

Empathy and its Correlates in the Doctor-Patient Relationship

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Abstract

This article explores the significance of empathy in the doctor-patient relationship, emphasizing that it extends beyond kindness to include an understanding of the patient's emotional, social, and cultural dimensions. Empathy enhances communication, builds trust, and leads to better clinical outcomes. Additionally, the article examines the connection between empathy and telepathy, proposing that intuition plays a vital role in psychotherapy. References to theories such as Jung and Bion highlight intuition as an essential tool for accessing the unconscious. Furthermore, the article underscores the necessity of an open mental state to fully comprehend patients and overcome therapeutic resistance. The conclusion affirms that understanding the human psyche requires acknowledging the complexity of the unconscious and the limitations of conventional logical reasoning. The integration of empathy, intuition, and knowledge can enhance clinical practice and the doctor-patient bond.

Keywords: Doctor-patient relationship; Emotion; Empathy; Intuition; Psychology.

Introduction

Empathy in the doctor-patient relationship should go beyond kindness. This article discusses the importance of empathy in medical practice, highlighting that it involves more than simple acts of kindness. Empathy is presented as a critical skill for holistically understanding patients, considering their emotional, social, and cultural contexts (1-4). The text emphasizes that this competence improves communication, fosters trust, and contributes to better clinical outcomes.

Servadio (5) and Ehrenwald (6) argue that many transference relationships occur through telepathy (unverbalized therapeutic motivation). Servadio states: "At this level, there seems to be much less transference and countertransference play than tacit cooperation - a kind of silent dance, with well-coordinated movements, leading to mutual recognition before verbal dialogue". This suggests that the psychotherapist must operate without memory, desire, or understanding, adopting an active position that restrains memory and desire while fostering a mental state akin to an "act of faith" (though dis-

tinct from its religious connotation, as it functions in a non-sensory dimension). This constitutes Schelerian empathy, which Ehrenwald identifies as a perception-guided projection, allowing one to anticipate the other through both internal and external motivation via intuition (6).

The etymology of "intuition" - from IN = "within" and TUITUA, the past participle of TUERI = "to look" - reveals its meaning as "to see within". This definition is supported by various sources, including the Britannica Encyclopedia ("Intuition is the power of obtaining knowledge directly without recourse to inference or reasoning") and Pieron's Vocabulary of Psychology ("Syncretic judgment not preceded by any logical elaboration"). For Jung, "intuition" corresponds to a basic function of Psychology that is concerned with transmitting perceptions through the unconscious. Any content is offered to us as a cohesive whole, without us being able to say or ascertain, immediately, how it would have come to be formed. Its contents have the character of what is given, hence the character of security (7). Spinoza (like Bergson) considers the "intuitive scintia" as the supreme form of knowledge.

The value given to the intuition that captures the unconscious by Jung and Bion is the clear statement that it has nothing to do with sensory perception (7,8). It is the fundamental instrument of the analyst. Bion speaks explicitly of the trinal intuition of the analyst that allows us to discover the "O" (ultimate knowledge) (8).

The psychoanalytic apex for Bion is the unknown, that which has not yet developed, the unconscious ("O"). But this can develop to the point of being grasped by the analyst's intuition.

The clinician, through "floating action", "opens" himself to the field of the unconscious where pre-conceptions, pre-signs and pre-verbal act. Intuitive capacity acts as an instrument that initiates the cognitive process; it would be situated in the internal perception of the image (object) of desire and impulse, both moved by instinct, with their configuration of unconscious fantasy (9).

Medina reports that, when answering a phone call from a patient who apologized for the fact that he could not attend the session, he feels, countertransferentially, regret and thinks that the reason for his absence is a grief-penalty, a burial. When the client comes to the next session, he confirms the therapist's conscious fantasies by saying that he missed a funeral. A "good continent" analyst is able to intuit, receive and decipher what distresses the patient, returning to him, after elaboration, such content through interpretation (9).

Andreucci, when the patient's eyes are made of glass, realizes that all of the patient is stony, like a granite statue stuck in a mausoleum. The timbre of his voice suggests the crackling of dry leaves. These intuitive images surprisingly characterize the patient's inner world. He "visualizes" a situation similar to the one described by the patient, but removed from his own life. The image is analyzed, finding experiences from his own past (10).

Empathy - a function of the observing ego - is a method of establishing intimate contact with emotions and impulses. Intuition does the same, in the field of ideas. Such phenomena can lead to each other, constituting the basis of the "talent" for grasping unconscious meanings; the best therapists have a stock of both, that is, they have talent.

In order to understand the psychotic part of the personality, we are obliged to receive a certain form of transmission (in addition to other knowledge) through the principle of Von Domaras (identity based on the principles of predicates and identification by similarity), metonymic distortion, asyndetic thinking, metaphor, etc.

Conclusions

This article has explored the technics of clinical, psychological and psychiatric therapy in primitive mental states, whether narcissistic or severely psychotic. Over time, we have realized that many cases of resistance, or "negative therapeutic reactions" result from our own shortcomings - when we fail to sufficiently understand the true causes of patients' conflicts and, more importantly, when we struggle to manage their sensitivity. There are multiple truths, not just one.

No professional, not even the most diligent scholar, will achieve a higher degree of wisdom than the one that is aware of his own ignorance. No one is wiser than the person who acknowledges themselves as the most ignorant. This is why Nicholas Cusa wrote about learned ignorance (*De docta ignorantia*).

In this way, the intelligence, which is limited and therefore "not true", will never be able to accurately understand the truth—the Kantian "thing-in-itself" or knowledge of God. It is evident, therefore, that we do not know, and cannot know anything else about truth but that truth itself is incomprehensible in its complete accuracy, since truth is an absolute necessity that can be neither more nor less, appearing to our intelligence only as a possibility. The quality of things, which is the truth of beings, cannot be attained in its purity.

Kant concluded that the foundation of impressions cannot be known; we do not know what "things-in-themselves" are, which produce our impressions (11). Hegel argues that as long as "things-in-themselves" remain beyond reason's grasp, reason remains a subjective principle devoid of power over reality's objective structure, thought, and existence (12). If humans fail to unify the fragmented parts of their world, integrating nature and society within the domain of reason, they will always experience frustration! "The necessity of philosophy arises when the power of unification disappears in human life, or when oppositions lose their relation and their living interaction". The true form of reality, for Hegel, is reason; however, with the knowledge of unconscious fantasies, there is no need for logical, Aristotelian reason, but the application of paleological, in order to better understand the meaning of things, although through psychoanalysis various logical nuclei can be found in the individual. Duns Scotus, when he said that true good faith could not be understood and demonstrated by reason, constituting what can be created, was to a certain extent correct, although he was unaware of the power of unconscious fantasy (13).

Also, according to Hegel, what is called faith and immediate knowledge is what in other cases is called inspiration (revelation of the heart), content with which nature has impressed humans; in a more particular way, immediate knowledge and faith constitute the salutary intellect and common sense (12). Since there is something psychotic in each individual, we can argue against the Hegelian "science of logic" (*Die objective logik*) through the phenomenon that happens with schizophrenic thinking, because even in certain so-called "normal" individuals (who do not have the capacity to love, as occurs in love of the schizophrenic type,

that is, love for an object, without a deeper feeling), this phenomenon may occur due to the change in the method of thinking: we know a priori in things only what we ourselves put into them.

The schizoid, when giving love, is afraid of being engulfed by the loved one, because he does not feel confidence in what he is giving (he may be contaminated by hatred), hence his fear of contact. It is as Kant says: "the propositions of pure reason, especially when it ventures beyond the limits of all possible experience, do not admit of any kind of examination, since they exclude all experimentation with their merely thought objects; therefore, such an examination can only be made through a priori concepts and principles" (11).

Through the von Domarus principle, what happens in schizophrenics and in many neurotics - through their communications by contiguity and by the paleological principle - we can understand them and thus help them to awaken to love. Schizoids and neurotics need unconditional love, that is, without any doubt, to which we must apply Kant's principle: "what necessarily induces us to go beyond the limits of experience and of all phenomena is the unconditioned that reason demands in things in themselves".

Man wants to be free, but paradoxically he cannot stand his own freedom, because his guilty unconscious conflict does not allow it: then this freedom causes him fear and insecurity, and he fears that he will be deprived of security.

Man is a wolf for man himself (*homo homini lupus*, according to Plautus) and, at the same time, man is a God for himself (*homo homini Dei*), that is, he has death instinct (destructive aggressiveness) and

libido (divine force), which sometimes hinders his own knowledge and analytical work.

The narcissistic patient proposes himself to be forewarned, astute, seductive, deceitful and emperor of his own will: it is the resistance or fear of self-knowledge, which makes him abandon or stagnate in psychoanalysis. Many psychotherapists use the "windowpane": they see the truth through it, but at the same time, it separates them from the patient! In fact, Leclair (14) speaks of the "foundation" phase, which would be a resource of the analyst who, coniving with the fear of the patient's conflicts, closes and fixates on the shifting space of the analysis, sometimes reaching the "petrification of the setting", in Laing's expression (15). To break this situation, there must be affinity, sympathy (non-complacency or other technical defect) and intuitive grasp of the presence of the other between the analyst and the analysand. finally, "rêverie", similar to that found in Alighieri (16), in Beatrice's expression: "amor mi muove, che mi fa parlare" (Love moves me, only for him do I speak) or of the encounter of Simon-Peter with Jesus, according to Gibran (17): *And when I looked into his face, the net fell out of my hands, for*
A flame was lit within me and I recognized Him.

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In memoriam: Luiz Miller de Paiva.

Conflict of interest

None.

References

1. Soni AK. Advocating for empathetic relationships in all areas of medical practice. *Indian J Med Ethics*. 2025; X(1):76.

2. Mai S, Li L. Reliability and validity of the Consultation and Relational Empathy (CARE) Scale. *J Eval Clin Pract.* 2025; 31(1):e14296.
3. Nusbaum H. Understanding the Psychology of Practical Wisdom. *J Med Philos.* 2025; 50(2):104-116.
4. Howick J, Bennett-Weston A, Dudko M, Eva K. Uncovering the components of therapeutic empathy through thematic analysis of existing definitions. *Patient Educ Couns.* 2025; 131:108596.
5. Servadio E. Psychoanalyse und telepathie. *Imago.* 1935; 21(4):489-497. https://scholar.google.com/scholar_lookup?&title=Psychoanalyse%20und%20Telepathie&journal=Imago&volume=XXI&pages=489-497&publication_year=1935&author=Servadio%2CEmilio
6. Ehrenwald J. *Telepathy and medical psychology.* New York: WW Norton & Co. Inc. 1948; 212 pp. <https://pep-web.org/browse/document/paq.017.0545a?page=P0545>
7. Jung CG. *Collected works. Pt. I. The archetypes and the collective unconscious. v.9.* Pantheon Books 1959. https://www.jungiananalysts.org.uk/wp-content/uploads/2018/07/C.-G.-Jung-Collected-Works-Volume-9i_-The-Archetypes-of-the-Collective-Unconscious.pdf
8. Bion WR. *Second thoughts.* London: Heinemann 1967.
9. Medina GS. A intuição no processo do conhecimento em psicanálise [Intuition in the process of knowledge in psychoanalysis]. *Rev Bras Psicanál.* 1980; 14(4):481-492.
10. Andreucci JSTC. Contribuições para o estudo de situações arcaicas vivenciadas na situação analítica [Contributions to the study of archaic situations experienced in the analytic situation]. *Rev Bras Psicanál.* 1969; 3(3/4):312-340.
11. Kant I. *Textos seletos [Select texts].* Petrópolis, RJ: Ed Vozes 1974. <https://archive.org/details/textos-seletos-immanuel-kant>
12. Hegel WA. *A fenomenologia do espírito [The phenomenology of spirit].* São Paulo, SP: Abril Cultural 1974. <https://archive.org/details/fenomenologia-do-espírito-hegel>
13. Scotus D. *Escritos filosóficos. A existência de Deus, unicidade de Deus [Philosophical Writings. The existence of God, the oneness of God].* In: Os Pensadores - Tomás de Aquino, Dante Alighieri, John Duns Scot e William of Ockham. São Paulo, SP: Abril Cultural 1973; 306-334. <https://archive.org/details/os-pensadores-08-sao-tomas-dante-scot-okham>
14. Leclaire S. *Les grands rythmes de la cure psychanalytique. Recherches et débats du centre catholique des intellectuels français.* 1957; 21:44-45. <https://www.histoiredelafolie.fr/psychanalyse/les-grands-rythmes-de-la-cure-psychanalytique-par-serge-leclaire-1957>
15. Laing R. *O eu dividido: estudo sobre a loucura e a sanidade [The divided self: a study of sanity and madness].* Rio de Janeiro, RJ: Zahar 1963. <https://www.goodreads.com/book/show/35402853-o-eu-dividido>
16. Alighieri D. *A divina comédia [A divine comedy].* Belo Horizonte, MG: Itatiaia 1976; p. 93. <https://literaturabrasileira.ufsc.br/documentos/?id=228417>
17. Gibran GK. *Jesus: o filho do homem [Jesus: the Son of Man].* Rio de Janeiro, RJ: Apex 1979. https://books.google.com.br/books?id=f5oSWzHU-IoC&printsec=frontcover&hl=pt-BR&source=gbs_ge_summary_r&cad=0#v=onepage&q&f=false