant factor of empathy, namely, a person's role-taking ability, says Gassner (2006). Moreover, he explains that what is so special about this theory, is that it explains why the ability to take roles is closely linked to language and a person's emotional ability to reflect. Role-taking and reflective ability are not only needed for communicating as well as reflecting and acting during social contact but also for a person's search for identity in a social context.

Mead (1969) goes on to explain that according to his theory, identity (or a person's self) can only develop through interaction. He states that the self is composed of two parts. The first part is the individual, which can perceive itself and reflect. The second part is the actual response to the stimulus during interaction which can only be reflected upon once it has already passed. Thus, the self or identity develops from the interplay of *„Reaktion des*

Einzelnen auf die Haltung der Gemeinschaft“ (Mead, 1969, 240) [“the individual’s response to the community’s attitude” (translated by M. Bissette)] and the „Gruppe von Haltungen, die man selbst einnimmt“ (Mead, 1969, 218) [“group of attitudes which a person assumes” (translated by M. Bissette)].

According to Mead (1969) it is possible to improve empathic abilities by acquiring a differentiated language and a higher reflective ability. He suggests encouraging a socially integrated identity for people as well as the ability to take on roles as a competence for empathy and reflection. How training on the individual components could be carried out, is left open by Mead.

4.3.2.1.5. Summary

Mead’s theory of role taking deals with the question of what does the self or even the identity of an individual in interactive social behaviour consist. In social interaction, the partner in interaction is perceived as a stimulus for triggering behaviour which results in an interplay of stimulus and response. Constant adaptation of behaviour, as a response to stimuli perceived influence and change the situation at that moment. Significant symbols make social discussion possible. Language is an interactive exchange of significant symbols because a word is a gesture with an idea behind it which in turn triggers an idea in the other person. The more differentiated the language, the clearer the gesture expressed by that language is. Through role-taking a constant interplay of responses to perceived gestures takes place in social interaction.

Mead differentiates between role-taking and mimicking. In role-taking a reflective process takes place, whereas in mimicking other people’s characteristics are taken on without reflecting upon them and imitated. Role-taking is considered to be a significant factor of empathy which is closely linked to language and a person’s emotional reflective ability. Role-taking and emotional reflection lead to understanding and the search for identity in a social context. Improving empathic ability can be achieved through a more differentiated language and higher reflective ability.

4.3.2.1.6. Relevance to osteopathy

If we follow Mead’s observations that role-taking is to be considered a key factor of empathy, this theory must also be applicable to osteopathic treatment. The significance of a

differentiated language and the ability of emotional reflection are particularly stressed. The more differentiated language is, the more it is accurately possible to communicate a person's current sensitivities and identity. This allows the listener to achieve a genuine understanding of what is going on inside the speaker or what the speaker wishes to express. According to this, socially competent osteopaths should be able to express themselves during therapy in a differentiated manner to encourage patients to respond to their states with differentiated descriptions. Osteopaths should also be able to tune their manner of expression to each of their patients in order to achieve socially integrating communication. A precondition for this is that the osteopath be able to put herself or himself in the patient's situation and emotional state which in turn means the ability to take on roles.

In his theory, Mead makes it clear that an emotional reflection ability is essential in order to empathise. If we follow this assumption, osteopaths should also be able to perceive themselves as well as their responses to interaction with patients and reflect on them. The role-taking theory should be considered a key factor in osteopathic therapy which allows for integrative communication. Role-taking also leads to perceiving the other person's identity which consequently would also be thinkable for osteopathy. According to this, Mead's descriptions point out that empathy can be considered a factor of perception.

4.3.2.2. Erikson's theory on identity development and empathy

Erikson's theory is analysed in this paper because it differs from Mead's theory of empathy in that it focuses more on a person's individual development process. He relates this to society's demands.

4.3.2.2.1. The concept of identity

According to Erikson (1966) the I-identity develops during certain phases of life and is associated with acquiring empathic abilities. The concept refers on the one hand to the bond which connects individual people with history and the development of their personal, social environment. On the other hand, the concept of ego identity suggests a character trait which requires a „spezifischen Zuwachs an Persönlichkeitsreife“ (Erikson, 1966, 123). [*specific growth in a personality's maturity*] (translated by M. Bissette)]

4.3.2.2.2. *Eight lifecycles for acquiring empathic ability*

Erikson's theory is not explicitly concerned with formulating empathic processes, but rather revealing stages of development which lead to maturity in adulthood, says Gassner (2006). This would establish essential preconditions for empathic ability as a mature adult. This empathic ability is either fostered or inhibited during diverse stages of life by accompanying persons such as parents, teachers, mentors and social groups. According to Gassner (2006), what is so special about Erikson's theory is that it explains when and how empathic ability can be fostered or inhibited through necessary steps during individual stages of development. Erikson (2006) divides psychosocial development into eight lifecycles in each of which psychological processes are in the foreground. Subsequently, examples of development in certain stages are presented to explain Erikson's approach.

1. *The infancy stage:* in this stage the child experiences whether she or he is esteemed or not, whether she or he can depend on her or his mother and whether her or his environment is trustworthy. By trust Erikson (1966) means a basic feeling of "being permitted to rely on". If during this process which is strongly shaped by the mother, the child will develop a basic trust towards itself and its environment. According to Gassner (2006) this basic trust brings about the child's willingness to become empathically involved with relationships, which is to be classified as a prerequisite for empathic ability.
2. *The toddler stage:* Erikson (1966) recommends in this stage firmness and tolerance towards the child at the same time whereby the child will thus become firm and tolerant towards itself. It will become an autonomous person, conceding other autonomies and at times it will also let something pass through itself. For Gassner (2006) this ability of self control, suitable assertion of important needs as well as decision-making all belong to preconditions for the existence of empathic ability. If a child however feels it is being constantly watched, corrected or reduced, it will learn to doubt its own willpower, will judge itself overly critical and is ashamed of its needs.
3. *The play age stage:* Erikson (1966) emphasises the importance of conscience in this stage which can only develop if the child is able to trust in its independence. Also trusting itself which makes it trustworthy at the same time. This trust is achieved through physical aptitude of functions and language command. After acquiring these abilities the child can imitate social roles and assume responsibility in certain simple situations. By mimicking and taking on roles, the child learns to grasp the world of emotions and other people's experiences more precisely. Gassner (2006) stresses that

through positive development in this state, the child learns to take use its initiative, curiosity and thirst for knowledge to gain essential emotional perceptions.

4. *The school age stage:* in this stage, Erikson (1966) says the child enters school age. They want to be shown how they can occupy themselves with something and how they can act together with others. The child strives on the one hand for recognition through other people and on the other hand wants a feeling of self-worth with respect to its own potential for achievement. Gassner (2006) also adds that the feeling of being capable in a realistic and socially recognised way also represents a basis for feeling secure in one's empathic behaviour.
5. *The adolescence stage:* Erikson (1966) writes that the growing and developing adolescent in light of the physical changes she or he is experiencing, is primarily concerned with establishing her or his social role. Adolescents pay attention to acquiring a stable status in external to ideals and role models with which they expand their self image in relationships to other people. Gassner (2006) maintains that a socially integrative feeling of identity is a necessary prerequisite for acquiring empathic ability. This precondition would not exist if this process is not successfully complete in this phase and the sense of identity remains diffuse.
6. *The young adulthood stage:* According to Erikson (1966) childhood and adolescence are now over. The so-called "real life" begins meaning that work studying for a specific profession as well as encounters with the opposite sex. New social relationships are made and thus new identity traits are acquired. Gassner (2006) says about this stage of life that a person becomes familiar with many additional empathic relationships whereby the spectrum of emotional experiences is considerably broadened. The person thus learns that more differentiated empathic factors can be taken into consideration. If this process of building new social relationships fails, the I-identity is restricted and many behaviours develop based on prejudices.
7. *The adulthood stage:* Erikson (1966) writes about this stage that sexual partners who find true intimacy in their relationship will soon wish to raise joint offspring. The wish for starting a family of one's own becomes more and more a centre of focus. Gassner (2006) writes that this wish for procreation and raising children signifies further foundations for building upon an empathic ability. People who lack this feeling acquire a sense of entitlement characterised by indulgence and self-centredness.
8. *The mature adulthood stage:* „Nur wer einmal die Sorge für Dinge und Menschen auf sich genommen hat, wer sich den Triumpfen und Enttäuschungen angepaßt hat, [...] der Schöpfer anderer Menschenwesen und der Schöpfer von Dingen und Ideen zu sein – nur dem kann allmählich die Frucht dieser sieben Stadien heranwachsen“ (Erikson, 1966, 118). [*“Only those people who have taken on worry about things and people, whoever has adjusted to triumphs and disappointments [...] to be the creator of other human beings and creator of things and*

ideas – only such a person can gradually bear the fruit of these seven stages.” (translated by M. Bissette). Gassner (2006) adds that a person in this sage increasingly succeeds in appropriately reflecting on positive and negative experiences in their personal life-cycle with respect to their significance. A balance living creature can be orientated towards this. This in turn has a positive effect on a person’s competence in empathic processes.

4.3.2.2.3. Summary and relevance to osteopathy

Erikson’s theory primarily refers to the fact that psychosocial development and maturity take place in different stages of life. Depending on whether the individual stages are shaped by positive or negative experiences significant for each stage, determines whether a mature or immature personality is the result. A mature personality is the basis for the level of empathic ability. The link between personal maturity and empathic ability is derived by Gassner (2006). The significance for osteopathy lies less in answering the question whether empathy should be considered as part of perception in osteopathy. But rather, this theory explains that healthy development through age-appropriate care during childhood facilitates a mature personality. A mature personality also includes the ability to empathise in addition to other qualities. Erikson’s theory underscores the statement put forth by most of the theories analysed in this paper that a mature personality is a necessary prerequisite for the ability to empathise.

4.3.2.3. Summary of psychosocial theories of empathy

Gassner (2006) says that in psychosocial theories of empathy, empathy is viewed as a special type of role-taking within a complex, emotional system of experiences. He also adds that several factors are necessary for empathy to function well. Among these are the ability to distance oneself from the role assumed, the tolerance that situations can be experienced in many different ways and the ability of empathic communication.

Psychosocial theories of empathy emphasise that a higher stage of development in a person is necessary for empathic ability. According to these theories this stage of development is either encouraged or inhibited first by the parents and family and later also by teachers and the social environment. Further development of empathic ability in adulthood is built upon experience in childhood and adolescence. Consciously promoting the further development of personality creates a basis for improving empathic ability in adults.

4.3.2.4. Relevance to osteopathy

Although it can be deduced from psychosocial theories of empathy that empathy should be viewed as part of the perception process, her main statement lies more in the fact that empathic ability should be viewed in relation to a personal, psychosocial stage of development. The statement that empathic ability is enhanced through personal maturity allows for the conclusion that osteopaths should increasingly turn their attention to developing their own personality.

4.3.3. Psychoanalytic theories of empathy

Gassner (2006) says that psychoanalytic theories of empathy describe an identification process in which a person put herself or himself mentally and emotionally in another person's position. For this reason psychoanalysts are able to understand their patients with respect to emotions, thoughts and behaviour. This in turn should put psychoanalysts in the position to recognise and perceive emotional needs and their subjective meaning. This perception is communicated to the patient so that he or she is able to recognised appropriate ways to solve conflicts herself or himself and implement them in real life. The theory by the Austro-American psychoanalyst Heinz Kohut is presented as an example of psychoanalytic theories of empathy, which according to Håkanson (2003) is jointly responsible for establishing the modern notion of empathy in psychoanalysis. In addition, the work of the psychoanalyst, Waltraud Hess-Liebers is explored with respect to its relevance for perception in osteopathy.

4.3.3.1. Kohut's theory of empathy

Kohut (1979) is the founder of "Self Psychology" which sees psychoanalytic treatment of the self as its central task. A lack of empathic care experienced in childhood leads to deficits in structuring the self with clients, says Kohut (1977). He explains further, that when therapists empathically respond to patients it creates an environment where transference from patient to therapists surfaces which is related to the patient's lack of empathy experienced in the past. Transference according to Anna Freud (1984) is all the emotions a patient feels towards the analyst which do not reoccur in the analytic situation at that time, but rather stem from earlier and the earliest relationships to objects and are reawakened under the influence of repetition compulsion in analysis.

4.3.3.1.1. Definition of empathy according to Kohut

Kohut (1977) originally defined empathy as an innate ability to participate in another person's emotional state which occurs through introspection. Perceptions gained as a result are used for interpreting the patient's emotional state and are communicated to her or him. The interpretations are verified during discussion and brought to a common level of understanding, says Kohut (1977).

Later, Kohut (1987) modified his original theory to the effect that he defined empathy as a neutral form of observation with which diverse information can be scientifically gained. He maintains that empathy is an operation which defines the field of psychoanalysis and that a psychology of complex, psychological states is unimaginable without the use of empathy.

„Wir definieren sie [Empathie] als ›stellvertretende Introspektion‹ [vicarious introspection] oder, einfacher, als eines Menschen (versuchte) Erfahrung des Innenlebens eines anderen Menschen unter gleichzeitiger Beibehaltung der Einstellung eines objektiven Beobachters“ (Kohut, 1987, 251).

[“We define it [empathy] as substitute introspection [vicarious introspection] or in more simple terms, as an (attempted) experience by a person of another person's emotional life while at the same time maintaining the mindset of an objective observer.” (translated by M. Bissette)]

This means that through empathy, another person's emotional life is perceived whereby care should be taken to maintain the role of an objective observer.

Kohut (1987) predicted a lower empathy by which the partners in interaction are different with respect to their personality traits and way of life. Unfamiliar peoples, old cultures or people with unique behavioural patterns could fundamentally not be understood using empathy. Moreover, he sees empathy solely as a specific method of observation for psychoanalysis. According to this, only those persons trained in analysis could achieve a high empathic ability. Håkanson (2003) says that Kohut's contribution to empathy has a considerable influence on modern psychoanalysis and psychoanalytic theory.

4.3.3.1.2. Relevance to osteopathy

Kohut (1987) describes empathy as vicarious introspection or the attempt to experience the emotional life of another person while maintaining an objective observer position. Accordingly the psychoemotional aspect of a person is reached with empathy. Osteopathy with its holistic approach, which views people as an entity made up of body, mind and soul has its main

starting point in the body (cf. Liem, 2006). Physical structures are palpated, inspected and to some extent auscultated. If we follow Kohut's assumption, we need empathy to perceive the psychoemotional aspect of people. Obtaining perceptions on a person's psychoemotional contents of consciousness according to Kohut's ideas would allow osteopaths to achieve a more comprehensive picture of a patient. According to Kohut (1987) empathy could only be used by osteopaths trained in psychoanalysis to experience another person's emotional life. Whether this opinion can be universally viewed is not discussed in the paper however this statement would imply that in principal training in empathy would be possible. What is important for this paper is what emerges from the analysis of Kohut's theory of empathy is that a cognitive and perceptive aspect is on the foreground in empathy and it is important to be able to maintain an objective position as an observer.

4.3.3.2. Physical empathy by Hess-Liebers

The psychoanalyst Waltraud Hess-Liebers (1999) reports on the experiences with physical empathy in her practice. She points out that different responses and sensations in the therapist's body can occur during therapy by empathising with patients. She describes these responses as physically experienced countertransference and postulates that intensified observation of such processes and their use in therapy make it possible to expand diagnostic and therapeutic competence. Staemmler (1993) defines the therapist's totality of responses as countertransference. During this process, the therapist directs her or his emotions, prejudices, expectations and wishes towards patients. In so doing, the therapist generally temporarily leaves the objective position for different reasons. In the beginning steps of psychoanalysis, countertransference is considered to be a disruptive influence which the therapist must become aware of and eliminate. Modern psychoanalysis views countertransference however as a diagnostic opportunity through which information about patients can be gained. The experiences described by Hess-Liebers overlap with my own experiences in daily practice as an osteopathy and are therefore analysed below.

4.3.3.2.1. General principles

Hess-Liebers (1999) says that in countertransference in psychoanalysis, alert observations of the therapist's response carry great weight. Even physical responses such as movements or sensations of all types should be included in this concept. The overall response to the patients is said to be a key instrument in cognition and perception whereby empathic

processes are substantially involved. Accordingly, says Hess-Liebers (1999), empathic understanding is significantly linked to physical expression.

For Downing (1996) conscious experience encompasses five levels of perception simultaneously. These are the cognitive-verbal, figurative, affective-emotional, sensory and motor levels whereby the latter three are experience on the physical level. All levels are connected to each other and mutually influence one another. Hess-Liebers (1999) reports that increasingly observing and using one's own physical responses which occur while treating patients boosts diagnostic and therapeutic ability.

4.3.3.2.2. Definition of physical empathy

According to Hess-Liebers (1999) connecting with patients occurs via physical processes in which she views physical empathy as basis and product of dialogue between body and body. *„Unter Körper-Empathie verstehe ich die reflektierte Wahrnehmung der körperlichen Prozesse und Erscheinungen, die im Therapeuten auftreten im Wege der Einfühlung in den Patienten“* (Hess-Liebers, 1999, 314). [*“By physical empathy I understand the reflected perception of physical processes and appearances which occur in the therapist when empathising with patients.”* (translated by M. Bisette)] This means that an essential criterion for physical empathy appears to be the conscious reflection of perceiving physical processes which occur during empathy.

4.3.3.2.3. The therapist's position

Patients also express their pain through physical expression in therapy, meaning they also physically respond with appearances, symptoms and kinesis behaviour in addition to verbal communication, explains Hess-Liebers (1999). They need a therapist with whom physical-emotional dialogue works, who understands their sensitivities on an appropriate level. The therapist perceives physical symptoms which occur within the patient, senses them and moves in them. According to Hess-Liebers (1999) it makes sense during this process to pay attention to breathing patterns and adjust to their frequency and depth as breathing is closely linked to the emotional level.

The physical dimension of emotions, sensations and movement according to Downing (1996), is an important instrument for expanding perception. It is added as “physical countertransference” in addition to the cognitive-rational, visual and emotional dimension. He further notes, that this type of perception is therefore possible because the basic building

blocks of our physical self and fundamentals of empathic abilities would be jointly rooted in processes from earlier times.

4.3.3.2.4. The range of physical signals

According to Hess-Liebers (1999) in many cases, physical emotions occur in the area of deep sensibility. This includes feeling in organs, most in the form of pain, pressure or twinges. Malfunctions can also occur whereby Hess-Liebers (1999) use the example from a colleague who while working with a certain woman over longer periods of time would lose her colour vision each time, which would immediately go away again after a therapy session. Symptoms vegetatively triggered and other symptoms such as perspiring, sneezing, coughing, runny nose, itching, etc. can also appear. It is essential according to Hess-Liebers (1999), for osteopaths to observe their own posture, if it changes, their own facial expression insofar as they are conscious, their own gestures and occurring movement impulses. Hess-Liebers writes that even for Jacobs (1973) what causes posture, different gestures and movements of a psychoanalyst during a therapy session is to be found in countertransference.

Hess-Liebers (1999) also refers to statements put forth by Speziale-Bagliacca (1991) who says that a patient's love and hate are experienced throughout a therapist's entire body, in such an acute extent the earlier the dysfunction has occurred. Hess-Liebers (1999) also points to the group of "physical manipulators" which are small movements of touching oneself in situations of stress, such as rubbing ones nose, scratching one's head, etc. Therapists should also be on the lookout for such behaviour within themselves. She also recommends familiarising oneself with one's own catalogue of typical sensations, responses, symptoms and motions in order to differentiate them from physical responses of other people. Therapists should know how to regulate themselves or what are for them unusual symptoms and motions.

4.3.3.2.5. Experiences with physical responses

In her work, Hess-Liebers (1999) lists a few examples of her own experiences with physical empathy – two of which are described to illustrate the point. She writes that before a therapy session, she feels as if she is in a good, free state of mind and physically relaxed. After an emotionally empty session with a patient who holds onto his feelings in his muscles, she feels rigid and stiff or wedged in a rigid layer of muscles in her entire chest and stomach

region. Part of her work with displacement is downright muscle activity. In another case she describes the occurrence of sharp pains in the stomach region which cause nausea, until a few days later, the patient talks about destructive envy stemming from feelings of inferiority. Nausea is said to be caused by emotions not yet able to be integrated which approach consciousness.

4.3.3.2.6. Theoretical aspects

Ogden (1995) also characterises the processes mentioned as countertransference responses which stem from very early developmental stages. In his work he describes physical states such as fears, or first lines of defence which stem from the relationship between the child and reference person in early childhood. Hess-Liebers (1999) says that later the affects in therapy through physical states, moods and atmospheric changes can be perceived by both therapists and also patients. The affect the therapeutic relationship has in psychoanalysis is experienced on this level throughout the entire body, even without physical contact as the physical and emotional levels are not separated in early childhood.

4.3.3.2.7. Additional viewpoints

Hess-Liebers (1999) says in order to apply physical empathy to therapy it must be practised. It is a personal matter of choice who prefers to work in which modality more visual, more acoustic or more in the area of deep sensibility. These tendencies are biologically fixed whereby the application to the physical dimension is intensified through grave physical discoveries. Hess-Liebers (1999) recommends practising physical self-awareness and regulation ability and maintains that knowing one's own physical processes and signals is essential for recognising processes in patients and protects therapists from transferring their own unreflected feelings to patients.

Hess-Liebers (1999) also says that increased care of one's own physical self through greater self-awareness is one way of creating, confirming and maintaining one's own sense of being alive. The affect of this on therapy is that the therapist coalesces with herself or himself and thus also with the patient, which the notion of being alive encourages from both parties. This also prevents the danger of the "burn-out syndrome".

4.3.3.2.8. Summary of Hess-Liebers's theory

Hess-Liebers' approach to physical empathy describes certain physical symptoms which suddenly occur in the therapist and are the result of a response to empathising with patients. These responses are referred to as countertransference and should be closely monitored by therapists because they contain information about patients. The therapist is able to perceive changes in deep sensibility, sensations in organs, malfunction and also vegetative symptoms such as sneezing, itching, coughing, etc. Movement, changes in posture and seemingly unmotivated gestures on the therapist's part may occur. It is recommended that therapists familiarise themselves with their own typical sensations in order to be able to separate them from those symptoms which arise from a therapy session. To effectively work with physical empathy, it must be practiced whereby the ability to regulate it and physical self-awareness should also be developed. Being of conscious of how to handle one's own body protects therapists from transferring unreflected occurrences to patients.

4.3.3.2.9. Relevance to osteopathy

If we follow Hess-Liebers' line of argument, the symptoms described should be classified under countertransference. After conscious reflection, the responses mentioned could be used as a reference for treating patients. This would require specific training. As osteopaths lack the necessary training for the most part in being able to productively deal with such phenomena for the patient's benefit, it would be necessary on the one hand to focus in particular on stabilising one's own physical self and self-awareness as Hess-Liebers (1999) postulates for psychoanalysts. On the other hand, osteopaths would also need to concern themselves with basic principles of psychoanalysis and psychotherapy in order to correctly interpret and allocate the information they receive.

The analysis of Hess-Liebers's work yields that physical empathy is an instrument of perception which is used by select psychoanalysts. The phenomenon of countertransference is described in psychoanalysis. As this involves to a certain extent a similar therapeutic setting, it can be assumed that it also occurs in osteopathic treatment. With the necessary education and training, the osteopath would then have an instrument of perception to more precisely recognise patients' emotional, psychological and physical states. Thus Hess-Liebers' thesis supports the hypothesis in this paper that empathy should be considered as part of perception in osteopathy.

4.4. Theories of empathy and definitions in which dialogue is the central focus

The theories and definitions of empathy described in section 4.3. focus on supporting prosocial behaviour. Solidarity, peaceable demeanour in resolving conflicts and a co-existential way of life can be considered as beneficial factors to health and can have a positive effect on physical health, says Gassner (2006). In the following section the theories of empathy proposed by the psychologist Carl Rogers and the religious philosopher Martin Buber are analysed each of which focus on different principles of dialogue.

It is asserted by Gassner (2006) that the significance of these theories primarily lies in the fact that a certain type of communication is used whereby the focus is motivating the other person towards self-reflection and self-discovery. By empathising with her or his emotional state and subjective state of health, a person should be led to developing and discovering her or his own individual abilities. During the process, the person is guided using language in a specific manner. She or he should be able to learn how to recognise when and where self-damaging emotions, thoughts and behaviours lead her or him.

Gassner (2006) further postulates that using empathy in dealing with another person has a socially integrating and thus a healthy affect. On the one hand the empathiser perceives with which contents of consciousness the other person is occupied and how she or he can respond to them. On the other hand, the person empathised with is motivated to take over self-responsibility for her or his feelings, thoughts and behaviour and to reflect on and communicate them. For this reason types of empathic dialogue are analysed in this paper because an important aspect in the osteopathic profession also appears to lie in dialogue. Liem (2006) asserts that treatment results can be improved if an osteopath is able to better connect with patients through empathic communication.

4.4.1. Rogers' theory of person-centred dialogue

For Rogers (1983) the nature of interpersonal relationships for all professional groups which involve relationships to people is the most important element for success. It is more important than factual knowledge, professional education, therapeutic orientation or technique of therapy used. This also holds true for psychotherapists, educators, pastors, social workers and psychologists. A good interpersonal relationship appears to also constitute an important part of success or failure in osteopathic treatment (cf. Novy, 2007).

Rogers (1983) names three essential factors a therapist should introduce in therapy for building an interpersonal relationship which encourages growth to be able to assist a patient in constructive change. These features are empathy or empathic understanding, congruence or self rapport as well as esteem or positive care.

4.4.1.1. Rogers' early definition of empathy

Rogers (1975) says his early definition dates from 1957 and that this definition has been changed many times.

"The state of empathy, or being empathic, is to perceive the internal frame of reference of another with accuracy and with the emotional components and meanings which pertain thereto as if one were the person, but without ever losing the 'as if' condition. Thus it means to sense the hurt or the pleasure of another as he senses it and to perceive the causes thereof as he perceives them, but without ever losing the recognition that it is as if I were hurt or pleased and so forth. If this 'as if' quality is lost, then the state is one of identification" (Rogers, 1975, 2, quoted in Rogers, 1959).

This means a significant factor of empathy is that although the therapist empathises with the patient's emotional state and its significance to the patient, the therapist never loses the "as-if" position and is always conscious of the fact that it involves the patient's situation. If the therapist loses this "as-if" position, she or he can no longer distinguish between herself or himself and another person.

Rogers (1983) also describes negative examples of what he does not understand by empathy. For the most part an evaluative type of understanding is shown. . . *'Ich sehe schon, was mit dir nicht stimmt' oder 'Ich begreife sehr wohl, was dich dazu veranlaßt so und so zu handeln'* (Rogers, 1983, 217). [*"I already see what is wrong with you' or 'I completely understand what led you to behave in this or that way."* (translated by M. Bisette)] He postulates that if a person is truly open to another person, there is the danger of seeing life in another way and thus changing it. This is the reason why we want to see the world of another person exclusively with our own eyes. The other person is not understood according to her or his own perspective, but rather evaluated and analysed, says Rogers (1983). *„Doch wenn jemand versteht, was für ein Gefühl es ist, ich zu sein, ohne mich zu analysieren oder zu richten, in einer solchen Atmosphäre kann ich blühen und wachsen“* (Rogers, 1983, 217). [*"However when someone understand what kind of feeling it is to be me without analysing or judging me I can flourish and grow*

in such an atmosphere.” (translated by M. Bisette)] To improve empathic ability, Rogers (1983) advises his instruction on counselling and sensitivity training. Here, participants learn to perceive more from subliminal meanings which other people express in words, gestures and posture, and are thus able to respond from within more intensively and freely to the significance of each expression.

4.4.1.2. Congruence or self rapport

Rogers (1983) postulates that a client's personal development is promoted if the therapist lives what he or she truly is. Concerning client relationships, the therapist should remain true without having a façade, meaning living emotions and attitude very openly which are affecting her or him in that moment. He defines this state of self rapport as “congruence”.

When people utter things they are not even feeling, we speak of “incongruence”, says Rogers (1983). The therapist has the feeling that the patient is acting out in defence and is putting on a role for herself or himself and other people. On the other hand, each person knows whom she or he can trust because she or he senses that they are always themselves. It is the person herself or himself which is being dealt with and not with a polite façade, for example, adds Rogers (1983). If we follow his line of argument an osteopath who acts in “congruently” towards patients is met with more trust which could have a positive influence on treatment results.

4.4.1.3. Esteem or positive care

The third condition for a relationship which encourages growth according to Rogers (1983) is that the therapist should take a caring, positive and accepting stance toward a client's internal processes at work. He says that the therapist should regard the client as a personality with those emotional qualities which parents feel for their own children when they accept their child as a personality regardless of their immediate behaviour. This type of caring has power, is not demanding and creates an environment in which change is possible.

4.4.1.4. Rogers' revised definition of empathy

Rogers (1975) says that in his renewed attempt at defining the concept of empathy, the process itself is emphasised more instead of a static state as in his early definition. He

speaks of a process which continuously needs to be readjusted and reorientated towards the patient whereby the patient opens herself or himself entirely to the patient. The therapist should be able to perceive the client's state of being in such a way as if she or he were the patient with all their emotions, thoughts and experiences.

"The way of being with another person which is termed empathic has several facets. It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment to moment, to the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever, that he/she is experiencing. It means temporarily living in his/her life, moving about in it delicately without making judgments, sensing meanings of which he/she is scarcely aware, but not trying to uncover feelings of which the person is totally unaware, since this would be too threatening. It includes communicating your sensings of his/her world as you look with fresh and unfrightened eyes at elements of which the individual is fearful. It means frequently checking with him/her as to the accuracy of your sensings, and being guided by the responses you receive. You are a confident companion to the person in his/her inner world. By pointing to the possible meanings in the flow of his/her experiencing you help the person to focus on this useful type of referent, to experience the meanings more fully, and to move forward in the experiencing. To be with another in this way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice. In some sense it means that you lay aside your self and this can only be done by a person who is secure enough in himself that he knows he will not get lost in what may turn out to be the strange or bizarre world of the other, and can comfortably return to his own world when he wishes. Perhaps this description makes clear that being empathic is a complex demanding, strong yet subtle and gentle way of being" (Rogers, 1975, 3).

This detailed description of the empathy "process" is chosen in order to elucidate Rogers' revised view of empathy. How one can be empathic, esteeming and congruent is described and reference is made to the fact that it should be characterised as an attitude to life, as a way of being, of accepting other people even with their otherness, opening oneself up without judging someone. The more a person has assimilated herself or himself, the more developed their empathic ability is and the more experienced a therapist is, the more likely it is that she or he uses empathy in their profession.

4.4.1.5. Essential factors of person-centred dialogue

Several factors should be observed in Rogers' theory of person-centred dialogue which support empathic communication and facilitate contact between therapists and clients.

- Rogers (1973a) postulates that when people interact they are emotionally tied with each other. The search for emotional contact to each other and want to be appreciated for their uniqueness.
- Person-centred dialogue in Rogers' (1973a) opinion should not contain criticism or judgements through which the willingness to enter into a partnership, to self-perception as well as self-criticism and self-correction increases. As a rule this also involves accompanying physical processes which are emotional triggered. In addition, it leads to an increased social perception such that self-discover and self-actualisation can take place within social rules.
- Rogers (1975) assumes that people who feel as if they are being viewed for their uniqueness and understood, can also adopt a therapeutic attitude toward themselves. They learn to listen more closely to what they are experiencing internally.
- Rogers (1973a) sees the ability to empathise as an important factor for health both for the individual as for society, and he stresses that changes in society are necessary to achieve this. This change must include the willingness to lead an empathic, person-centred dialogue during interaction with people.

4.4.1.6. Summary of Rogers' theory of person-centred dialogue

For Rogers, interpersonal relationships are an essential factor for successful therapy. The client can become close to herself or himself, can learn and grow personality-wise in a nurturing relationship. Rogers proposes three conditions in order to build on an interpersonal relationship which encourages growth. These include congruence or self rapport, empathy or empathic understanding as well as esteem or positive caring. Perfect empathic ability cannot be maintained continuously, a more sensitive ability to listen can however be encouraged through sensitivity training. In analysing Rogers' different interpretations of empathy a distinction between empathy for perceiving a static state and empathy as the ability to follow a process empathically can be found. The more a therapist is assimilated with herself or himself and the more experienced she or he is, the more defined her or his empathic ability is and empathy becomes her or his „Way of being“ (Rogers, 1975, 1). Person-centred dialogue in Rogers' (1973a) opinion should not include criticism or judgements through which the willingness to enter into a partnership, to self-perception for self-criticism and for self-correction increases. Rogers views empathic ability as an essential factor of health both for the individual and society.

4.4.1.7. Relevance to osteopathy

Three arguments need to be taken into consideration in analysing the relevance of Rogers' (cf. 1973a, 1975, 1983) definition of empathy to osteopathy:

- Firstly, interpersonal relationships appear to be of great significance for professions in therapy which involve relationships to people. Empathic, person-centred communication creates a relationship of trust by which treatment success is positively influenced. Accordingly, this argumentation would need to be valid for osteopathy, whereby a combination of treatment and empathic dialogue could motivate patients to assume a therapeutic stance towards themselves.
- Secondly, Rogers (1983) postulates the possibility of improving sensitivity through training whereby the participants learn to pay attention to facial expressions, inflection, posture, etc. In this sense, Rogers points to an element of perception by means of empathy. Other statements such as empathising with another person's experiences in order to personally experience these experiences as if one were the other person, also indicate that empathy is viewed as a process of perception by Rogers. From this it can be concluded that if empathy is also used in osteopathy, it should be considered as part of perception.
- Thirdly, Rogers' theory of empathy places great emphasis on empathic dialogue. According to Rogers (1983) it categorically contain no judgements or criticism, but rather unconditional positive caring for the interlocutor during which among other things, the willingness to move towards self-awareness and self-correction increases. If we are to follow this line of argument, the use of empathic dialogue by osteopath's could contribute to psychoemotional recovery. Psychoemotional health should in turn have a positive effect on the patient's physical state (cf. Liem, 2006).

4.4.2. Bubers' theory of sensitive dialogue

At the centre of Buber's (1984) theory is sensitive communication whereby interlocutors should communicate the emotional contents of their feelings, thoughts and behaviour in a tolerant, attentive fashion, and reflect upon these. The type of communication traced back to Buber serves to strive toward consciousness of the own "I" which can be achieved through

encounters with the "thou" i.e., through relationships, which should become clear from the following quotation.

„Der Mensch wird am Du zum Ich. Gegenüber kommt und entschwindet, Beziehungsereignisse verdichten sich und zerstreuen, und im Wechsel klärt sich, von Mal zu Mal wachsend, das Bewusstsein des gleichbleibenden Partners, das Ich-Bewußtsein“ (Buber, 1983, 37)

[“A person becomes I through thou. The consciousness of the unchanged partner, the consciousness of I comes and goes, events in a relationship grow stronger and disperse and clarifies itself, growing from time to time”. (translated by M. Bissette)]

4.4.2.1. The desire to form relationship as an innate human trait

Buber's basic assumption on humans' pursuit of relationships is just as simple as radical. *„Im Anfang ist die Beziehung: als Kategorie des Wesens, als Bereitschaft, fassende Form, Seelenmodell; das Apriori der Beziehung; das eingeborene Du“* (Buber, 1983, 36). *[“In the beginning is the relationship: as a category of the being, as willingness, subsuming form, model for souls; the a priori of relationships; the indigenous thou.” (translated by M. Bissette)]* This assertion expresses that humans' orientation towards other humans is a central element of their being, which they are born with. Buber (1983) assumes an “indigenous thou” through which relationships people enter are to be understood as more or less successful actualisation of one's own being in everyday life. This means that the realisation of something during a relationship is principally innate. *„Die erlebten Beziehungen sind Realisierungen des eingeborenen Du am Begegnenden;“* (Buber, 1983, 36). *[“Relationships experienced are realisations of the indigenous thou in encountering person.” (translated by M. Bissette)]*

When people realise something inherent in them (a priori) by entering relationships with other people, this means that they realise themselves in their relationships to other people, explains Staemmler (1993). People develop by entering relationships with other people. Buber (1983) states, that in order for a person to become “I-self”, she or he is existentially dependent on another person who opens up to this person. A relationship is thus possible in which the person herself or himself can realise herself or himself and also the other person.

4.4.2.2. The I-Thou constellation according to Buber

Buber (1984) assumes that there are two fundamental stances which people can take. There are approaches with which a person with a certain basic attitude can face another person for a certain situation or certain time. Both approaches belong to being human and each has

their own significance. Each of these approaches is characterised by the way a person defines her or his relationship to another person and thus to herself or himself. Buber (1984) defines each of these approaches with a “primary word”.

The primary word “I-It” is defined by Buber (1984) as an attitude which is intentional through and through. He or She could also be used for It to remain in the context of an encounter. There is a goal which is assigned to another person. Other people are viewed from this position as an object of personal action at the centre of satisfying one’s own needs. Staemmler (1993) says that each person behaves in this way when she or he for example, quickly do their shopping and do not pay attention to the person who is giving her or him their purchases. Taking the attitude “I-It” totally value-free means treating others functionally, analytically for a purpose or impersonally. Staemmler (1993) further explains that during this process, people make themselves the subject, meaning that the major difference lies in the reaction. This does not lead to a relationship.

People who say (figuratively) the primary word “I-Thou” in interaction, treat other people according to Buber (1984) as holistic, individual and unique beings. According to this, the “I-Thou” attitude means to be as present as possible in facing people with openness and without selfish intentions. An attitude of appreciating another person’s otherness, totality and individuality is taken. A relationship is formed. Staemmler (1993) explains that the reaction during this process lies in acquiring another person’s self-image. In relationships which develop through the “I-Thou” attitude there is no separation between the subject and object of experience. In this relationship which now represents the definitive dimension of reality, a person is connected to another person in a larger context.

Staemmler (1993) explains that “speaking” both primary words has its own justification and significance, and that it would be absolutely wrong to deduce from Buber’s words the claim that therapists need to continuously take an “I-Thou” approach to getting closer to their patients. Both are necessary in therapy sessions an “I-Thou” approach which regards the patient as a unique, complete individual and for example, when selecting the technique to be applied, an “I-It” approach in which the patient is viewed as an object for whom the application of the corresponding therapy proves advantageous.

4.4.2.3. Turning to people as a fundamental drive in dialogue

In order to understand people, Buber (1984) says that it is first necessary to decide to turn to that person. *„Die dialogische Grundbewegung ist die Hinwendung“* (Buber, 1984, 170). [*“The*

*fundamental drive in dialogue is turning to people.” (translated by M. Bissette)] Turning to people leads to three different ways in which another person is perceived. Buber (1984) distinguishes between “observing”, “contemplating” and *Innewerden* (becoming aware). The observer adopts a distanced approach, and analytical standpoint or a completely different perspective. The contemplator opens up herself or himself completely relaxed to the subject of her or his perception, is unbiased and is not involved.*

Buber (1984) says that *Innewerden* is a type of perception from which a meaningful connection between individuals emerges in which someone encounters a person who is a predisposed point in her or his life, who tells someone something without being able to describe why. This *Innewerden* of another person also means according to Buber (1984), perceiving that person as a whole as a person predetermined by their mind with their uniqueness which shapes all of their statements, actions and attitudes. This totality and uniqueness do not reveal themselves as long as the other person is a detached object of reflection or even observation. „[...] es ist erst möglich wenn ich zu dem andern elementar in Beziehung trete, wenn er mir also Gegenwart wird. Darum bezeichne ich das *Innewerden* in diesem besonderen Sinne als personale Vergegenwärtigung“ (Buber, 1984, 284). [“[...] it is only then possible if I fundamentally enter into a relationship with the other person, if she or he comes present to me. It is for this reason why I define *Innewerden* in this particular sense as a personal realisation.” (translated by M. Bissette)] The *Innewerden* of the other person, the personal realisation is characteristic of the “I-Thou” quality in a relationship as Buber understands it.

4.4.2.4. The experience of the other

Buber (1984) refers to the process which makes the experience of the other possible as *Realphantasie* (real imagination), or also *Umfassung* (embracing). Something happens which exceeds true perception and nevertheless refers to the reality of another person, says Staemmler (1993). A person imagines what could be happening inside another person. The person however does not attempt to produce something arbitrary with this imagination, but rather tries to move as close as possible to the other person’s reality. Even if the person comes very close to what the other person is experiencing and there are no more remaining divergences, imagination is still involved. Buber expresses this process thusly:

„Ich möchte den Namen Realphantasie vorziehen, denn in ihrem eigentlichen Wesen ist sie nicht mehr ein Anschauen, sondern ein kühnes, fluggewaltiges, die intensivste Regung meines Seins beanspruchendes Einschwingen ins Andere, wie es eben die Art aller echten Phantasie ist, nur daß hier der Bereich meiner Tat nicht das Allmögliche, sondern die mir entgegentretende besondere reale

Person ist, die ich mir eben so und nicht anders in ihrer Ganzheit, Einheit und Einzigkeit und in ihrer all dies immer neu verwirklichenden dynamischen Mitte zu vergegenwärtigen versuchen kann“ (Buber, 1984, 286).

[“I prefer to use the term real imagination, because in its true essence, it is no longer an examining, but rather a bold, flying, transient oscillation, the most intensive emotions of my senses, into the other, as it simply is the type of all true imagination, only that here the area of my action is not the all-possible, but rather the specific, real person with whom I am confronted, whom I am able to realise in this fashion and not differently in her or his totality, oneness and uniqueness and in all this dynamic, ever-reactualising centre..” (translated by M. Bissette)]

4.4.2.5. True dialogue

Buber (1984) explains, that true dialogue can take place when the interlocutors open themselves up entirely to each other. Although the term empathy is not used decidedly, all components are contained in his discourse on true dialogue which have already been mentioned in previous definitions and descriptions of empathy.

Buber (1984) emphasises that in true dialogue turning to the interlocutor occurs in all actuality. Each interlocutor not only intends the other person, but also takes that person on as her or his partner and says yes to him entirely. *„Die wahrhafte Hinwendung seines Wesens zum andern schließt diese Bestätigung, diese Akzeptation ein“ (Buber, 1984, 293).* [*“The truly turning of a person’s being to another involves confirming, accepting that person.” (translated by M. Bissette)]* If true dialogue is to develop, each person, who participates must bring their entire person into the dialogue, whereby Buber (1984) stresses the authenticity of what is said.

„[dann] vollzieht sich eine denkwürdige, nirgendwo sonst sich einstellende gemeinschaftliche Fruchtbarkeit. Das Wort ersteht Mal um Mal substantiell zwischen den Menschen, die von der Dynamik eines elementaren Mitsammenseins in ihrer Tiefe ergriffen und erschlossen werden. Das Zwischenmenschliche erschließt das sonst Unerschlossene“ (Buber, 1984, 295).

[“then] a memorable, self-engaging, common productivity takes place nowhere else present. The word arises from time to time substantially between those people who are seized by the dynamics of an elementary being togetherness in its depth and developed. The interpersonal opens up the otherwise undeveloped.” (translated by M. Bissette)]

This means that true dialogue is prolific in the sense that it involves deep-reaching dynamics of being togetherness which allows the interlocutors to experience hidden aspects from her or his unconscious through interpersonal contacts.

4.4.2.6. Summary

Buber (1984) postulates that turning to another person occurs through sensitive communication. An *Innewerden* can take place, but cannot be induced. If we choose to follow Buber's arguments it would not be possible to intentionally empathise with an object; empathy can only develop as a result of opening oneself up to another person. Further significant factors for perceiving another person are authenticity, and acceptance of the other person.

Buber stresses in his observations that the desire to form relationships is inherent in humans and that humans learn about themselves by relating to others. In order to truly relate to another person, an "I-Thou" attitude is necessary, meaning that the other person is seen as an completely, individual and unique person.

Buber distinguishes between three basic actions in dialogue, the observing, contemplating and *Innewerden*. In true dialogue interlocutors turn to each other in all truth. The other person is accepted and appreciated for her or his otherness.

Opening up to another person creates a commonality rich in experiences for both interlocutors which extend beyond their consciousness. The Basis for further developing the self is the interpersonal, the space which is created by dialogue between people. In Buber's theory, empathy serves to develop the self by relating to other people.

4.4.2.7. Relevance to osteopathy

Buber's theory of sensitive dialogue lays out guidelines on how people should conduct themselves in dialogue, in order to gain joint experiences which extend beyond a true exchange of experience. In principal, this type of dialogue would be desirable. The type of empathy as Buber describes it, takes for granted a complete opening up of oneself to another person, which can also be seen as problematic in therapy. It appears to be essential that the osteopath succeeds in adhering to her or his own boundaries while completely opening up despite having a personal standpoint. It is also questionable how far osteopaths would be willing to open up entirely to patients.

The accepting manner of dialogue appears to be an affective method of motivating another person, self reflecting and developing oneself on a personal level. Buber's proposed type of communication can be viewed as empathising with another person's contents of

consciousness. Buber insists in his theory on an aspect which is not stressed very much in the theories treated in this paper. *Innewerden* is a type of perception which, though it does occur between interlocutors, cannot be deliberately induced.

5. Insights from neurophysiology: implications of findings from brain research

Previous analyses in this paper have shown that descriptions and definitions of empathy though non-universal, share commonalities. This includes, among other things, that empathy involves an act which purports to recognise another person's emotions, thoughts and sensations. The majority of the descriptions stress that empathy involves a conscious act. The response to the question which processes are at work in the brain and body during empathy, has for the most part remained unanswered. New findings in neurophysiology and neuroanatomy provide further insights and promise make a considerable contribution to research on empathy. This could possibly lead to approaches which could offer explanatory models for osteopathy. In the first part of the following chapter, the findings and approaches put forth by the American neurologist, Antonio Damasio are presented. The second part is concerned with research on what is known as mirror neurons and theories developed from this research in connection with empathy.

5.1. The concept by Damasio

If we search through academic literature according to approaches which could make a contribution to viewing empathy from a different perspective than psychology, philosophy and social sciences do, we come across modern brain research. Neuropsychological studies by Damasio (1995, 2000, 2005) provide clues which offer a better understanding of which processes are at work in the empathy act.

Research on emotions and feelings plays a central role in Damasio's work. Damasio (1995) is concerned with the role of emotions and feelings during decision making. Damasio (2000) outlines the role of emotions and feelings in the construction of the self. Damasio (2005) deals with feelings themselves and what they produce. The main focus of his work is on the interdependence of processes at work in humans. In this paper, first the main features of Damasio's research are presented first in order to understand his overall concept. Afterwards, his view on empathy is elucidated and related to empathy as part of perception in osteopathy.

5.1.1. The basic terms emotions and feelings

According to Damasio (1995) neurophysiology is increasingly questioning viewing cognitive and emotional processes as separate. Ultimately, he sees in this broad ignorance which is met with the importance of emotional processes for thought and decision processes nothing more than a neglect for the body. Damasio's (1995) findings stress the body's central importance for perceiving emotions and feelings and thus for the consciousness and the self. He says that neurobiology of feelings and resulting emotions are key to understanding who and what we are. During the process it should be considered that emotions and all of their related responses are attributed to the body, feelings on the other hand, to the mind. He further writes that studies on patients with injuries to certain areas of the brain show surprising results. If patients lose the ability to show a certain emotion, they are not able to experience the corresponding feeling. However, there are patients who have lost the ability to experience certain feelings but are nevertheless able to show the emotions that go along with the experience. Damasio (2005) formed his research on such observations and postulates that emotions and feelings are like twins which belong together, emotions are before feelings such that the latter must always follow the former like a shadow.

5.1.1.1. Emotions

For Damasio (2005) *„Emotionen also Akte oder Bewegungen, die größtenteils öffentlich und sichtbar für andere sind, während sie sich im Gesicht in der Stimme und in bestimmten Verhaltensweisen manifestieren“* (Damasio, 2005, 38). [*“emotions, that is acts or movements which for the most part are open and visible to others while they manifest themselves in the face, voice and in certain behaviours.”* (translated by M. Bisette)] As key aspects which define the process of an emotion, Damasio (2005) offers:

- Real emotions such as joy, sadness, embarrassment or sympathy are a complex process of chemical and neural responses which form a distinctive pattern.
- A normally functioning brain forms these patterns when it discovers an emotionally charged stimulus. An emotionally charged stimulus involves an event or an object whose appearance (either concretely or in memory) triggers the emotion. Responses run automatically.
- The brain is prepared thanks to evolution to respond to certain emotionally charged stimuli with specific repertoires of actions whereby the list of emotionally charged stimuli

exceeds the one provided by evolution. Many others are added which are learned by lifelong emotional experiences.

- The immediate result of this response is a temporary change of the physical state itself and also the state of brain structures which map the body and form the substrate of thinking.
- These responses ultimately lead to conditions which foster the organism's survival and well-being.

Using fear as an example, Damasio (2005) describes his view of what a neurophysiological process of emotions looks like. After an emotionally charged stimulus is discovered by the brain it is evaluated in sensory areas of association and defined. For example, the eye sees a scary bear which is registered in the responsible visual cortex area. This triggers fear whereby the area triggering emotions according to Damasio (2005), among others the amygdala in the depths of the temporal lobes, are a part of the prefrontal cortex as well as the gyrus cinguli. To produce the emotional state, the activity must be transmitted from the triggering region via neuronal connections to the regions which carry out the activity. As Damasio (2005) maintains, the hypothalamus is considered to be the big mastermind behind many chemical responses whereby it directly or via the pituitary gland releases chemicals into the bloodstream which alter the internal environment the functions of internal organs and the function of the central nervous system itself. The brainstem also plays a part in establishing the connection to the success organs, whereby these control movement in the face, tongue, pharynx and larynx. *„Bei allen Emotionen wirken mehrere Salven neuronaler und chemischer Reaktionen über einen gewissen Zeitraum und in bestimmten Mustern auf das Innere Milieu, die inneren Organe und den Bewegungsapparat ein“* (Damasio, 2005, 79). [*“For all emotions, several salves made up of neuronal and chemical responses have an effect on the internal environment, internal organs and movement apparatus over a specific time period and in specific patterns.”* (translated by M. Bisette)] This leads to among other things a facial expression, change in posture and the appearance of certain behavioural patterns such as flight. All of these visible reactions are referred to by Damasio (2005) as emotions.

If we follow Damasio's (2005) observations, it can be assumed that a patient represents a specific stimulus for an osteopath thus triggering temporary changes in her or his physical state. These changes can affect different systems in the body, whereby Damasio (2005) says that they are triggered by a repertoire of actions saved in the brain. How such changes to the physical state are able to reach consciousness are explained below and thus subjected to an intellectual observation.

5.1.1.2. Feelings

According to Damasio (2005) feelings are hidden, just as ideas are, and only recognisable for the owner in whose brain they take place. He postulates that that which internal experiences actual make into feelings and differentiates them from other thoughts, is the mental representation of body parts or the entire body how it functions in a particular manner. „Das Gefühl im engeren Sinn war die Vorstellung vom Körper in einer bestimmten Verfassung“ (Damasio, 2005, 103). [*“The feeling in a narrower sense was the idea of the body in a particular state.” (translated by M. Bisette)*] Damasio (2005) says that “thought” or perception can also be used for “idea” or “representation”. And expressed differently feelings arise from other emotions in which they translate the mind’s language into the respective physical state. Damasio (2005) outlines the hypothesis that a feeling is the perception of a certain physical state in connection with the perception of thinking in a certain manner. It can therefore be assumed that an osteopath perceives her or his own physical state during patient interaction and interprets this in her or his own way.

Damasio (2005) continues his description of feelings and says that the substrate of feelings is neuronal patterns which represent a certain physical state and from which a mental image of the physical state is formed. „Ein Gefühl ist damit im Wesentlichen eine Vorstellung – eine Vorstellung des Körpers, seines Inneren, unter bestimmten Umständen“ (Damasio, 2005, 107). [*“A feeling is this in principal an idea – an idea of the body, its interior, under certain circumstances.” (translated by M. Bisette)*] Damasio (2005) stresses, that perception of a physical state should be considered the core of a feeling. Especially if there is little or no time available to analyse feelings, feelings are unique and exclusively the perception of a physical state. Damasio (2005) makes several reflections which must be fulfilled to be able to be a feeling. Firstly, an organism which is able to perceive feelings must not only have a body but also a brain that is part of this body and can map the states of these parts. Accordingly, plants cannot become aware of feelings. Secondly, the nervous system must be able to map physical structures and states to transform their neuronal patterns into mental patterns or images. Thirdly, a consciousness is necessary in order to perceive the occurrence of a feeling. Fourthly maps of the brain which form the basic substrate of feelings show patterns of physical states carried out from commands to other parts. This means that the brain of a feeling organism produces physical states which call up emotions when the organism responds to objects and events with emotions or even drives. If we choose to follow Damasio’s argumentation the production and interpretation of physical states are individually shaped and therefore subjectively influenced by the perceiver. Osteopaths should thus be aware during interaction with patients that the perception of feelings is a subjective experience.

5.1.2. Decisive feeling

Damasio (1995) points out that in complex decision-making processes, it is nearly impossible for people, due to rational thoughts alone, to judge a situation and take appropriate decisions because of the complexity of the system to which she or he is bound. In order to explain in greater detail the mechanisms involved in these decision-making processes additional concepts first need to be defined. This disambiguation is also necessary in order to explain more clearly Damasio's standpoint of neurobiological mechanisms involved in empathic processes. In addition, a basic understanding of empathy in osteopathy is created as seen from a neurobiological stance.

5.1.2.1. Somatic markers

Damasio (1995) proposes the theory of somatic markers based on his research. These somatic markers are needed in order to take decisions altogether. According to this somatic markers are physical states which are mapped in the brain and linked to certain ideas of images and are saved as a type of scheme of reference of the body. Somatic markers are subsequently available to the brain for decision-making processes. The origin of these markers is traced back by Damasio (1995) to certain experiences in which certain experiences are linked to pleasant or unpleasant physical states. With the aid of somatic markers, specific components of perception in a situation can be linked and compared to physical schemes of reference. This mechanism is an essential foundation for taking rational decisions because they are *„durch Körpersignale beeinflusst und geprägt“* (Damasio, 1995, 272) [*“influenced and shaped by body signals” (translated by M. Bisette)*].

5.1.2.2. The body loop and as-if loop

Damasio (1995) points out that in complex decision-making processes, it is nearly impossible for people, due to rational thoughts alone, to judge a situation and take appropriate decisions because of the complexity of the system to which she or he is bound. In this sense, somatic markers serve as standard and reference values by means of their different alternatives which can be estimated. Damasio (1995) says that in this process an “as-if loop” is performed which triggers the feeling associated with the particular hypothetical situation. *„Es gibt also neurale Mechanismen, die uns das Empfinden vermitteln, »als ob« wir einen Gefühlszustand hätten, als ob der Körper aktiviert und modifiziert würde“* (Damasio, 1995, 214). [*“There are thus*

neutral mechanisms which communicate the sensation to us, as if we were in a feeling-state¹, as if the body has been activated and modified.” (translated by M. Bissette)] It can now be determined which of the possible or probable scenarios is connected to a somatic marker which is felt as being so pleasant that a corresponding decision can be viewed as making sense and other alternatives are favoured.

Such mechanisms make it possible to bypass the body and avoid a slow, energy-consuming decision-making process, says Damasio (1995). Although he questions whether such sensations can evoke the same impressions as sensations which are newly produced by a real physical state, a certain similarity with an actual sensation is created in the brain alone. In contrast to an “as-if loop” a “body loop” is performed when a situation or an object produces a real physical state and this state is called upon during decision-making.

5.1.2.3. The origin of physical schemes of reference

Physical schemes of reference according to Damasio (1995) are images of certain experiences in the body which are either connected to one’s own early experience of specific situations or to the experience of observed situations. In his opinion, the shaping of somatic states which are called upon in decision-making is developed by upbringing and socialisation; as if the experiences are made by the person directly affected. During the process the experience of another person is to a certain extent brought into one’s own physical scheme of reference whereby Damasio (1995) explains the transfer of specific experiences such as shame, disgust, morale and also specific fears.

5.1.2.4. Decision-making

According to Damasio (1985) the idea of a possible future scenario triggers a physical state which is tied to a memory. This physical state can for example, be tension connected to a situation (from the past) which triggers fear. Through this occurring tension, a connected fear is perceived. Damasio (1995) postulates that somatic markers can also occur and take affect without being conscious of them as concrete appearances or without transcending the threshold of consciousness. Thus concrete yet unconscious influences of the feeling and decision-making apparatus may occur. Damasio (1995) says in this respect that these

¹ The term ‘feeling state’ is used by Frings and Funk as for *Gefühlszustand* in their translation of Formalism in Ethics and Non-Formal Ethics of Values (1973). (M. Bissette)

decisions are often attributed to intuition whereby he traces the ability to gain insight back to decision-making mechanisms which are based on a conscious and also unconscious capacity for judgment (due to the link to somatic states saved).

5.1.2.5. Background sensations

Damasio (1995) postulates an additional significant type of sensation in his work, known as background sensations which also affect the perception of physical states. These provide an active mental image of the body and thus depict a profound scheme of reference for the individual ego. Background sensations only come to the fore when they are consciously being focused on or when intensive physical processes, such as the occurrence of symptoms of illness which draw attention. Damasio (1995) assumes that background sensations preceded the sensation or perception of feelings in the evolutionary chain. *„Als Hintergrundempfindungen bezeichne ich sie, weil sie aus »Hintergrundzuständen« des Körpers und nicht aus Gefühlszuständen entstehen“* (Damasio, 1995, 207). [*“I refer to them as background sensations, because they arise from physical background states and not from emotional states.”* (translated by M. Bisette)] Damasio (1995) explains that when it comes to friends or lovesickness, for example, a person’s emotional physical state is involved in contrast, the background sensation is linked to the physical state which prevails between the occurrence of these feelings.

5.1.2.6. Relevance to osteopathy

For Damasio’s system of deciding feeling, physical schemes of reference occupy a central position. These are formed on the basis of somatic markers, as-if loops and body loops. The theory of physical schemes of reference can help to explain phenomena from osteopathic interaction. If we apply Damasio’s results to osteopathic treatment sessions, it can be assumed that osteopaths could make certain, rational evaluations on their patients with the aid of “somatic markers”. To achieve this certain perceptions must traverse as-if loops or body loops. This process involves a matching of saved mental images in the brain with the situation arising from the present encounter (with the patient). The osteopath’s own somatic markers serve as standard and reference values to select between different alternatives when assessing a patient. If we follow Damasio’s line of argument further, it could also be postulated for osteopathy, that “intuitive” decisions can also be taken which result from an unconscious influence in the decision-making apparatus.

5.1.3. The cognitive function of feelings and sensations

Damasio (1995) emphasises that the sensing of feelings as well as the sensing of physical states in general are neuronally processed in the same way as perceptions through external senses. Further above sensations are defined as all perceptions including the conscious perceiving and experiencing of feelings, and Damasio (1995) justifies this definition with the fact that internal and external perception each from the same area of the brain map physical states. He further argues that the sensation of feelings has a higher priority due to their uninterrupted link to the body and shapes our lives. They appear during development and permeate our spiritual lives. The brain constantly analyses and assesses the body's condition. That which is first present provides the frame of reference for what comes afterwards. Thus sensations significantly determine how the rest of the brain and cognition takes over their tasks. Damasio (1995) says that sensations not only influence our entire thoughts and actions, they already influence the perception (which underlies these thoughts and actions) of reality.

5.1.4. Summary of Damasio's theory of emotion

Damasio (1995) postulates based on his research findings, that without feelings no rational behaviour is possible and that the mind and body form a close unit.

„Wenn wir uns ein starkes Gefühl vorstellen und dann versuchen, in unserem Bewusstsein jegliches Empfinden für seine Körpersymptome zu eliminieren, stellen wir fest, daß wir nichts zurückbehalten, keinen ›Seelenstoff‹, aus dem sich das Gefühl zusammensetzen ließe und daß ein kalter und neutraler Zustand intellektueller Wahrnehmung alles ist, was bleibt. [...] Was vom Gefühl der Furcht übrigbliebe, wenn ich weder das Empfinden von beschleunigtem Herzschlag noch von flacher Atmung, weder von zitternden Lippen noch von weichen Knien, weder von Gänsehaut noch von revoltierenden Eingeweiden hätte, vermag ich mir beim besten Willen nicht vorzustellen.“ (Damasio, 1995, 180 zit. James, 1920)

[“If we imagine a strong feeling and then attempt to eliminate any sensation of its physical symptoms from our consciousness, we notice that we retain nothing, no soul material from which the feeling is composed and that a colder, more neutral state of intellectual perception is all that remains. [...] What is left of the feeling of fear if I did not have the sensation of an accelerated heartbeat or shortness of breath, or quivering lips or weakness in the knees or goose bumps or a churning stomach, I cannot imagine, not by any stretch of the imagination.” (translated by M. Bissette)]

With these words, Damasio (1995) describes the mechanism which in his opinion is decisive for understanding emotions, feelings and sensations. The close link and inseparable oneness between feelings and sensations with the body is made clear. He comes to the conclusion in his approach that the union of body and mind is perceivable by the occurrence of feelings and sensations. Feelings and sensations are closely linked to reason on a functional level and play an essential role in problem-solving strategies.

Damasio (1995) advocates the view that feelings and emotions are based on neurophysiological principals and represent parts of the apparatus for biological regulation. Apparently innate patters are important for life and are contained in the brain's circuitry and hypothalamus. This also includes the complementary functional significance of the limbic system, whereby Damasio (1995) surmises that the limbic system contains both innate and unalterable circuitry as well as circuitry which can be altered by experience of an organism going through continuous development.

Damasio (1995) says that sensations are a direct perception of the body and thus snapshots, which, due to memories of past experiences and assessments linked to these memories, can be interpreted. They are thus of great importance for perceiving and assessing reality. The memorable snapshots of one's own perception of her or his body are according to Damasio (1995) essential as a frame of reference for our experiencing of consciousness. From this it follows that our own organism and not an absolute external reality is responsible for our constructions of reality. Thus subjectivity is a key component of our experiences.

If we are to follow Damasio's observations, it can be concluded that the osteopath's perception during therapeutic interaction appears to be shaped by her or his own subjectivity. In addition, this also explains that the union of body and mind is perceivable by the occurrence of feelings and sensations. This statement is relevant to osteopathy because it maintains that "the complete person" should be involved in osteopathic treatment (cf. Liem, 2006). Damasio's theory provides a possible neurobiological explanation for this.

5.1.5. Damasio's notion of empathy

In his descriptions of how feelings affect our lives, Damasio (2005) also develops a theory of empathy under neurobiological aspects. He says that the brain can internally stimulate certain emotional physical states (even those of other people) if the emotion of sympathy, for example, changes into the feeling of empathy. He gives the example, that if someone is told about an accident in which a person is seriously injured, it is possible to momentarily access

that person's pain which reflects the accident victim's pain in the mind. For short moment it is possible that the person listening to the story about the accident feels as if she or he were the victim, whereby the feeling can be more or less intense. Damasio (2005) asserts that the intensity of the feeling is dependent on the severity of the injury or how well the listener knows the victim. Damasio (2005) suspects a version of an "as-if body loop" is behind this mechanism which evokes these types of feelings (cf. section 5.1.2.3.).

„Dazu gehört eine im Gehirn stattfindende Simulation, die aus einer raschen Veränderung der ablaufenden Körperkartierungen besteht. Sie wird dadurch erreicht, dass bestimmte Hirnregionen, wie der präfrontale/prämotorische Kortex, den somatosensorischen Regionen direkte Signale senden“. (Damasio, 2003, 138f)

[“This includes a simulation in the brain which consists of a rapid changing of body mappings in progress. This is achieved by the fact that certain regions of the brain such as the prefrontal/premotor cortex send direct signals to the somatosensory regions.”(translated by M. Bissette)]

In this context, Damasio (2005) points to the discovery and localisation of mirror neurons (cf. section 5.2.) which prove on a neurophysiological level, that movements, perceivable in other people can be represented in a person's brain. Corresponding movements can either occur as an internal simulation or actually be performed. Damasio (2005) explains that the mirror neurons in apes and humans, among other things, lie in the prefrontal cortex and assumes that the underlying mechanism of mirror neurons is a version of the "as-if body loop". He also adds that the result of a simulation of physical states in somatosensory regions is not different from the separating out of incoming signals from the body. In both cases a series of body mappings is produced by the brain which does not exactly correspond to the momentary physical state. From the incoming body signals, the brain shapes a certain physical state in the somatosensory regions. *„Was wir fühlen, beruht also auf dieser ›falschen‹ Konstruktion, nicht auf dem ›realen‹ Körperzustand“* (Damasio, 2003, 139). *[“What we feel is thus based on this false construction not on the real physical state.” (translated by M. Bissette)]*

5.1.5.1. Results of a neurophysiological study on empathic ability

Damasio (2003) describes the findings of a study by Adolphs et al. (2000) on patients with neurological damage to different areas of the cerebral cortex which attempts to identify the neurophysiological basis of empathy. In the study, tasks were to be completed in which certain empathic responses had to take place. Patients were shown photographs of unknown test persons showing an emotional expression and had to recognise the emotion. The patients were then requested to put themselves in the place of the person in the image and

to guess the emotional state of the person. Most patients were able to complete the task without any difficulties just as healthy test persons. Two groups were not able to complete the tasks. The first group is not relevant to this paper and is therefore not touched upon. The second group consisted of patients with damage to the right somatosensory cortex, i.e. in the area of the island and the regions SII and SI of the right cerebral hemisphere. In these regions of the brain, body mappings of physical states take place. If a malfunction occurs in these regions the brain can no longer effectively simulate physical states. *“The brain lacks the stage on which it can act out different variations of the body’s state”* (Damasio, 2003, 140). Patients with damage to the left somatosensory complex were able to perform the tasks on empathy in complete normal fashion. According to Damasio (2005), Adolphs et al. (2000) come to the conclusion that the synoptic mapping of physical states takes place in the right somatosensory cortex region. Damage to this area is always linked to impairment in emotions and feelings as well as with symptoms such as anosognosy and neglect syndrome. These symptoms are traced to a poor mental image of the body’s current condition. The left somatosensory cortex areas have a considerable stake in language in speech (cf. Bauer 2004).

5.1.5.2. Summary of Damasio’s notion of empathy

Damasio (2005) explains empathy using neurophysiological processes. Concerning the emotion sympathy, a physical state of another person is internally simulated in the brain resulting in the feeling of empathy by imagining or perceiving this physical state. He asserts that one can also speak of empathy if for example someone is told about the pain of another person and this someone perceives the other person’s pain in their body for a moment. For Damasio (2005) the reason for perceiving this pain lies in turn in the internal simulation of the person’s state. According to Damasio (2005) it can be assumed that in the right somatosensory area of the brain not only can “actual” physical states be imitated but also “false” ones such as imagined physical states or felt into. If we choose to follow this line of argument, one’s own organism appears to be responsible for constructing the external reality. Thus, perceptions made with the aid of empathy are fundamentally influenced by the subjective experiences of the empathiser. Damasio (2005) assumes that commands for producing as if physical states probably stem from different prefrontal areas of the cortex which research on mirror neurons appears to confirm. He mentions studies which attest to the fact that physical states are mapped in the right somatosensory region of the cortex. Problems in perceiving one’s own physical state can be found in patients with damage to this area who are no longer able to empathise which can be triggered by strokes.

5.1.6. Relevance to osteopathy

Damasio's claims are relevant to this paper because they point out that empathic processes have a neurophysiological foundation which represents more than a psychological explanatory model. Theories of empathy by other authors from different academic disciplines as previously described in chapters 3 and 4, are substantiated by Damasio's work and confirmed on the level of neuroanatomy and neurophysiology. It can basically be said that empathy from Damasio's neurobiological view, should be considered as the perception of foreign contents of consciousness such as emotions and feelings. The analysis of this view has yielded that perception is shaped by the subjectivity of the empathiser. Damasio (2005) stresses in this context that perception as a whole is an occurrence which is heavily influenced by subjectivity. Damasio does not go into how more objective results can be reached through empathy.

If we choose to follow the arguments put forward by Damasio (1995), it can be assumed that the contents of consciousness of another person are perceived through an internal simulation whereby processes take place in the brain and body as if it involved someone's own emotions and feelings. According to this, a patient's expression such as posture, facial expressions, voice or muscle tension can automatically cause the osteopath more or less to mentally simulate what she or he externally perceives. An as-if loop occurs in the osteopath during this process whereby she or he is aware of the patient's emotions and feelings based on her or his own experiences. Damasio assumes that emotions and feelings are physical states which are analysed in the brain and thus enter the consciousness. His hypothesis points toward the union of body and mind using the example of perception.

The thesis that empathy is part of perception in osteopathy is categorically supported by Damasio's statements; it can also be assumed that the insights gained are shaped by the subjective experiences of an empathising osteopath. Damasio does not touch upon in his work whether the possibility exists of obtaining more objective results in perception through empathy. He says that perception in general appears to be a subjective construction of reality.

5.2. Mirror neurons and their relevance to the concept of empathy

Bauer (2005) says that a research team linked to the brain researcher, Giacomo Rizzolatti discovered a mechanism in the brains of monkeys by accident in 1992 which has caused a

stir in brain research. It involved the observation of a monkey who watched another monkey as it was reaching for a nut. The onlooking monkey imitated the situation in his brain without performing the action himself. The same groups of neurons fired in the onlooking monkey's brain as in the monkey who was reaching for the nut. This experiment is outlined below in detail with its implications on the research topic on hand.

Rizzolatti (1996) says that internal mimicking of observed actions is attributed to mirror neurons or mirror nerve cells. His publications have given a new impetus for research on empathy, as it is proved that actions by which people are observed lead to an internal imitation by the observer. Moreover it appears that not only are rough motoric movements mentally imitated, but also the subtlest, barely conscious, perceivable physical and mimetic changes as well, adds the neurobiologist and psychotherapist Joachim Bauer (2005). He sees the mirror nerve cells as the basis of empathy.

Findings from research on mirror neurons give reason to assume that these neurophysiological processes are also relevant to osteopathic treatment. If we view the insights provided by Rizzolatti (1996) from the perspective of osteopathic interaction, it can be postulated that by observing patients, mirror neurons are automatically activated in the osteopath. Against the backdrop of these assumptions the following observations in this section should be considered.

Just as the work of Damasio (cf. section 5.1.), so too do the insights on mirror neurons confirm that physical processes play a significant role in empathising with the consciousness of other people. In this section, the functions of mirror neurons are explained in order to then establish a relationship to empathy and empathy in osteopathy.

5.2.1. The discovery of mirror neurons

The history of mirror neurons goes back to the year 1992, when a sensational discovery is made in a laboratory of the Institute for Human Physiology at the university of Parma, says Müller (2006). A team linked to the brain researcher Giacomo Rizzolatti and Vittorio Gallese were exploring the function of a certain type of neuron in a species of monkey, the macaque. Under narcosis, the finest microelectrodes were implanted in the neurons of the macaques located in what is known as the "F5 region". It was expected that neurons would fire when a macaque performed a specific motion sequence of reaching for an object to put towards its mouth. The actual aim of the research is to see how far the specialisation of these neurons goes. Are recordings released via the electrodes when grabbing for the object or is the

object's size and shape decisive for triggering spikes in the nerve cells under observation? Suddenly, the discovery was made that in the premotoric cerebral cortex of the "F5 region" responsible for locomotion planning, spikes could be recorded in those monkeys who do not perform any grabbing motion whatsoever, but rather only watched as the director of the experiment or other monkeys reach for the nut.

5.2.1.1. Mental simulation and anticipation of the action's outcome

Gaschler (2006) reports that during the discovery made a premotoric nerve cell is not only active if the animal itself reaches for an object but also if it watches how another animal reaches for it. The neuron with the doubled function "mirrors" what is observed causing researchers to dub their discovery "mirror neurons". In further attempts, more of these mirror nerve cells are identified which exhibit other peculiar behaviours, explains Gaschler (2006) further. She says that nerve cells do not respond if the experimenter does not reach for an object desired but rather aimlessly grasps at nothing. Other neurons not only fire when a monkey observes how another monkey outstretches its arm toward a nut but also when it only hears a nutshell being cracked. Gallese (1996) says that mirror neurons represent less the sequence of motions as more the intention linked to the sequence of motions. They make it possible to understand the intentions of unfamiliar actions by mentally simulating an action and thus the action's outcome is anticipated.

Gallese (1996) is the first to observe the actions of mirror neurons. He advocates the view that the observations indicate that a system has been stumbled upon which makes it possible to recognise intentions in the brain of others. In his opinion, mirror neurons enable us to draw conclusions about the intentions of other people from visual impressions of their expression. It is also Gallese (2001) who deals at great length with his discoveries in relation to empathy. (see section 5.2.5)

The findings which stem from experiments with monkeys have also been proved in humans by different experiments. These are discussed below in further detail. According to Bauer (2005) imaging techniques in particular such as positron emission tomography (PET) and functional magnetic resonance imaging (f-NMR) were used in the experiments on humans. These procedures make it possible to record brain activity without surgical procedures.

5.2.1.2. Mental simulation by mirror neurons

Actions perceived in other people activate the observer's mirror neurons on the layout, says Bauer (2005). A motoric model of activity is activated in the observer's brain which would likewise be responsible if she or he performs the observed action herself or himself. Furthermore, Bauer (2005) explains that this mirroring process takes place simultaneously and involuntarily and without any thought whereby an internal neuronal copy is made in the observer's brain. If we follow this statement, it can be assumed that the phenomenon described also occurs during osteopathic treatment. The patient's behaviour or expression is reflected in the osteopath whereby the information received via the sensory organs is mentally imitated. According to Bauer (2005) the mirror neurons in the observer let the mirror image execute what the other person does. By unconsciously experiencing that which the observer sees as mental a simulation programme, she or he spontaneously understands the action of the other person without thinking about it. This understanding incorporates the internal perspective of the person performing the action which consists of a totally different dimension than an intellectual or mathematical analysis of an observed procedure could provide, adds Bauer (2005). These statements would explain for osteopathy, that an additional mental dimension of experience is created through reflection. This experience in turn leads to insights which support an osteopathic diagnosis based on palpatory and intellectual findings.

5.2.1.3. The F5 region in macaques corresponds to Broca's area in humans

According to Gaschler (2006) the mirrors neurons of macaques in the "F5" region have been studied the most in depth. This regions belongs to a group of cortical areas which are located in front of the motoric cortex. They are responsible for planning movement in monkeys. "F5" corresponds to Broca's area in humans a region in the cortex which is for the most part involved in speech production. Whether Broca's area also contains the mysterious neurons with a dual function, has not entirely been proved; this is however assumed in many circles of neuron research. (cf. Gallese, 1996; Rizzolatti, 1996; Bauer; 2005).

Bauer (2005) says that the discovery of mirror neurons helps clarify several noticeable connections, especially regarding the close and far-reaching connection between action and language. According to this, the network of nerve cells responsible for speech production are located in the same place as mirror neurons in the system which controls movement and it cannot be excluded that they are partially identical. Bauer (2005) points to the fact that the location of premotoric mirror neurons, the "F5" region in monkeys corresponds to the

premotoric Brodmann area in humans where the planning and control of movement is carried out. As previously mentioned, the motoric speech area, Broca's area, is also located in this region (cf. Gallese, 2001). According to Bauer (2005) language developed over the course of evolution from motoric systems of the brain which explains the connection between movement and language.

5.2.2. Language as transporter of concepts of activity

To gain a better understanding of how the consciousness of other people can be perceived through empathy, it will be explained using language how according to theories from research on mirror neurons, processes are mediated through language. As previously mentioned, the motoric speech area is also located in the brain where those nerve cells responsible for planning and controlling movement can be found. These nerve cells fire when they want to allow the body to perform a planned movement or even when an action or movement is observed in another person, says Bauer (2005). As there are overlaps with the motoric speech centre in this region, the mirror nerve cells in this area respond to typical sounds which, as can be seen below, are attributed to certain actions.

For Bauer (2005) language enables us to conjure up mirror images from our experiences with another person and thus making mutual understanding possible. He explains that the relationship between language and concepts of activity can be seen in the fact that they can be a substitute for activity. Language transports a hidden potential of activity whose dynamic power is often felt, as speaking not only signifies exchanging concepts of actions. Bauer (2005) says that language can have the effect of an action, it can be the equivalent, meaning a near equivalent substitute of a real action. That we sometimes refer to something said as a "blow" or "slap" is not arbitrary. As Bauer (2005) also adds that, the contents of an individual's actions are communicated to another person during speaking by moving the mouth and forming sounds. The content which often goes beyond the factual content of words is perceived by means of reflection in the receiver.

If we are to follow the arguments put forth in this section, it can be assumed that statements made by patients trigger mirror neuronal activity in osteopaths. This can lead to perceptions made by the osteopath which go beyond the objective message of the words. In particular, the tonality, movement of the mouth and the patient's formation of sounds are reflected in the osteopath. Using the example of mirror neuronal activity in the speech centre of the brain it can be shown that empathy should be considered a part of perception. Sensory understanding of the patient is supported by the osteopath.

5.2.3. The perception of social contents through visual impressions

It will subsequently be shown that the contents of consciousness can also be transported through facial expressions and body language which are perceived as visual impressions and are mapped in the perceiver's body via mirroring systems. Bauer (2005) says that a highly complex cognitive analysis of all impressions received would be necessary to flesh out the respective social contents. However the reason for each facial expression, each posture and movement is more or less consciously and automatically explored in each moment. He adds that the perception of a visual expression in a situation occurs through visual sense the perception of differentiated contents which underlie the expression are subject to the phenomenon of empathy. The conclusion can thus be drawn that osteopaths automatically explore the reasons for contents perceived by the eyes. A differentiated perception of the patient is made possible and emotional contents, for example, can be incorporated into an osteopath's diagnosis. The region of the brain in which this perception occurs and how people can gain an impression of other people in a short span of time of what moves the other person, what she or he wants and what is important to her or him in that moment is described below.

5.2.3.1. Theory of Mind

The *Theory of Mind* is defined as the ability to put oneself in the thoughts of another person. This means the ability to draw conclusions about what people believe in certain situations in order to predict what they will do, explains Müller (2006). He explains further that certain movements or movements of body parts are analysed by the observer during perception for their social content. A neuronal substrate in the observer occurs in particular from the perception of eye, face and hand movements as well as the posture of the individual being observed. Müller (2006) says that with the aid of imaging techniques performed on humans, which give the impression that the analysis of the processes addressed take place in and near the sulcus temporalis superior (STS) within the brain.

5.2.3.2. Observation of other people and visual processing

Bauer (2005) describes the sulcus temporalis superior as a region in the brain which houses the visual processing and interpretation system in the temporal lobe and is considered to be

the central switch point for visual impressions. He explains that that which the eyes perceives is initially transformed by the visual cortex into that which is seen as an image whereby the network of nerve cells in the visual cortex are located in the occiput. Nerve fibres run laterally on both sides of the visual cortex to the front to the temporal lobe of the cerebral cortex where the visual processing and interpretation system is located in the sulcus temporalis superior. Bauer (2005) adds that the information processed in this region is in turn passed on over nerve fibres first to the nerve cells via nerve fibres for visualising sensations (in the inferior parietal cortex) and from there to the neurons for activity (in the premotoric cerebral cortex).

According to Bauer (2005), the visual processing and interpretation system in the sulcus temporalis superior submits all information the visual cortex received from the eyes to an extremely quick and nearly simultaneous post processing. During this process the first step is to check whether it must take action at all. It only steps in if the visual cortex provides images of living, acting actors. As the team linked to Rizzolatti (1996) already determines in their first attempts with mirror neurons, the mirroring system stops working if the activity is performed by an apparatus or robot. Bauer (2005) further postulates that the reason for the visual processing and interpretation system's selective involvement lies in the fact that it has no other task than to interpret what can be concluded about the intentions or sensations of other living creatures and especially of humans.

5.2.3.3. Relevance to osteopathy

It becomes clear through the findings presented up to this point, that actions observed in other people immediately activate an internal system of interpretation. This system of interpretation attempts to identify which thoughts, feelings or intentions lie behind an expression perceived in another person. The same system goes into effect when interpreting speech, facial expressions and movements of the eyes and hands. If we choose to follow this line of argument, this mechanism would also be applicable to perception in osteopathy since those human processes which occur during interaction mentioned previously would also apply to interaction during osteopathic treatment.

Based on the analysis up to now of research on mirror neurons, practical conclusions can also be drawn. If we follow the argumentation mentioned, mirroring activities would enable osteopaths to draw conclusions about patients' feelings, sensations as well as intentions and attitudes through the perception of speech, facial expressions, and movements of the eyes and hands. Accordingly, the Theory of Mind would also apply to osteopathic treatment which

describes the phenomenon of putting oneself in the thoughts of another person to find out what other people believe in a situation.

5.2.4. The roots of empathy: The Shared Manifold Hypothesis and the neural basis of intersubjectivity

In the following section, the theory of empathy as presented by Gallese (2002) is discussed. First, his concept of empathy is described in order to touch upon its relevance to osteopathy. His theory explains empathy from a neurobiological perspective in which the significance of identity is particularly stressed as the basis for intersubjectivity. According to this theory a separate identity is necessary in order to make predictions about expected behaviours of other individuals. *“Identity is so important within a group of social individuals because it enables them with the capacity to better predict the consequences of the future behaviour of others”* (Gallese, 2002, 172).

5.2.4.1. I-identity, S-identity and implicit certainties

Gallese (2002) distinguishes between an identity of the self, the i-identity and a social identity, the s-identity. The i-identity is created by the individual herself or himself. The s-identity as a social identity can also be defined as a type of group membership by which the separate self is defined through others.

“There are indeed at least 2 types of identity to be explained: (1) the identity we experience as Individual organisms, by means of which the self is uniquely individuated (i-identity), and (2) the identity we experience in other individuals, by means of which the self is identified within a larger community of other beings (s-identity)” (Gallese, 2002, 172).

The s-identity according to Gallese (2002) develops from the formation of implicit certainties. During this process other individuals are associated with one's own personal experience, that is to say compared with one's own internal experience and thus indirectly accepted as one's own truth. Implicit certainties about another person in intersubjective relationships assist in being able to feel as one with the other person. Expressed differently, one imagines the other person, what she or he is experiencing, he or she thinks and feels compared to someone herself or himself is experiencing, thinking and feeling. This results in a feeling of common identity with the other person which is fundamentally possible through s-identity.

5.2.4.2. Mirror neurons as a basis for empathy

Reference is made further above to the discovery of mirror neurons and their special nature in relation to mental imitation of other individuals. Gallese (2002) says that a direct connection between the projection of the triggering behaviour in a certain region of the brain and one's own abilities and capacities is created by mirror neurons which would be used to perform the same action. The process runs implicitly, automatically and unconsciously namely every time other individuals are observed or perceived. The world of the other person, her or his feelings, attitudes, experiences from her or his own life experiences are directly mapped. According to Gallese (2002) the mirror neuron system enables the meaningful mapping of actions other people onto the world of experience of the individual. The framework for empathy would thus be given by the capacities of the individual's world of experience within whose actions others could be interpreted.

5.2.4.3. Gallese's extended concept of empathy

Gallese (2002) claims that the concept of empathy must go beyond common parlance. He says that the concept of empathy must be used for the perception of all aspects of expressions of behaviour which enable an observer to form a meaningful link between herself or himself and the other person. Gallese (2002) refers to definitions of empathy put forth among others by Theodor Lipps and Edith Stein (cf. section 4.2) in his work.

"So far, I have emphasized that the constitution of s-identity is a driving force for the cognitive and psychic development of more articulated and sophisticated forms of intersubjective relations. I have also proposed that the mirror matching system could be involved in enabling the constitution of this identity. I think that the concept of empathy should be extended in order to accommodate and account for all different aspects of expressive behaviour enabling us to establish a meaningful link between others and ourselves. This 'enlarged' notion of empathy opens up the possible levels of description of intersubjective relations" (Gallese, 2002, 176f).

This quote summarises the development of the theory on shared manifold as the root of empathy by creating a link to social identity. Mirror neurons are the basis for the composition of this identity. The extended concept of empathy should encompass all possible descriptions of intersubjective relationships. The notion of shared manifold of intersubjectivity is introduced and explained below. This term describes the central events in Gallese's concept of empathy.

5.2.4.4. The Shared Manifold

Gallese (2002) emphasises that the shared manifold between individuals builds a basis for the ability to experience other people as being similar to ourselves. He further argues that intersubjective communication and the recognition of intentions is only possible due to this shared manifold with which all contents of meaning we share with other people coincide. This space forms the basis of intersubjective communication, of social imitation and also of other specific intentions. Gallese (2002) divides the shared manifolds into three levels.

The phenomenological level, on which people in a social community can experience as being among people like themselves. This level only shows its advantage when people come together with other people. Gallese (2002) says that this level could also be referred to as the empathic level provided that the extended concept of empathy as described in section 5.2.5.3. is used. *“Actions, emotions and sensations experienced by others become implicitly meaningful to us because we can share them with others”*. (Gallese, 2002, 177).

The functional level is characterised by “as-if comparisons” which are drawn during interaction to create models of relationships. On the functional level of describing the shared manifold, perceptions of others are related to one’s own experiences. This creates a self-other identity through which the system is able to understand nexus, regularities and predictabilities in relationship to other people.

The sub personal level is the level on which momentary physical changes due to mirror neuronal activity occur. Gallese (2002) stresses that mirror neuron networks work during interaction to create models of common spaces in which feelings and sensations are shared. The shared manifold enables individuals to correctly assess feelings and sensations they experience through other people, to experience as well as understand in an implicit and non-reflective manner.

Gallese (2002) further emphasises that the shared manifold of intersubjectivity does not mean that individuals experience others as they do themselves. He attributes the possibility to differentiate to other neuronal networks, but does not define these neuronal networks in detail.

5.2.4.5. Summary

In his paper on “The Roots of Empathy: The Shared Manifold of Intersubjectivity” Gallese (2002) is the first to use the concept of mirror neurons on empathy. He sets out from an identity of self (i-identity) which is related to social identity (s-identity). These identities encounter one another by coming together during a shared manifold of intersubjectivity through the formation of implicit certainties. This process, triggered by mirror neurons, runs automatically and unconsciously on a pre-reflexive and pre-linguistic level. This makes it possible to relate that which is perceived in another person to one’s own horizon of experiences and in this context to interpret what has been perceived. Summing up, Gallese (2002) points out that the shared manifold of intersubjectivity does not mean that individuals experience themselves as being unseparated from other people.

5.2.4.6. Relevance to osteopathy

The hypothesis by Gallese (2002) is the starting point for a model which explains the phenomenon of empathy based on neurobiological processes. His hypothesis of the shared manifold which develops between people through a neurobiological substrate – mirror neurons – says that an automatic exchange of sensitivities occurs during encounters between people. These sensitivities include feelings, sensations thoughts and attitudes. It should therefore be possible to empathise with a foreign consciousness. If we choose to follow Damasio’s argumentation, the mechanism described would also characterise an osteopathic treatment, as in any situation in which encounters take place. It could thus subsequently be deduced that empathy, as explained by Gallese (2002) should be considered part of the system of perception which in its entirety enables osteopaths to appreciate patients as a complete people. It appears to be the case that the unconscious pre-reflexive and pre-linguistic perception of visual and acoustic expressions of a patient supports osteopaths in being able to recognise contents of consciousness which are implicit and left unsaid.

5.2.5. Body resonance or personified dialogue

As Bauer (2005) stresses, verbal communication is accompanied by a sublime (perceptible only by great delicacy of feeling) response by the body. Resonance is used in this instance in the sense of “causing something to resonate”. Bauer (2005) further says that neurobiological activity already takes place when an action is observed as if it performs the action itself.

During this process mirror neurons are deployed in connection with cerebral centres which serve the function of planning activity and sensation in the body. This mirror neuronal activity is performed unconsciously and arbitrarily meaning people participate in any communication with their body and soul.

5.2.5.1. Sympathising with the experience of pain

Singer et al. (2004) postulate, that the ability to experience the pain of another person is characteristic of empathy. The brain activity of young female adult volunteers was examined in a study with the aid of functional magnetic resonance (fMRI) by inflicting pain on the women using pinpricks. This brain activity was compared to the brain activity which emerged when women observed how the same pain was inflicted on loved ones in the same room. Singer et al. (2004) came to the conclusion that in both tests, the same regions of the brain responded with activity. Singer et al. (2004) add that the female participants activated their own pain matrix the moment they participated in observing pain even if they were only away of parts of the painful procedure. The neuronal networks of the pain matrix were also identified by Singer et al. (2004) as neurobiological correlates of empathy.

5.2.5.2. Relevance to osteopathy

The experiments by Singer et al. (2004) show that the same brain activity appears in test subjects when they observe how pain is inflicted on someone or if they experience a painful procedure themselves. A further result of the tests is that the same neurobiological structures are activated when observing pain infliction and when empathy is felt. If these observations are applied to osteopathy, it can be assumed that osteopaths empathically perceive patients' pain. It is possible that the perception of facial expressions contorted with pain, posture caused by pain as well as communicated instances of injury trigger a pain matrix in osteopaths which is caused by mirror neuronal activity. If we choose to follow the line of arguments put forward by Singer et al. (2004) that such a reaction is attributable to osteopathy, it can be posited that this process involves the perception of pain through empathy.

5.2.6. Emotions and physical sensation

Peichl (2006) points out that in order to protect life in a hostile environment it became necessary for the original brain to interpret the actions, facial expressions and gestures of another person. Mirror neurons in the motoric region of the brain are therefore important for understanding actions and learning to imitate. Peichl (2006) explains further that mirror neurons are located in all centres of the brain. This network of mirror neurons gives us an impression of what an observed activity feels like. Understanding would in this sense mean empathising and the basis of empathising is the virtual activity repeated in one's own brain. Hence, the psychiatrist, neurologist and psychoanalyst, Jochen Peichl (2006) asserts that another person's expressions perceived externally are mapped in the observer's body and thus felt with the body. Bauer (2005) additionally stresses that neurobiological mirroring we experience in the presence of others, those people we perceive, is not limited to the motoric and sensitive dimension alone. Mirroring processes also include the perception of internal organs and emotional state of being.

5.2.6.1. Mirror neurons and emotions

As described in section 5.2.6 physical pain is physically perceived by an observer under certain circumstances. This is attributed by Singer et al. (2004) to the activity of mirror neurons in certain regions of the brain. Peichl (2006) points out that pain felt physically and "emotional pain", in the form of social loss and rejection, are processed in the same area of the anterior cingulate cortex (ACC).

„Je stärker sich die Versuchsperson ausgeschlossen fühlte, desto größer waren die gleichzeitig auftretenden neuronalen Aktivitäten in diesem Hirnbereich, der sonst bei der Empfindung von körperlichem Schmerz anspringt: der vordere cinguläre Kortex“ (Peichl, 2006, 51)

[“The more strongly the test person felt isolated, the greater the neuronal activity occurring simultaneously in this region of the brain which otherwise is activated by sensing physical pain: the anterior cingulate cortex” (translated by M. Bisette)]

This shows that physical and emotional pain are mirrored in the same region of the brain such that it can be assumed that another person's emotions can also be physically perceived. Peichl (2006) assumes that if a (triggered by emotions) mimetic expression is observed it causes neuronal activity in the observer which is representative of the emotion tied to the observers own experience. The mirror mechanism allows us to assume that

neuronal process enable us to understand both the actions and emotions of other people and thus be able to make empathic perceptions.

5.2.6.2. Summary and relevance to osteopathy

Peichl (2006) explains that the presence of a neuronal network in the brain makes it possible to understand the actions of other people by mentally empathising with them. The basis of empathy would therefore be the virtual repetition of this action in one's own brain. Facial expression, gestures and the actions of another person unconsciously are arbitrarily examined for their respective content the moment they occur. The perception of emotions also takes place because these are processed in the same region of the brain as physical pain, as Peichl (2006) believes. Certain neuronal structures in the brain concerned with the mirroring of external impression are the neurological correlate for the ability to empathise. If we are to follow this line of arguments, these statements would mean for osteopathy that empathy also occurs in encounters between an osteopath and a patient, and the mechanisms described would make it possible to empathise with the contents of consciousness such as feelings, emotions and mindsets and attitudes and thus perceive them. To what extent and under which conditions the empathised contents actually penetrate the consciousness of an empathising osteopath cannot be deduced from the analysis of the research on mirror neurons.

5.2.7. Development and use of mirror neurons

Bauer (2005) shows how the ability to empathise with other people arises from the physiological development of mirror neurons during childhood. In addition to the importance of the reference person for learning mirroring abilities, he points out that such abilities atrophy or are not able to develop appropriately if they are not encouraged and used. Bauer (2005) explains that it is necessary to have mirror neurons which actually are able to mirror. Because without mirror neurons there would be no contact, no spontaneity and no emotional understanding. Furthermore, he says that the genetic make-up provides the infant with mirror neurons. This is why an infant is able to mirror for example with its mother after just a few days of being born. Bauer (2005) says further that it is of paramount importance that the infant be given the opportunity to mirror. Because a basic rule of the brain is namely, that nerve cells which are not used become inoperative. Moreover, mirroring activity does not develop on its own, it always requires a partner.

5.2.7.1. The development of mirroring activity

Bauer (2005) says that soon after birth, newborns begin to spontaneously mimic certain facial expressions. With this ability, the infant has the possibility of getting involved in a mutual game from the first days of life, from which interpersonal bonds develop. The relationship between infant and reference person evolves from the neurologically preset ability of spontaneous imitation. According to Bauer (2005) mirroring activity is limited in the beginning stages of life to facial expressions. These are reflected back by the reference person. A little later the infant begins to mimic vocal utterances with its own formation of sounds and in the next step, expressive physical movements are answered with undirected motoric responses. Bauer (2005) says that this leads to an increasingly larger spectrum of communication possibilities.

Between the age of 12 and 18 months the ability to distinguish between the self and another person develops. The foetal brain must be able to associate with saved programmes which describe actions experienced and interactions in order to construct an image of the world and define itself. At the age of around two a further aspect is added to the experiences with consistent relationships which are necessary for the child to train her or his mirroring skills. The child must have a practice field for child games in which it can experience acting and feeling in different rolls from different perspectives, says Bauer (2005). He emphasis that initially, the child is unable to open itself up to the world of the game, it must be introduced to it by the reference person, because the sequence of acts can only be recorded if they come from living role models.

Bauer (2005) underscores the importance of observing and mimicking contact of other people with each other. Actions in this case are more than simply motoric events. Each action according to Bauer (2005) is accompanied by visual indicators to recognise and predict the intention, the procedure and an unexpected result of an event. Also of importance are posture, facial expressions and eye movement, says Bauer (2005). Thus the child observes and saves each of the typical features which belong to a certain sequence of actions. The child orientates itself in the first years of life by assessing current situations, how these are judged by the reference person, adds Bauer (2005).

5.2.7.2. The ability to empathise

According to Bauer (2005) the ability to empathise is dependent to a large extent on getting the mirroring systems to function properly through interpersonal experiences which is necessary for empathy. A child who lacks the experience of having the reference person react to its needs will hardly be able to empathise. Bauer (2006) says that children acquire empathy between the second and third year of life provided they are able to develop the necessary components during these years. Extreme insensitivity or brutality can hamper both the primary acquisition of empathy as well as a secondary empathic ability which is already present.

Personal experiences of sympathy are necessary to develop empathy in all of its various facets according to Bauer (2005). This begins directly after birth and from then on requires practice with mirroring and empathic skills. During play, the child has the possibility to test models of compassion and empathy which is of extreme importance for practicing interpersonal styles of action, says Bauer (2006).

Bauer (2005) says that play is understood as testing options of actions and feelings, is connected to the possibility of placing oneself in different roles, and is also necessary for adults. He particularly emphasises theatre as a potential form in which views, styles of action and feelings can be tested and reflected upon. In addition, he says that concepts of life must continually be reviewed. The necessity to try out new perspectives and different patterns of actions does not stop in childhood but rather must be redefined throughout one's life, initially in play and later in various forms of social exchange.

5.2.7.3. Summary

It has been shown in this section that the ability to empathise by using and modifying genetically preset mirroring systems develops during childhood. The prerequisite for highly developed ability to empathise is greatly dependent on the reference person and their reactions to the child's feelings. It also appears to be important that the child receive the possibility to try out models of empathy during play. For adults, role-playing is perhaps a possibility to try out different styles of actions, ways of thinking and feelings and to potentially rethink them. It cannot be assumed from Bauer's (2005) elucidations to what extent deficits in empathic ability can be balanced out by special training.

5.2.7.4. Relevance to osteopathy

If we are to follow the arguments put forward by Bauer (2005), though empathic ability is genetically set, it must be practiced and perfected through adequate mirroring activities through the child's reference persons during childhood. If this statement universally holds true, osteopaths also learn the ability to empathise in their childhood whereby Bauer (2005) points out that it is important to question and redefine one's own and other's patterns of behaviour throughout one's life. It also appears to be or is specifically for osteopaths important to train their empathic skills because their profession involves trying to interpret the views, styles of behaviour and feelings of patients. Though Bauer (2005) stresses plays as a potential forum, to which extent this would balance out deficits in empathic ability, cannot be deduced from his observations.

6. Empathy and osteopathy

In the following section the results from the analyses up to this point are linked to relevant aspects of literature on osteopathy. The first part introduces literature on osteopathy in which empathy is viewed as a significant part of interaction between the therapist and patient. In the second part, a concept is introduced integrating the different (relevant to osteopathy) theories of empathy which outline those empathic competences which an osteopath should possess in their profession.

6.1. Empathy in literature on osteopathy

To provide an overview of the interest in and significance of empathy in osteopathy the notion of empathy from osteopathic literature is discussed in detail. What is by and large striking is that empathy is more of a marginal topic in literature on osteopathy to which increasing importance is attached on rare occasions. Research will be subsequently presented which falls under these rare occasions and in which empathy is given an important function. First, the osteopath Viola Fryman's "technique of diagnostic awareness" is presented. Subsequently, the call for increasing attention on the relationship aspect in osteopathic treatment is considered. To conclude the section, parallels between contact and empathy are pointed out. Theses from the European School of Osteopathy (ESO) and the British School of Osteopathy (BSO) were not available and are therefore not taken into consideration in this paper.

6.1.1. Empathy and the "Technique of Diagnostic Awareness"

In her paper, Fryman (1968) deals with the osteopath's fundamental understanding of the "complete person" and surmises that after completing schooling in osteopathy, part of the way to becoming a medical practitioner orientated towards comprehensive treatment has been travelled. She proposes expanding the concept of osteopathy to this effect, that it not only include the physical structure (including the head) but should also incorporate the entire person. To achieve this however, the osteopath must be able to apply all parts of her or his "being" as diagnostic and therapeutic tools.

“Does the physician who sees and treats the whole patient have something that the average doctor does not have? No, he has no special equipment, no mysterious quality or gift; he has merely begun to use parts of his own being as diagnostic and therapeutic instruments” (Fryman, 1968, 65).

6.1.1.1. Self-awareness in osteopaths

What is important first and foremost for Fryman (1968) is that osteopaths make it possible for patients to open themselves up with the aid of a very specific attitude and posture. This opening would only be possible if the osteopath can communicate that she or he is interested in the deeper lying cause, the true root of the patient's problem and that she or her would like to address this problem responsibly in therapy.

“Every patient comes to your office or mine because he has a need. We may make a diagnosis of a congenital defect, a birth injury, an acute infection, a post-traumatic postural strain [...] or any other disease entity described in a text book. These we shall treat by the finest methods that are available today whether structural, medical or surgical. But have we met this patient's deepest need, do we know the deepest need, the real diagnosis underlying these physical, functional or organic manifestations” (Fryman, 1968, 65).

The basic prerequisite needed in order to truly be able to address the patient's need is compassion. In addition to this link which is essential for therapeutic encounters is that the osteopath can only bring as much understanding to the patient as the level of the osteopath's own "self-awareness" allows. A medical practitioner orientated towards comprehensive treatment is characterised by the fact that she or he is able to face the patient in different states and qualities of being human. This presupposes that she or he possesses a wealth of life experience which is automatically perceptible to the patient during the encounter and makes it possible for her or him to open up which is necessary for therapy to be successful.

“He is man, he is woman and he is God-in-the-making. He is infant, child, adolescent, adult and an old man. He is white and he is colored; he is occidental and oriental; he is an artist and a scientist. He is rich and he is sick, desolate, alone, but he is also healthy, courageous and sustained by companionship. He is all of these human qualities and states because he has accumulated within him a vast range of human experience.” (Fryman, 1968, 66)

6.1.1.2. Broadening perceptive skills

In her article, Fryman (1968) addresses the art of palpation and says that it takes a long time to truly learn how to perform this technique. The therapist's attributes just as the use of hands for diagnosis and treatment are only beneficial to the patient if this is trained as a true proficiency. The perception of structural changes through palpation is thus the first important step in learning this ability. It requires years of experience to reach a level of where one can obtain reliable and usable information about patients. Over time palpatory perception becomes increasingly refined and changes in the nervous system and mechanisms for fluids can also be diagnosed whereby Fryman (1968) names inherent motility in the body as an indicator. Motility is defined in Duden (1997) as the totality of unconsciously controlled movements in the human body and organs. After additional years of experience, the osteopath reaches a stage of being able to open up his diagnostic ability to a new dimension of concentration. Fryman (1968) postulates that each individual (humans, animals, plants, etc.) is surrounded by a kind of "energy field" which expresses the incomparable individuality of each individual and can also be considered a type of vibratory envelope. She says that people who are able to see other people's "energy field", also referred to as the aura, confirm this viewpoint. She makes reference to Alder (1950) when she says:

"The human body vibrates to its own ultimate, unique, self-insulating frequency, as different from every other as the finger print or his voice print. It projects an image of itself along the length of its radiations. This vibratory envelope, recently attracting the attention of physicists, has been described since time immemorial by those who have developed clairvoyant extrasensory perception, as the human aura. It carries within it the manifestation of every thought emotion, and is as fluid as the feelings of the individual within it" (Fryman, 1968, 67)

Fryman (1968) notes further that this "vibratory envelope" in the unique relationship between the osteopath and the patient can be developed into a diagnostic instrument which is so precise and sensitive as the hands of an experienced osteopath. She says that the compassion mentioned above is the key to opening the doors of this type of perception.

"The art of palpation is developed through the hands. This vibratory envelope provides the instrument through which two other sensibilities are developed, namely understanding of the patient's deepest unspoken needs and insight and these are the tools of the whole physician who places himself at the service of the whole patient. As stated at the outset these potentialities like that of a diagnostic touch are present in all of us: what is the key to unlock this door to greater diagnostic perception? It is compassion" (Fryman, 1968, 67).

6.1.1.3. Empathy and compassion

Fryman (1968) speaks about the closeness between empathy and compassion and asserts that compassion goes beyond empathy. She makes reference to Dorlands (1951) definition in which empathy can be understood as *“the recognition of and entering into the feelings of another person”*. (Fryman, 1968, 67) Compassion in her view also includes that the patient’s deepest needs can be recognised, they are treated with understanding, and that the osteopath accepts the patient along with her or his deepest needs. At the same time Fryman (1968) stresses that osteopaths are engrossed in compassion and not the patient’s problems and nevertheless perceive what the patient is experiencing, namely not only intellectually but also by learning to understand the patient as a complete individual. Thus compassion becomes an instrument of interaction between the osteopath and patient on an emotional, physical and spiritual level.

Fryman (1968) defines the “Technique of Diagnostic Awareness”, as the synthesis of a highly developed palpatory ability, compassion as well as posing specific questions which aim to get at the patient’s deepest needs. She recommends asking oneself these questions in their thoughts (without verbalising them) and offers the following as an example: *“Why do you want to get well?”* [or] *“If you were to wake up perfectly healthy tomorrow morning, what would you do?”* (Fryman, 1968, 68) With this example she describes the “technique of diagnostic awareness” and explains that it involves a further developed “Diagnostic Touch” by Rollin Becker (2001).

In her essay, Fryman (1968) describes compassion decidedly as an instrument of perception. She also adds certain altruistic motives to the concept of empathy such as handling a patient’s needs with understanding. These motives can also be found in other theories of empathy such as the one put forth by Friedlmeier (1993), (cf. also Wöhrle-Chon, 2000; Håkanson, 2003) within the concept of empathy. Compassion as presented by Fryman (1968), is also viewed in this paper as a term classified under the phenomenon of empathy (cf. also section 3.4.3.). Fryman (1968) asserts that only through compassion is it possible to empathise with the emotional, physical and spiritual dimensions of the patient who can thus be perceived as a complete person.

6.1.1.4. Summary

For Fryman (1968) there is a so-called “vibratory envelope” present in addition to a person’s physical appearance which expresses the uniqueness of each individual. This “energy field” can only be empathised with through compassion and can be used as a precise instrument of perception for emotional, physical and spiritual contents of consciousness in addition to palpation.

Fryman’s (1968) observations reveal that osteopaths who integrate the “complete person” with its different dimensions in their treatment also use empathy as an instrument of perception. In order to do justice to the technique of diagnostic awareness she describes, the osteopath also needs compassion coupled with excellent palpatory skill and the ability to use her or his own “vibratory envelope” as a diagnostic instrument to enable patients to reveal those needs which lie at the root of the patient’s problems. Expressed differently, Fryman (1968) says that an osteopath who is able to apply her or his complete being as diagnostic and therapeutic instruments, possesses a tool which opens up the possibility of also perceiving the patient in her or his complete being and of treating her or him. She concludes her essay with the following words:

“The chemistry of compassion is the most powerful factor in ...healing. One must love, one must enfold one’s patient in compassion, one must yearn for him to get well, to be whole” (Fryman, 1968, 69 quoted in Warrall)

6.1.1.5. Conclusions

With Fryman’s (1968) observations, a link is created between osteopathic aspects and the theories and definitions of empathy analysed above. Damasio’s approach (cf. section 5.1.) with "somatic markers" can also provide explanations for her views just as the observations by Bauer (cf. section 5.2.) who speaks of mirroring processes triggered by sensory perception. Fryman’s (1968) “technique of diagnostic awareness” could also be supported by statements made by Gallese (2001) on empathic perception in a “shared manifold” (cf. section 5.2.5.). Bergson’s (1948) theory put forth on “psychological osmosis” (cf. section 4.2.3.) could also offer a possible explanation for Fryman’s “technique of diagnostic awareness”. The scope of this paper however is not to analyse in detail their parallels and differences. The thesis proposed in this paper points out in particular that as Fryman (1968) observes, empathy can be considered as part of the perception process in osteopathy. Empathy appears to involve a competence which is reserved for more experienced

osteopaths. The definition of empathy and compassion used by Fryman (1968) fulfils the required aspects of the working definition laid out in section 3.3.

6.1.2. The significance of the osteopath-patient relationship

In contrast to psychoanalysis and psychotherapy, empathy is not considered to be a central concept in osteopathy, which is particularly expressed by the fact that it receives only marginal mention for the most part. In individual works in osteopathic literature, the term can be found again and again especially when the relationship between osteopath and patient is increasingly being addressed. This is discussed in further detail below.

6.1.2.1. Osteopathic Standards

The General Osteopathic Council (2000) calls for a professional therapeutic relationship in osteopathy in its “Osteopathic Standards” and mentions the empathic relationship with patients as one of several ethical requirements.

“The therapeutic relationship in osteopathy is characterised by many ethical challenges for the osteopath and for the patient. A key characteristic of osteopathy is the use of informed touch and this needs mutual trust and confidence between the patient and osteopath. Therefore osteopaths must be able to establish and maintain an ethically sound, sincere, concerned and appropriately empathetic relationship with a patient” (General Osteopathic Council, 2000, 4).

6.1.2.2. Empathy in osteopathic education

Novy (2007) makes the relationship aspect the subject of her work and points to the discrepancy that in osteopathic schooling, almost the entire focus is dedicated to developing palpatory skills and attention to interaction with the patients and building this relationship almost entirely takes a back seat. She criticises that when applying scientific perceptions (such as from developmental psychology, for example) on a purely palpatory level, simplifying models are often drawn upon. She gives the example of simplifying the association of feelings to specific regions in the body and comments, that the interpersonal level which among other things, is shaped by empathy, transference and countertransference is only given little attention.

She defines empathy as „das Bemühen um eine sympathisierende Einfühlung“ (Novy, 2007, 22 zit. Strozka, 1982). [*“the attempt at a sympathising empathy” (translated by M. Bisette)*] In addition, she also points out that a person’s ability to empathise is dependent on experiences with bonding in early childhood, and thus sides with the observations of Bauer (2005) (cf. section 5.2.8.).

“This means that the ability to adequately relate to others and to sense the feelings of others is closely linked to one’s own infantile attachment experience and the successful development of self-regulation. In case self-regulation is not sufficiently developed, deficient empathy or the merging of one’s own with the feelings of others might be the result” (Novy, 2007, 9).

Novy (2007) emphasises that with a method such as osteopathy which focuses on the body, the phenomena of transference and countertransference express themselves for the most part through the body, and that for this reason the ability to reflect and especially the osteopath’s own perception of her or his body is assigned a significant role in the therapeutic process (cf. Hess-Liebers, 1999; Damasio, 1995). Novy (2007) also calls for aspects such as empathy or the concept of transference and countertransference to be increasingly taken into consideration in osteopathic education.

6.1.3. Empathy and contact

The works discussed below do not deal with the concept of empathy explicitly but it is however mentioned on numerous occasions. What comes out of the analysis is that great importance is attached to empathy which particularly manifests itself in the support of palpation to be able to perceive the "complete person".

6.1.3.1. Contact through palpation and empathy

Liem (2006) uses the term empathy in his work in a more common parlance sense without defining it in closer detail. However, what can be developed from his observations, is that he views empathy as an act of perception and considers it to be one of many prerequisites in an osteopathic diagnosis. His theory exhibits similarities with the thesis put forth by Fryman (1968) in her “technique of diagnostic awareness”.

„Ganz besonders ist die Fähigkeit des Behandlers zu fördern, sich möglichst bedingungslos und empathisch dem Patienten gegenüber zu öffnen, sowie seine Intuition und sein gesamtes

Bewusstseinsspektrum in Beziehung zum Patienten zu setzen, um die vielfältigen, teils divergierenden Aspekte des Patienten erfahren zu können“ (Liem, 2006, 202).

[“Most notably is to promote the medical practitioner’s ability to open herself or himself up to the patient as unconditionally and empathically as possible, as well as relating her or his entire spectrum of consciousness to the patient in order to experience the multifaceted, partially diverging aspects of the patient.” (translated by M. Bissette)]

Liem (2006) asserts that the existence of a certain relationship between emotions and tension in tissue appears to be verified whereby he mentions, that for patients who continuously hold back their emotions and do not express them, this restraint is also reflected in their body. He refers to the works of Reich (1989), Lowen (1985) and Kurz (1991) as evidence of this fact. These works deal especially with the affect of emotions on posture. *„Der umgangssprachliche Ausdruck »sich berühren lassen von etwas« und »in Berührung sein mit«, deutet auf die körperlich-seelische Verbindung von Berührung hin. Es ist weniger ein intellektueller, sondern ein empathischer Kontakt zum Körper“ (Liem, 2006, 155).* *[“The colloquial expression to let oneself be touched by something and to be in touch with something, suggests the connection between body and soul during contact. It is less a mental, but rather an empathic contact to the body.” (translated by M. Bissette)]* If we are to follow this argumentation which makes empathic contact with the body possible through touch, it can be concluded that the transitions between palpation and empathy appear to be fluid. The closeness between physical touch through palpation and emotional touch through empathy allows the conclusion to be drawn that palpation and empathy are part of the perception process which is used in combination in osteopathic treatment.

6.1.3.2. Empathy as support for osteopathic techniques

Lederman (2006) distinguishes between instrumental and expressive osteopathic techniques. He maintains that the osteopath’s intention represents the beginning of tactile dialogue with the patient. *„Instrumentelle osteopathische Techniken zielen auf die mechanische Diagnose, die »Heilung« oder die Verhinderung einer Progression des Zustandes des Patienten“ (Lederman, 2006, 160).* *[“Instrumental osteopathic techniques are aimed at a mechanical diagnosis, the healing or the prevention of a state’s progression in the patient.” (translated by M. Bissette)]* This touching attempts to repair the tissue structures affected in a mechanical manner and through direct contact.

The goal of expressive osteopathic techniques according to Lederman (2006) is to support ongoing healing particularly by introducing self-regulatory processes. He says that during this process the person is viewed as a whole with the multifaceted dimensions of her or his

existence. According to Lederman (2006) a prerequisite for these techniques is that through empathy a patient's feelings and emotional state can be perceived. He says that based on insights gained from perception, the type of touching and the therapeutic intention required is chosen which should then support the stimulation of self-regulatory processes. This technique thus becomes a vehicle for the therapist's intention and empathy a vehicle for the patient's contents of consciousness.

6.1.4. Summary

In this paper, those contributions from osteopathic literature were consulted which either define the term empathy or focus on the concept in some manner. This includes works which discuss the "treatment of the complete person", the "interpersonal aspect in treatment", "osteopathic palpation" or "osteopathic diagnosis". In particular, Fryman (1968) deals with the concept of empathy which she extends by including compassion in her definition. She comes to the conclusion that for the treatment of the "complete person", compassion is necessary to connect to the actual needs which she views as the trigger for the patient's problems. Novy (2007) is concerned with the therapeutic relationship and points out that this aspect in schooling to become an osteopath is not sufficiently taken into account. Liem (2006) refers to the closeness between empathy and palpation. He also points out the significance of empathy in perceiving psychoemotional contents of consciousness. Lederman (2006) in turn, defines empathy as a vehicle which transports contents of consciousness such as the emotional states of a patient. Overall, what emerges from osteopathic literature is that only selected works make the notion of empathy the subject of discussion and it is always viewed in connection with perception.

6.2. Empathic competence in osteopathy

In the following section, the results from the theories of empathy analysed in this paper will be used to develop a concept for empathic competence in osteopathy. In favour of this concept, a complete summary of all the findings in this paper relevant to osteopathy is abstained from whereby an integrative approach based on the significant observations made in this paper is chosen. In creating this concept, a foundation has been laid, in addition to a summary of the origin of the term empathy, which can serve as the starting point for further reflections on this topic. This concept is developed following the ideas put forth by Liekam

(2004) and Gassner (2006), whereby the main focus of these works lies in empathic competence in the education field.

6.2.1. From perception to empathy

The synthesis of the works analysed in this paper arrives at the conclusion that the starting point of an empathic occurrence appears to lie in the perceiving another person through the senses. (cf. Stein, 1980/1917; Lipps, 2006/1906; Mead, 1968; Bischof-Köhler, 1989; Rogers, 1983; Damasio, 2005; Gallese, 2001; Fryman, 1968; Liem, 2006). In particular, visual and auditory stimuli as well as mechanical stimuli through palpation are named as factors which trigger perception. By perceiving stimuli, certain mappings or impressions about the “other person’s” intentions and emotions occur in the “observer”. During the process the observer records the other person’s stimuli through the sensory organs in order to connect these with their own emotions from other experiences in the brain. In this way, those signals sent out by the other person which should be considered in relation to one’s own perception of the person being observed are viewed to a certain extent as a sign by the other person to be perceived in such a way how it feels or which contents of consciousness are inherent in the person being observed. Empathy thus becomes a competence by gaining insights into another person through purposefully comparing simulated physical states of one’s own perception.

The analyses conducted in this paper and their results confirm the hypothesis that empathy should be viewed as part of the perception process in osteopathy. The working definition established above is confirmed and therefore neither needs to be altered or expanded. (cf. section 3.3.). This definition is established on a neurological basis particularly from the insights provided by Damasio, Rizzolatti and Gallese (cf. section 5.) with an interest in future findings from research.

6.2.2. Self empathy

The prerequisite for creating a concept for empathic competence in osteopathy is the ability of self empathy which is described by Gassner (2006) as empathising with one’s own way of thinking, feeling and acting. Most theories of empathy in this work postulate that highly developed cognitive abilities and a mature personality are required for empathic ability. What is postulated, among other things, is aspects of internal maturity in a person who experiences herself or himself as a meaningful totality (cf. Stein, 1980/1917). The ability of

self-reflection and self-criticism is also discussed (cf. Rogers, 1983), as well as developing a mature personality (cf. Bischof-Köhler, 1989). With these statements, competences are touched upon which are orientated on a person's own way of thinking, feeling and acting and, in following Gassner (2006) are summarised in this paper under the notion of self empathy.

6.2.2.1. General concept of self empathy

For Gassner (2006), self empathy includes a person's ability to empathise with and reflect on the motivational character of one's own way of feeling, thinking and acting which is orientated on feedback. He assumes that it is possible for a self-empathising person to create distance to herself or himself in order to perceive and question her or his own feelings and emotions in an unbiased manner. This enables a person to reflect upon their current state, structure of motivation and empathic behaviour in the respective context. The person thus gains inner freedom and the necessary distance to oneself. Overall, Gassner (2006) assumes that self empathy makes it possible for a person to become self aware of those factors which block and energise his or her own feeling, thinking and acting.

6.2.2.2. Specific concept of self empathy in osteopathy

If we consider the arguments put forth by Gassner (2006), a range of favourable factors would ensue for a person who is able to empathise with and reflect on their own patterns of feeling, thinking and acting. The factors described below follow Gassner (2006) who systematises self empathy in theories of education. Gassner's statements will be applied to osteopathy and modified accordingly. As put forward in his theory the advantage of self empathy lies in the fact

- That an osteopath is able to make a self-assessment in relation to her or his own motivations concerning her or his profession. She or he is able to assess herself or himself self-critically and thus develop herself or himself. As a result, she or he perceives self-criticism, reconsiders it with distance to herself or himself and from this is able to derive constructive patterns of feeling, thinking and acting in reference to their work.
- That an osteopath can shape her or his own process of self-discovery necessary for encounters in osteopathic treatment. Using self empathy, she or he experiences an internal strength through this process of self-discovery which can give her or him more

freedom in making decisions such as when treatment progresses along an unsatisfactory path.

- That an osteopath has the self-confidence and is able to cope with difficult emotional events which arise during encounters with patients. An example of this is statements made by the patient about the osteopath or her or his treatment which are overly positive or negative.
- That an osteopath is able to perceive her or his own labile structures and thus is alert to them. This allows the osteopath to experience her or his own ability to observe her or his own internal processes during treatment in order to thus distance oneself from and open up oneself to the situation in therapy.

Summarising, it can be said that an osteopath achieves a competence in controlling her or his motivation with self empathy. She or he is able to empathise with herself or himself self-critically in order to question her or his own pattern of feeling, thinking and acting and adapt to each of the circumstances in osteopathic therapy. In postulating a theory of self empathy for osteopathy, the call made by most authors discussed in this paper for self reflection and the resulting development of the personality is taken into account. Self empathy according to Gassner (2006) can be a way to achieve a more mature personality structure which represents a fundamental prerequisite for the ability to empathise.

6.2.3. Empathic competence

Specifically in the context of the osteopathic-therapeutic relationship empathy should not be confused with the effort to fulfil the needs of other people. In order to evaluate empathy as a diagnostic ability of empathy which leads to insights into other people, it should be analysed which abilities could characterise an osteopath's empathic competence. The analyses conducted in this paper result in components which aim to outline a concept for empathic competence below.

6.2.3.1. Prerequisites for empathic competence in developmental psychology

It is continuously mentioned in the theories of empathy analysed in this paper that the ability to empathise is learned and enhanced during one's lifetime. The first prerequisites necessary are set at the age of just a few days and the relationships to the closest reference persons during the first years of life are formative for this competence to be able to later adequately

empathise with another person (cf. section 5.2.8.). Bischof-Köhler (1989) even advocates the view that what is missing from early childhood development in relation to the ability to empathise with another person cannot be caught up on later in life. Bauer (2005) points out that mirroring activities are learned during childhood and must continuously be practised because otherwise breakdown processes would occur in the mirror neurons and these activities would atrophy. Further observations by developmental psychology would extend beyond the scope of this paper and thus reference is made to Dornes (2000) for further reading who describes the different stages of emotional development also with respect to the ability to empathise from the perspective of a developmental psychologist.

If these views are applied to osteopaths and their ability to empathise, it can be postulated that the fundamental prerequisites for empathic competence and thus also for osteopaths is created in early childhood. To which extent greatly pronounced deficits can be balanced out through specific training in empathy cannot be deduced from the texts analysed in this paper; the possibility of training empathy is however pointed out by several authors (cf. e.g. Gassner, 2006; Liekam, 2004; Rogers, 1983).

6.2.3.2. Awareness of perceiving something as one's own experience

Upon closer consideration of the models of empathy presented in this paper, it can be concluded that empathy does not involve experiencing other egos. For Lipps (1906/2006) the experiences of others in connection with empathy are only one's own experiences. He refers to the feeling the empathising observer initially experiences, then later as a foreign feeling (due to the empathic act).

Even Damasio (2000) advocates the view that there are no indications that people would be able to experience the feelings of others and thus another consciousness.

„[...] soweit ich erkenne, kann kein Wissen über die Biologie der Vorstellungen, und sei es noch so umfangreich, im Geist dessen, der über dieses Wissen verfügt, das Äquivalent der Erfahrung schaffen, die eine einzige Vorstellung im Geist des anderen Organismus konstituiert“ (Damasio, 2000, 365).

[“[...] insofar as I can discern, no knowledge of the biological imagination can, and be it yet so extensive, in the mind of that person who possesses this knowledge, create the equivalent of experience which constitutes one's own imagination in the mind of another organism.” (translated by M. Bissette)]

Accordingly, an aspect of empathic competence for osteopaths is that they should be aware that experiences of other people perceived through empathy are always just one's own (empathised) experiences. The likelihood of error in perception should be taken into consideration as it is primarily influenced by one's own experiences and therefore can be distorted.

6.2.3.3. The ability to integrate unconscious and conscious aspects

It can be inferred from Damasio's (1995) observations that great importance must also be attached and specifically to unconscious processes with respect to an empathic act of perception and cognition. During the process of empathic understanding of another person conscious and unconscious moments of perception and cognition are united. Empathy thus becomes a networked unconscious-conscious total act in which that which is triggered by other people is verified partially consciously, partially unconsciously by repeatedly new acts of empathy. Damasio (2005) postulates that in empathy, somatic markers (cf. section 5.1.2.1.) stimulate a physiological simulation of physical states in the brain, which in particular unconsciously yet also repeatedly consciously are drawn upon as reference values for verification and differentiation.

Also included in an osteopaths empathic competence would be her or his ability to question those cognitions she or he perceives for their significance through a continuous process. The osteopath should be aware during this process that her or his perception is shaped to a large extent by aspects which do not extend beyond the threshold of consciousness. Sudden "intuitions" during an osteopathic treatment in which unconscious events can enter the consciousness should not be categorically rejected but rather, should be subjected to examination for accuracy (e.g. by enquiring).

6.2.3.4. Retaining the "as-if" position as empathic competence

According to Liekam (2004) another person's specific individuality can only be registered if the focus of empathic perception which must always have a selective character is directed to the specific differences between one's own emotionality and intentionality and that of another person. Rogers (1983) insists on retaining an "as-if" position during the empathic process. Otherwise, the empathic person would lose her or his own perspective and no longer be able to differentiate between her or his own emotions and those of another person.

The conclusion for osteopathy can be drawn that an osteopath's empathic competence should include the ability to distinguish between one's own emotions and thought patterns and those of another (empathised) during treatment. The words on empathy by Rogers would then also hold true for osteopathic treatment. *„Die innere Welt des Klienten mit ihren ganz persönlichen Bedeutungen so zu verspüren, als wäre sie die eigene (doch ohne die Qualität des »als ob« zu verlieren), [...]“* (Rogers, 1983, 216). [*“To have such a feel for the internal world of the client with its rather personal meaning (yet without losing the "as-if" quality) [...]”* (translated by M. Bisette)]

6.2.3.5. Emotional stability as empathic competence

Liekam (2004) postulates that emotional competence in relationship to empathy means the ability to authentically come to grips with the emotionality and intentionality of another person. This coming to grips should be limited and changed as little as possible by one's own avoidance and reinterpretation of her or his emotions. The empathically competent person should be able to consciously and in tune with her or his own personality handle her or his own emotions in a manner which is adequate to the situation and lead by cognition. Liekam (2004) says further that the empathically competent person should be able to ultimately accept her or his own perception of feelings as moment of perception which creates her or his identity.

In terms of a concept for empathic competence, osteopaths should be able to get involved in the patient's emotions during interpersonal interaction, should not, however, take them on yet nevertheless sympathise with them without losing the point of contact to their own state while perceiving the state of another person. During this process, the osteopath should possess the emotional equilibrium and control to not transfer her or his own emotional to the patient which though triggered by contact with the patient, nevertheless does not coincide with the patient's actual situation or emotional state. Hess-Liebers (1999) says, being conscious of one's own body protects therapists from transferring unreflected occurrences to patients.

6.2.3.6. The ability of focusing attention

The question arises what can generally be perceived with respect to another person's contents of consciousness during an empathic act. If we follow the arguments by Stein (1917/1980) a person can acquire more insight into another person the more consciously she or he is able to focus her or his attention on the different contents of consciousness which her or his perception of self shows.

The appearance of emotions, feelings or even sensations can occur in the concept of countertransference (cf. section 4.3.3.2). In such a case, it is necessary to perceive in detail how much significance is attached to one's own feelings. This is only possible if the empathic person is able to direct her or his attention to perceiving her or his self as a system of reference. Hess-Liebers (1999) says that this is only possible if the therapist is very familiar with her or his own system of reference in order to focus her or his attention on it in perceiving another person.

If we follow this viewpoint, it can also be assumed for a concept of empathic competence for osteopaths that the osteopath should be familiar with her or his own spectrum of feelings and thus her or his own internal frame of reference to such an extent that she or he is able to focus her or his attention on it during empathic perception. Hess-Liebers (1999) suggests that the ability to regulate emotions and the self-perception of one's own body should be fostered in order to work with empathy effectively.

6.2.3.7. The ability to take decisions.

Liekam (2004) says that the act of cognition means that something is judged as "that", which due to an acceptance of the truth of something is assumed to be "true". Each perception thus underlies the decision for this very perception, whereby a decision for a certain perception implies the decision against other perceptions at the same time. He explains further that during an empathic act, first the decision for a perception can make it possible to continue to verify perceptions and question them. If as a result, a person in while perceiving another person does not allow a "judgement" to be made about this person, she or he will then not be able to consciously differentiate and verify the insights gained about that other person.

As Damasio (2005) postulates, the assumption can be made that simulated physical states as reference schemata are of central importance for assessment in interpersonal contexts whereby physical states can also be triggered which do not coincide with the other person's state. Even these false insights or false to a certain extent are starting points for differentiations and verifications and thus a fixed component of the total empathic act, says Liekam (2004).

If this line of arguments is followed, the empathic competence of an osteopath would include that she or he decides on insights based on her or his perception in order to form an opinion

about the patient. It is, however, necessary to view this decision as one possibility among many in order to verify or differentiate it as needed.

6.2.3.8. Openness as empathic competence

An important question essential for creating a concept for empathic competence in osteopathy lies in whether it is possible for a person to receive answers to specific questions through empathy. Liekam (2004) postulates that though attention can be focused, the openness to the other person necessary determines however that each question within the scope of an empathic act (metaphorically speaking) which is directed towards the other person, can also be preconceived with an answer which appears to have absolutely nothing to do with this question. Moreover, openness means also for the other person, that answers to questions are received without being aware that a question has been posed. Liekam (2004) explains it with other words, if there is openness towards the other person, empathic cognitions can even emerge without consciously directing one's attention toward them. If Damasio's (2005) hypothesis for understanding empathy is followed, "as-if loops" in relationship to empathic perception and insights can be triggered at any time and are a fixed component of everyday life.

Even if it is not possible in each case to gain each arbitrary cognition of another person, it can be assumed from the analyses conducted in this paper that empathy involves an ability which can be consciously used. A prerequisite for this can be seen in a certain openness to the quality and quantity of the insights (cf. et. al. Rogers 1983; Stein, 1980/1917; Fryman, 1968). It can therefore be assumed that openness also belongs to empathic competence for osteopaths in order to on the one hand receive answers without having consciously posed a question and on the other hand to receive such responses which perhaps can only indirectly answer the question posed. *„Offen zu sein bedeutet auch, verletzlich zu sein. Vermeiden wir das chronisch und systematisch, ist ein authentischer empathischer Kontakt nicht möglich“ (Liem, 2006, 244). [“Being open also means being vulnerable. If we chronically and systematically avoid this, sincere and empathic contact is not possible” (translated by M. Bissette)]*

6.2.3.9. The ability to engage in empathic dialogue

A further important aspect for empathic competence arises as a result of the analyses in this paper which focus on dialogue (cf. section 4.4.). Often a deeper benefit of an empathic cognition can only be realised if that which is perceived is communicated to the other person

through speech. As previously mentioned, person-centred dialogue in Rogers' (1973a) opinion should not contain criticism or judgements through which the willingness to enter into a partnership, to self-perception as well as self-criticism and self-correction could increase. As a rule, accompanying physical processes triggered by emotions take place, and an increased social perception occurs such that self-discovery and self-actualisation are possible within social rules.

Buber (1984) postulates that turning to another person occurs through sensitive communication. An *Innewerden* (becoming aware) can take place, but cannot be induced. Accordingly, empathy can only emerge as a result of opening up to another person which thus creates a mutuality for both interlocutors allowing them to exchange experiences which extend beyond their current state of consciousness. The basis for further developing the self is the interpersonal, the space which is created by dialogue between people. In Buber's theory, empathy serves to develop the self through relationships to other people.

To meet the requirements of a concept for empathic competence in osteopathy, empathy should become a natural component in the osteopathic communication and interaction with patients. She or he should be able to understand another person's emotionality and intentions through communication in order to thus gain insights. Following the theories of Rogers and Buber, the osteopath should also be able to communicate the contents of her or his world of feelings, thoughts and actions with an interlocutor and reflect upon them in a tolerant and listening manner. The patient's willingness to exercise self-perception, self-critique and self-correction is intensified through empathic understanding by the osteopath who acts in with a manner that is true to herself or himself and thus also expresses appreciation for the patient.

6.2.3.10. Compassion as empathic competence

Compassion as postulated by Fryman (1968) is proposed as a further empathic competence which should characterise an osteopath because only by calling upon compassion for a patient is it possible to perceive her or his deeper needs at the root of her or his troubles. In addition to Fryman, Shaver (2007) also points out the significance of compassion during empathic perception. Reference is made to Stein's biography (cf. section 4.2.2.) which attests to a particular intensity of compassion and from this a pronounced empathic ability, to support the thesis of including compassion in a concept for empathic competence in osteopathy.

6.2.4. Summary

In the following section, the possibility of a concept for empathic competence in osteopathy is proposed. This concept integrates aspects which affect the perception of oneself and self-perception in the form of a person's reflecting upon the motives of her or his own patterns of feelings, thinking and acting. These aspects are referred to as self empathy in the proposed concept. In addition to self empathy it is assumed that the foundation for empathic competence emerges in early childhood through empathic behaviour by the reference person. The awareness that empathic perception always represents a personal experience influenced by the experience of another person is viewed as being just as significant as the ability to express both conscious and unconscious cognitions (e.g. sudden intuitions) during the empathic process. Reference is made below to the idea that an empathically competent osteopath should be able to open herself or himself up to a patient's feelings without losing her or his own viewpoint in which her or his emotional competence enables her or him to automatically deal with a patient's emotionality and intentionality. By increasing empathic competence, the osteopath is able to focus her or his attention on certain contents of consciousness and thus does not shy away from forming an opinion of her or his patient which serves below as the basis for the differentiating and verifying of her or his perception. Moreover the model for empathic competence laid out in this paper also contains the ability to communicate perceived contents in a form which reinforces the patient's willingness to exercise self-perception, self-critic and self-correction. Finally the empathically competent osteopath distinguishes herself or himself in that she or he is able to show compassion of her or his patients, who thus receive support in being able to open themselves up more to the therapeutic process.

7. Summary

The phenomenon of empathy plays a central role in certain academic disciplines such as psychology, psychoanalysis or education. Though empathy brings people together otherwise isolated, knowledge about the nature of this phenomenon is nevertheless rather sparse. This paper looks into the notion of empathy, its origins and how it came into being, the status of research on empathy and the contents of statements put forth in various theories of empathy. In addition to an analysis of literature on osteopathy which focuses on empathy, a possible empathy-competence concept for osteopaths is outlined. In answering the research question whether empathy can be viewed as part of the perception process in osteopathy, the relevance of statements put forth by individual theories of empathy for osteopathy are presented.

7.1. General findings

The coined term in English “empathy” came into being borrowing from the German word *Einfühlung* and means as much as “feeling into suffering” or “lived through passion/powerful emotion” The word *pathos* is contained in the concepts ‘osteopathy’ and ‘empathy’ which among other things, refers to an emotion of compassion. Fryman (1968) expresses that compassion represents an essential prerequisite for empathic ability in osteopathy. Empathy appears to be a significant part of interpersonal interaction in order to perceive processes of another person’s consciousness at work. Each person is equipped with a certain level of empathic ability from birth, which under normal circumstances, increases throughout one’s life. It can be assumed that empathy also has an important function in osteopathic treatment in understanding the contents of consciousness of patients. Research on empathy comes to the conclusion that empathic perception of another person contains both cognitive and emotional factors whereby great importance is attached to the process of understanding. Thus, the perception of emotional and cognitive processes may also be relevant to osteopathic treatment. Novy (2007) criticises the fact that little attention is given to the relationship aspect in osteopathic schooling. In those contributions from research on empathy analysed for this paper, it is nevertheless frequently asserted that a mature personality structure with a highly developed reflective ability would improve empathic competence. Hence, the idea should be entertained to think about training empathic abilities in schooling and continuing education in osteopathy.

7.2. Specific findings from the theories of empathy analysed

Lipps (1906/2006) postulates that *Einfühlung* (feeling into, empathy) is achieved by internally mimicking another person. For osteopaths an internal imitation would thus entail taking on the patient's perspective and being able to grasp her or his internal frame of reference. Lipps attaches great importance to perception with the body during the empathic process whereby a person's contents comprised of imagination, feeling, wanting and thinking felt into should be rationally questioned.

Stein (1917/1980) differentiates between perception of the external world and *Einfühlung*. She sees a close relationship between both phenomena which manifests itself in gaining insight into a foreign consciousness. Furthermore, she proceeds on the assumption that perception through *Einfühlung* is based on processes which should be classified outside known sensory perceptions. Stein does not give more precise physiological explanations on this aspect. If we, however, follow her phenomenological argumentation, it can be assumed that that which a patient physically, mentally and psychoemotionally experiences can be perceived with the aid of empathy.

Bergson (1948; 1964) maintains that a penetration of another person's conscious can be achieved through wilful mental exertion and thus leads to active empathy and a mentally living through of that which the other person is experiencing. Viewed from the osteopath's perspective, Bergson's theory points out that an expansion of consciousness can be achieved through wilful mental exertion, which possibly leads to insights into the contents of consciousness of patients.

Evolutionary theories of empathy unanimously postulate that empathic processes are automatically set in motion when people come together. Such procedures underlie learning processes from an evolutionary point of view, in which the ability to empathise in today's terms serves the purpose of being able to make social contacts altogether or socially integrate oneself. If this thesis from evolutionary theories of empathy is followed, it can be assumed that osteopaths also automatically attempt to gain knowledge about a patient's internal frame of reference. It is only the consciously reflected transmission of feelings which then becomes empathy. For osteopaths, this would mean that self-reflection must be developed to such an extent that empathy can be used as part of a conscious process of perception.

Psychosocial theories of empathy postulate that interactive social behaviour consists of an interplay of responses to perceived gestures. The relevance of these theories to this research topic lies on the one hand in the fact that empathy should be viewed as part of the perception process. On the other hand, empathic ability should particularly be viewed in relation to a personal psychosocial stage of development and a differentiated language.

Psychoanalytic theories view empathy as the ability to share in the emotional state of a person through substitutional introspection. During this process, the analyst maintains the position of an objective observer. Through empathy, psychoemotional contents of a patient are perceived which could make it possible for an osteopath to arrive at a more comprehensive picture of the patient. Prerequisite would be psychoanalytical training for osteopaths in order to be able to constructively work with the phenomena of transference and countertransference.

The significance of theories of empathy in which dialogue is the focus, assume that through a certain type of empathic communication, another person is motivated toward self-reflection and self-discovery. Furthermore, a socially integrative and thus health-promoting effect is postulated. It is assumed that interpersonal relationships are of great significance for successful treatment with respect to professions in therapy, and empathy should be viewed as part of the perception process. After analysing the theories of empathy briefly described, it can be posited that a combination of manual osteopathic treatment and empathic dialogue could motivate patients to take a therapeutic stance towards themselves.

Damasio (1995, 2000, 2005) posits that empathic processes have a neurophysiological basis and should be considered as perceiving foreign contents of consciousness such as emotions and feelings. Moreover, it is also pointed out that empathy and perception collectively are a strong occurrence heavily influenced through subjectivity. If we are to follow Damasio's line of arguments, a patient's expression such as posture, facial expression, voice or muscle tension would more or less prompt an osteopath to internally simulate that which is perceived externally.

Research on mirror neurons confirm on the neuroanatomical and neurophysiological level that in each encounter and thus also in osteopathic interaction, an internal system of interpretation is activated. This system of interpretation attempts to discover which thoughts, feelings or intentions of behaviour lie behind observed physical, mimetic or even oral expressions of another person. The "Shared Manifold Hypothesis" which occurs among humans through a neurological substrate – the mirror neuron – says that an automatic

exchange of sensitivities takes place in encounters between humans. These sensitivities include feelings, sensations, thoughts and attitudes. They should be seen as part of a perception system, which only in its entirety, makes it possible for osteopaths to understand the patient as a complete person.

The analysis of literature on osteopathy reaches the conclusion that individual osteopaths deal with the topic of empathy from the perspectives of compassion, relationship and the aspect of perception. Finally, this paper concludes with a concept (based on the most significant research findings) for osteopathic competence.

7.3. Final synthesis

The analysis of the statements from the research used for this paper shows, that empathy is an everyday phenomenon and for this reason, also appears to be valid for osteopathy. The ability to empathise is preset by evolution and begins to distinguish itself directly after birth. Individuals still in the growth process are particularly dependent on empathic encounters with their reference person in order to train their empathic abilities. The question of whether deficits in empathic ability can be made up for later in life through training and schooling is answered with differing opinions in research on empathy. It cannot be conclusively assumed to which extent training in empathy would affect the improvement of empathic ability. The ability to empathise serves the purpose of being able to experience other people and oneself in a social context and has a neuroanatomical basis according to the current status of research.

The phenomenon of empathy receives only marginal attention in osteopathic schooling and literature. This paper comes to the conclusion that this phenomenon should be increasingly researched in osteopathy. Justification for this is that empathy represents a process which brings individuals who are originally apart, together – something that is also of essential importance for interaction in osteopathy. Each encounter automatically effectuates the desire to understand other people with respect to their intentions, moods, attitudes and undertakings. For this reason it must be assumed that this process also automatically takes place in osteopathic interaction. To what extent the process of empathy consciously or unconsciously is executed is not researched in this paper.

The research carried out in this work leads to the conclusion that empathy represents an essential part of perception in osteopathy whereby in many cases the contents of

consciousness involve emotional, mental and spiritual processes which are reflected in the body due to the interconnectedness of different human dimensions. The working definition laid out in section 3.3 is confirmed by the analyses in this paper and neither needs to be expanded upon or reduced and is cited here once more.

„Empathie [...] erfordert als tieferes Verstehen ein Sichhineinversetzenkönnen in Situation und Gefühlslage eines anderen und geht damit deutlich über ein verbales Verstehen von Mitteilungen hinaus. Empathie bedeutet letztlich, die Perspektive eines anderen übernehmen zu können, sein inneres Bezugssystem erfassen zu können. Empathie ist folglich eine Frage der Wahrnehmungsfähigkeit“ (Zwick, 2004a, 90).

[“Empathy [...] requires a deeper understanding the ability to put oneself in a situation and the emotional state of another person thus greatly exceeding verbal comprehension of messages. empathy ultimately means, the ability to take on other people’s points of view, to grasp their internal frame of reference. Consequently, empathy is a question of perceptive ability.” (translated by M. Bisette)]

8. Discussion

This paper looks into the question of whether empathy can be viewed as a part of the perception process in osteopathy. In view of the analyses conducted on the literature discussed in this paper, this question can be categorically answered with “yes”. It can additionally be assumed that empathy represents a process which is automatically performed in interpersonal interaction. For this reason it is postulated at this point, that greater importance should be attached to empathy in osteopathy. It becomes apparent that a certain dependence on the subject matter and structure of research in related academic disciplines makes sense and supports this paper. The dissertations from psychology, education and philosophy mentioned in the introduction represent the current status of research on empathy and exhibit structures which support a systematisation of empathy in osteopathy and upon which it is possible to build.

Originally, it was intended to include a poll of osteopaths in this paper on qualitative social research. After researching literature, it is now apparent however that what is needed is a basis in the form of laying the foundations of empathy in osteopathy, and that the inclusion of such a poll is beyond the scope of this thesis. A possible next step could be to let osteopaths have their say with the aid of interviews on this topic in order to pursue the question of how to treat empathy in a therapeutic context. Seen from this paper’s point of view it appears to be necessary, for example, to find out how consciously osteopaths handle empathy in perceiving certain contents of consciousness. The analyses conducted in this paper offer the possibility at this stage of drafting a questionnaire for interviews on this topic, whereby it still should be summarised on an abstract level which areas of osteopathic treatment are affected and which are not.

Based on the relevance which empathy is given, for example in psychotherapy, it appears to be important to increasingly establish this term in osteopathic nomenclature. In order to achieve this research is necessary which would also go beyond the scope of this paper. It would lend itself for example to compare Fryman’s “technique of diagnostic awareness” with selected theories of empathy in order to discover any parallels or differences which may arise. It would also be of interest and seen from this paper, necessary to analyse Becker’s “diagnostic touch” for possible inherent aspects of empathy. Within the scope of such research, it should also be examined whether the phenomena or structures analysed in this paper, such as “physical osmosis”, “shared manifold” or “mirror neurons” find an expression in one way or another in current literature on osteopathy.

A further possibility to treat the topic of empathy in osteopathy would be to analyse the main statements put forth in each chapter on a more abstract level and relate these to an osteopaths abilities as a participant in interaction. To achieve this, certain propositions in this paper would still need to be discussed in depth in which for example possible commonalities or differences of the individual theories are treated in more precise detail. In this paper, an exhaustive analysis and comparison of all theories of empathy has been abandoned in favour of creating a concept of empathic competence for osteopathy. The main focus of this paper is to provide as comprehensive an introduction as possible to the notion of empathy in osteopathy, whereby a further level of abstraction for all theories discussed in this work (in addition to the concept of empathic competence) would go beyond the scope of this thesis.

Another aspect which arises from this paper is training in empathic competence for osteopaths. A proposal to that affect could be to increasingly address empathy during schooling to become an osteopath especially to create awareness for this phenomenon. Self-awareness, self-discovery and self-reflection are recommended by different authors who focus on empathy in their research to develop a mature personality and should therefore also be applicable to osteopathy. It appears to have been proven from a developmental psychology view that the ability to empathise is shaped in the first days of life and that deficits can no longer be made up for later in life. Osteopaths who are parents themselves could be role models for empathic dealings in social interaction by handling their own children with empathy. Even parents who visit an osteopathic practice with their children could learn how to use empathy to lay the foundation for their children in making healthy social contacts (later in life). This would offer osteopaths the possibility of having a fostering impact on acquiring prosocial skills.

In conclusion, it is pointed out that this paper is concerned with creating a foundation and definition of empathy in osteopathy by pursuing the researching question whether empathy can be considered as part of the perception process in osteopathy. An integrative method is called upon for the summary to create an empathy-competence model for osteopaths. This does not take all the results from this paper relevant to osteopathy into consideration because certain findings exhibit only limited relevance to the concept proposed.

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