

Haptotherapy and Empathy

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In this article I attempt to approach haptotherapy – and haptonomy in general – from the perspective of empathy. At first sight, here seems to be a striking relationship between haptotherapy and empathy. From an empathy perspective, haptotherapy is like empathy-with-the-hands, whereas empathy could be called haptotherapy-with-your-feelers. Both have a supportive, affirmative effect. Both are beneficial but also risky. For both it is important to stay in touch with your own feelings while being in contact with the other person, the client. In haptotherapy practice, the two often go together. Being myself a non-haptotherapist, I will focus on empathy in this article. I will present the outline of a theory that gives insight into both the supportive effects of empathy as well as its dangerous aspects. I will provide the reader with sufficient points of contact to be able to make the connection to haptotherapy.

The Supportive Effect of Empathy

Empathy is defined as the ability to imagine and to share the feelings of others. The term is often used in a fairly broad sense, sometimes to refer to a certain attitude (patience, openness) or behavior (listening). However, I will focus on the emotional aspects. In this sense emotional empathy is 'knowing' what another feels, or, expressed more strongly, to be emotionally present in another's feelings. The reasons for defining empathy this way can be clarified by theories on emotions, i.e. theories that provide answers to such questions as: what is an emotion really, how and to what extent do I know my own emotions and those of others, what happens when I empathize with someone, and when someone empathizes with me?

My position in the field of theories of emotion, from which perspective I set out to answer the above-mentioned questions, can be summarized as follows (Duyndam 1997, 2002, 2010). I try to build a bridge between the cognitive theories of emotion as currently widely accepted both in philosophy and psychology on the one hand, and the nineteenth-century theory of William James, now often regarded as outdated, on the other hand. The cognitive theories, as the name indicates, see emotions as cognitive, informative and communicative actions. They therefore direct their attention to the side of emotions that is external, visible and open to discussion. James, on the other hand, emphasizes the aspect of self-experience that characterizes emotions. This inner self-experience aspect means that I always perceive myself within an emotion. When I am afraid, I experience myself as fearful; when I am angry I feel furious and also if I feel ashamed or just relieved or happy, I experience myself in some way. For the cognitivists on the other hand, fear is first and foremost an informative relationship with the outside world. It is the information that I am at risk or that I am being threatened in some way. This informative element characterizes every emotion, according to the cognitivists. For instance, relief and joy tells me that things are looking positive for me.

Nevertheless, because I consider both views to be partly correct, I propose my 'new' linking theory, which includes the two views as aspects of a single open concept. The wording I have chosen to express the concept appears at first sight to be rather cryptic: I feel I am v to x. An emotion is an experience of myself (I feel I am) in relation to a reason or cause (x). The v in the formula I feel I am v to x stands for a particular feeling, and to x refers to the cognitive relationship with the emotion's reason or cause. Almost all our emotions can be understood in this manner: I feel I am ashamed (v) for my wrongdoing (x); I feel I am relieved (v) about my exam result (x); I feel I am afraid (v) about increasing violence (x); I feel I am happy (v) when I see you (x). The formula articulates both the self-experience aspect of the emotion and the cognitive, informative, communicable relationship to the cause that invokes the emotion, i.e. the "object" of the emotion: the persons or things to which the emotion relates. However, this does not mean that this is the form in which emotions are communicated, although almost all our emotions can be articulated and understood according to this formula. On the contrary, a communicative statement in the form of "I feel I am v to x" suggests a reflexivity not usually attributed to emotions. Indeed, what is typically emotional about an emotion is that one gets absorbed in it. This self-absorption goes hand in hand with one's experience of oneself in an emotion. I will return to this point shortly.

Empathy and Self-Experience

With regard to empathy the self-experience aspect of emotions is especially important. I believe it is precisely that aspect of someone's emotion that another person's empathy relates to. It does not, as is often thought, relate to the external debatable x-side. Talking about the object of an emotion is not the same as empathy. Often it is even the opposite. Comforting messages such as 'this dog will not bite' (to a child), 'poverty is relative' (to a single mother on social security) or 'there are worse illnesses' (to a patient) can be truthful expressions about the object of someone's fear, but they express little empathy. The primary purpose of empathy is not to bring people to a better cognitive understanding of their situation; it is to support and to empower somebody's self-experience, to prevent them from solitary drowning in their own feelings. But how

can empathy relate to the inner aspect of someone's emotion? How can my empathy touch another person's self-experience? These questions can be answered by clarifying the nature of self-experience.

I describe the nature of self-experience within an emotion as 'elemental', a term that can be traced back to Levinas (Levinas 2000). It indicates a form of perception in which the perceiving 'subject' is absorbed by the perceived 'object' – as I have just pointed out. It is a perception in which the 'subject' is exposed to the 'object'; a perception in which the 'subject' is surrounded or engulfed by the 'object' – in the same way that one can be exposed to a storm or to the glow of a fire. Or when you are engulfed by water when you are swimming – hence the term elemental. In this form of perception I do not 'perceive' things in the sense of objects at a distance, but the object has the nature of an element, in the ancient sense of the word element – fire, air, water, et cetera. Something that surrounds me, in which I am absorbed. (For this reason we can no longer refer to subject and object in the usual sense of the terms, which is why I have used quotation marks.) Similarly, the inner aspect of an emotion, the perception of experiencing oneself as fearful, angry, relieved or happy, has an elemental character. While the outer aspect of an emotion is the relationship to an object – the animal I am afraid of, the test result I am relieved about – the inner aspect of the emotion is turning inside myself, being exposed to my fearful or relieved self.

There is something peculiar going on with this elemental self-experience, which in my opinion shapes the inner aspect of emotion. It differs in an important sense from ordinary sensory perception, such as seeing and hearing. In phenomenological terms one can say about sensory perception that each perception of something is in a sense surrounded by a horizon of potential perceptions. For example, if I see a bed standing in front of me, my actual perception of its one side is surrounded by potential perceptions of the other sides of the bed. I do not see those at this instant, however I could see them if I were to walk around the bed – hence the term potential. My perception is also surrounded by potential perceptions of other objects in the vicinity of the bed, which I am not currently focusing on. Together these actual and potential perceptions form my perception of the bed. The potential perceptions are an important contribution to what I actually see. They support my perception in the sense that I am really seeing a bed and it is not a hallucination or an illusion. They also contribute to determining the meaning of what I am seeing. After all, it makes quite a difference whether the bed I see is standing in a bedroom, a hospital, or in a psychoanalyst's consultation room.

The Potential Nature of Empathy

This brief theory of sensory perception derives from the phenomenologist Edmund Husserl (1982). Its fundamental categories of actuality and potentiality can even be traced back to Aristotle. When we try to transfer this theory and its categories to the field of emotional experience, however, we appear to be faced with a problem. In an elemental perception, such as the self-experience of emotions, there does not seem to be any room for potentiality. If the perceiver is absorbed into the perceived, there are no surroundings and it is also not possible to recognize other aspects of the perceived. An elemental perception is, as it were, a perception limited to actuality. Yet elemental perceptions are not always faint and unsteady like apparitions and mirages. Nor are they always without meaning. On the contrary, they are usually more or less stable and they do have substantial meaning. In terms of the above theory, there must be some kind of potentiality in our emotional experiences for them to become real and to be given meaning. What could this potentiality consist of?

I would suggest taking one step further than Husserl, and to admit that the horizon of potential sensations surrounding any actual perception consists not only, and not exclusively, of sensations by the same subject (who walks around the thing or turns it around in his hand) but also by other subjects. Obviously, this may seem like an evident statement, but Husserl's solipsist perspective has indeed prevented him from noticing this point. My perception of an object implies the possibility of others joining my perception and perceiving the same object themselves. In my theory, this possibility is not just a possibility, but is the very potential factor supporting my perceptions. Consequently, others guarantee the genuineness, the reality, of the things I perceive, and others constitute – to a certain degree – the meaning of my perception. This applies not only to sensory perceptions, but also to the inner self-experience side of our emotional perceptions. Applied to the elemental self-experience, according to my theory, the stability and meaning-giving potential of emotions comes from others: others who empathize with me, who instinctively feel what I am feeling. Empathetic others add potential perceptions to my actual elemental perceptions, through which these gain stability and meaning. In this sense, other people are both inevitable and indispensable. The supportive effect of empathy, which most of us probably know from experience, can be explained in my opinion by its potential nature.

This explanation can abolish a persistent misunderstanding about empathy. I refer to the misunderstanding that empathetic compassion does not help a suffering person at all, but even intensifies their suffering. Nietzsche, for example, the most prominent critic on this subject, rejects empathy in the form of pity, which he condemns, because it supposedly doubles the suffering. Not only the victim is suffering, but also the person

who has compassion for them, suffers in turn through their suffering (Nietzsche 1979). Nietzsche and his followers would be right if the person empathizing with someone was actually feeling the same as the person they are empathizing with. However, according to the theory presented here, when I am empathizing with someone's emotions, I do not *actually* have the same feelings as they do, but *potentially*. When the other feels actual sadness or pain over a loss, for example, I have potential sadness in my empathy with them. It is not, after all, my loss, but theirs. Therefore, I do not feel actual sadness or actual pain, but potential sadness or vulnerability. As a reasoned theoretical conclusion of our line of thought, this potential nature of empathy can be practically explained by the recognizable realization that "this could happen to me". This feeling of vulnerability, of "it could happen to me", is inherent in or a part of the experience of empathy. The fact that fear sometimes plays a role in this realization forms an additional argument for the potential nature of empathy. Fear can after all be interpreted as potential pain. There is another possible misunderstanding concerning empathy, which is discussed in the penultimate section of this article.

Unsettling Mock Empathy

Still, Nietzsche touches upon an important issue in his criticism. There is indeed such a thing as a cumulative build-up of emotions – good and bad, pleasant and disagreeable – that appears to be caused by an intuitive relating to each other's feelings among people. But is that empathy? A well-known example of such a build-up is the en-masse emotional outburst of sadness after the death of Princess Diana in 1997. It would be an understatement to say that people were infected by each other's grief. Partly fueled by the media, a collective sea of sadness arose that washed over and engulfed virtually everyone in Britain, and beyond. More cheerful examples of a collective immersion and the sharing of each other's emotions may be found in cases of sport fanaticism and in the sweeping idolatry of pop stars. But there are smaller-scale examples of such diving into each other's emotions, whether this bathing occurs voluntarily or involuntarily. Who has never had the giggles in the company of others? This is a strange phenomenon, in which people wind each other up into a collective fit of laughter that steadily increases in intensity, even though nobody can remember what started it. And who has not experienced a dejected mood, which hangs in the air and gets the better of you? A less harmless example is the panic that can spontaneously occur in a certain situation and spreads to everyone present. And the most serious examples also deserve mention: the furious collective hate of a lynch party and the hysteria of the Nazi rallies. No, Nietzsche was right. Things only get worse when people wallow in each other's feelings.

However, I think that these examples do not involve empathy, in the aforementioned definition of potential feelings in relation to the actual feelings of others with whom one is empathizing. What is striking in the examples mentioned above of being absorbed in each other's emotions – irrespective of how different they are, and though there is still much to say about each of them – is that they relate to actual feelings. One is immersed in the actual grief, the actual joy or the actual hate that people take on from others. It is no coincidence that the 'elemental' metaphors fit so well: diving, bathing, being washed over, immersion. In these situations, feelings are being shared, but not in an empathic manner. Empathy is something different than bathing in or being immersed together in actual feelings. Empathy is applying your own potential feelings to the actual feelings of another person. That said, this can also occur on a large scale, for example in the silent processions we have come to know in the Netherlands in recent years. Even though in silent processions or other large memorial services many actual feelings may be shared, not everyone is there to 'jump in and cry along' (Leclair 1999). Only if a person stays close to his or her own potential feelings, there is indeed empathy involved.

This distinction between actual and potential feelings is essential for a good understanding of empathy in general, and especially of empathy in the context of healthcare assistance (such as haptotherapy), on which I would now like to focus. In this context it may also occur that in being emotionally involved with the client's feelings, the healthcare professional is not relating their potential emotions to the actual emotions of the client, but that he is actually experiencing the same emotions as the client. This can happen for instance, when the caregiver loses himself in the client's emotions, when he becomes 'too involved', maintains 'too little distance' or 'does not respect the boundary between himself and the other', something which professional healthcare organizations rightfully warn against. They are in one way or another overcome by or immersed in the client's emotions. The question here is to what extent the caregiver actively 'dives' into the client's emotions or in how far these 'overcome' them. Haptotherapy also goes awry when the haptotherapist crosses the boundary between potentiality and actuality and loses himself in the feelings and sensory perceptions of the client.

I am deliberately using 'elemental' metaphors (overflow, bathe, dive, immersion) here to indicate that the caregiver experiences actual perceptions in such a way that he is absorbed by them, whereas empathy is all about not becoming absorbed into the client's emotions, but to approach the client from one's own potential feelings and perceptions. Before elaborating on this topic I would first like to illustrate it with an example from

my own experience. It is an example of how it should not be done – rather harmless with regard to my personal experience, but quite unnerving in its general implications.

An Example

While I was caught up in some serious relationship issues a few years ago, I got into a conversation with an acquaintance one night, an old school friend who seemed to understand me completely – something I really needed at that time. She seemed to genuinely sense and understand all the confusion and feeling of being emotionally torn that I had been subjected to lately. Even more so – she was visibly affected by my story; I could see she was suffering from my own feeling of being torn. Her seemingly empathetic sympathy at first gave me an incredibly satisfying feeling of acknowledgment and being seen. But then my intense feeling of gratification seemed to transfer back on to her – at least this is what I believed I saw in her eyes. In that moment I was taken aback by a strange hesitation: should I feel very happy about these shared feelings and acknowledgment, or was something wrong? A moment later, disillusionment followed when she spoke about my situation and my emotions, including the feeling of acknowledgment, as if they were her own. I felt as if she had stolen something from me and I was left behind with feeling empty and upset.

I would not have assigned as much importance to this experience as I have if I had not run into this acquaintance again a few months later and heard on that occasion that she worked as a type of social worker, a caregiver. While working at a healthcare facility she regularly had individual conversations with clients. Upon my asking what was the most appealing and satisfying part of her work she immediately answered it was the emotional side of her work. She loved sharing in other people's feelings and emotions. If the conversation with a client remained too even-keeled in her opinion, not emotional enough, she could evoke certain emotions in the client by directing the conversation. This is something she did readily. It appeared she even used certain 'methods', at least in my interpretation, to make clients cry. Why did she do that? Despite an instinctive aversion towards what she was telling me – I had a strong feeling she was abusing her clients – I gained an increasing interest in her behavior; probably also caused by my own experience with her. I suspected a certain pattern in her emotional interaction with clients, such as a form of relating to their emotions that was too empathetic, too exuberant and limitless. Apart from being able to make a person cry she also turned out to be able to induce a rather cheerful mood in people. When I asked her about her motivation in this, she initially answered she did it to give clients a bit of joy in their rather hopeless existence. What about yourself? – was the starting point to my further questions. Where did her strong need to identify with other people's emotions come from? The answer came a few weeks later when she told me how she had evoked anger and indignation in a client. She did not say she had done something to make the client angry with her. The client's anger was not directed at her at all, but at certain circumstances in the neighborhood where he lived. My acquaintance, who knew about these circumstances, had in a very refined way directed the conversation onto this topic. Then she gave him some alleged new information about it, which evoked a lot of old anger and resentment in the client. This man's deep and intense emotions, which lasted a considerable time during their conversation, had satisfied her in a strange way. She felt nearly relieved, she said.

It goes too far to speculate about the psychological background of the behavior of my acquaintance. I have written elsewhere about this more at length, against the backdrop of psychoanalytical literature (Duyndam 1999). For our line of reasoning it suffices to remark that in some way or another she has the need to feed on other people's emotions. She needs others' emotions in order to fully experience emotions herself. In terms of the theory presented in this article this means: being able to feel herself. Obviously, this is a strong need. It is also clear that caregiving situations are especially suitable for satisfying this type of need. And finally it is not only clear but also unquestionable that such needs in the caregiver can be disastrous for clients. As a client you are confronted with a seemingly empathetic caregiver who eventually takes your emotions and claims them as their own. Such a person is quite frightening. At least I was frightened – not even specifically because of my own rather modest experience with her, but by the picture I had gathered of her behavior towards clients during the course of our contact.

Good Empathy and Imagination

These examples serve to emphasize that empathy needs to be firmly anchored in one's own potential feelings in order not to lose oneself in the other's actual feelings. Normally, recognizing another person's feelings occurs from the source of one's own potential emotions. In these final paragraphs I will try to articulate this somewhat abstract-sounding statement in a more tangible fashion. I would like to do this by eliminating a second misconception about empathy. After discussing in a previous section the misunderstanding of accumulated aggravation that empathy caused. I am referring here to the misconception that empathy is supposed to endorse someone's emotions as truth; that empathic support of a person who is sad, upset, disconcerted, jealous or elated or excited would imply that this sadness, indignation, elation, et cetera were justified, or at least that the empathizer thinks so. The misconception is, therefore, that empathy implies indiscriminate support.

In my opinion, this is not the case. In terms of the theory set out above, empathy is not directed at the debatable and discussable x-aspect of the emotion, the aspect in which somebody may be right or wrong, but at the self-experienced v-aspect. Because emotional self-experience has an elemental character and we become absorbed by it, it has a certain absoluteness. Someone who is suspicious or jealous feels certain of being cheated on. To someone who is angry, what has happened is absolutely terrible, and the blindness of the person in love is proverbial. Empathy does not validate such emotions. The support that empathy offers consists of the acknowledgment of someone's self-experiences as such, without which it would remain internal and solitary, and thanks to said empathy it opens up. Through this, it is put into a cultural context, so to say, it is given a framework, a place, a meaning.

How does a person with empathy do this? I am starting from the assumption that when empathizers engage with the emotions of another, they experience some kind of recognition. The emotions of the client – to remain in the context of care giving – are not alien to them, but they know these from their own experience, occurrences, from experiences with other clients, other people's stories, professional literature, depictions in movies or novels, or other sources. This recognition of the client's emotions by the caregiver means that the caregiver is approaching the emotions of the client from his own memory – the memory of what he has heard, read, seen and processed (thus memory in a very broad sense of the word). In as far as memories are intertwined with emotions these are potential emotions. These emotions have probably once been actual. When the experience that is now recalled first occurred, it was accompanied by actual emotions that were applicable to the actual situation then. With the passing of time, these feelings turn from actual to potential. In this potential form, they create the framework for new experiences that occur; frames of reference within which new experiences are interpreted. However, this implies that one has *come to terms* or has *coped* with these recollections. If a caregiver is carrying around 'unprocessed emotions', as it is called nowadays, such as emotions connected to a traumatic experience, chances are that similar experiences and emotions in a client will evoke their own unresolved emotions into an actual state, with all the unsettling risks involved. For the caregiver to be capable of the right kind of empathy, his own emotions need to have become potential. What in colloquial speech is called the 'processing' of emotions, in my opinion is their becoming potential.

Good empathy approaches and interprets the client's emotions through the perspective of these 'potentialized' memories. Just like everything we perceive, emotions are also interpreted; interpretation is not necessarily a purely intellectual activity. If the caregiver is empathically relating to the client's emotions, is interpreting these emotions through his own potential emotions, this means he is inevitably reconstructing the client's emotions. Reconstructing is something entirely different from indiscriminately agreeing with the client – our second misconception. Empathy as reconstruction: it may sound a little strange, but it is through this mechanism that the client's emotions can, as I explained earlier, be opened up, they can acquire meaning, take on a cultural perspective. This is the way emotional empowerment works.

Narrative

In order to clarify the latter, the reconstruction that is meant here – the interpretation of the client's emotions in light of the potentialized memories of the empathic caregiver – can in my view best be seen as a narrative process, i.e. as something being recounted. The empathic caregiver writes or rewrites the story for which the client provides the material. In narrative theories (such as Eco 1995, Polkinghorne 1988, Cupitt 1991, Ricoeur 1983) a distinction is usually made between the author, the narrator (storyteller), the characters and the reader or listener to a story, among others. Based on these theories the caregiver could be described as author and the client as storyteller, as well as usually the main character of the story that they are reconstructing together (Hoffman 1986, Newton 1995). It seems self-evident that the client usually acts as both storyteller and main character. However, why should the caregiver be the author of the story and not the client? Or, alternatively, why are they not co-authors? In my view this relates again to the difference between the actual and the potential, and with the roles assigned to the caregiver and the client. Relationships of caregiving revolve around the actual emotions of the client and the potential emotions of the caregiver. The empathetic help from the caregiver consists of the opening up, creating a framework for, connecting and adding meaning to the actual emotions of the client based on his own potential emotions. The potentiality that the caregiver brings into the relationship exists in the imaginative power with which he relates to the client's emotions.

It is exactly this imagination with all its potentiality that can open up the internal aspect of the emotions of the client, that can add meaning to it, connect it to other experiences (whether one's own or not), can give them a framework, put them into a cultural perspective. Because the imagination does not stay inside the caregiver's head, but is communicated with the client in such a manner that they remain storyteller and main character, the caregiver can in narrative terms be compared to an author. An empathetic caregiver should be like a good novelist.

Unfortunately, there are also bad writers, just as there are bad caregivers. The unsettling mock-empathy as described above can also be understood in these narrative terms; the situation where the caregiver is absorbed and loses himself in the actual emotions of the client. There are a multitude of metaphors to describe what the writer-caregiver does when he dives into the actual emotions of the client-character: he feeds on them, claims them, manipulates them for his own interest, highjacks them, colonizes them in his own cultural framework, solidly blocks their flow, digs around in the client's mind, and thereby stifles their self-experience (a.o. Gelauff 1995). The language of evil is rich, but the language of a poor writer is impoverished. It contains little potentiality. That is why empathetic caregivers must be able to make themselves potential, to be good novelists, so that their characters can live.

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