



## **6 Empathy Dysfunctionality of Empathy and Sadomasochism of the Unconscious**

### **Empathy**

As Andrawis A, (2018) has defined it, empathy is the ability to put oneself in the position of a fellow human being, how he feels or where he stands and what his needs are. As well as the ability to understand another person's feelings, wishes, ideas and actions.

A person is emphatic with another if he feels he is the other. The perception and the thinking feel as if he is the other one. When interpersonal relationships are led by empathy, this has a positive influence on appreciation and harmonious coexistence.

The prerequisite is that the unconscious UBW is free from repression in humans. This results in the ability for understanding and healthy communication.

To make positive connections with other people is promoted by empathy. It is also a state of the healthy mind core for the expansion of being. In my personal opinion empathy is one of the most important abilities of a human being to lead a satisfied life. This results in a sign of healthy personal identity, self-confidence, self-esteem and in the positive sense of self-love and in the next love. We owe this to the existences of empathy.

It often happens that people distance themselves far from the behaviour that they would expect for themselves. Just then it is important to take the view of the other and to look at the world through his eyes. It is really not difficult to understand people and to understand their actions, because each person only acts out of two feelings. There are only two feelings in the world: unconscious fear and love. All resulting actions of emotions result from these two feelings. People act out of either love or fear (Andrawis A,2018).

A person's greatest motivation is to avoid pain. From this avoidance action arises fear, I personally consider to be the greatest problem of mankind and one of the reasons why our world has become in this state.

When you are ready and have understood and internalized these different emotions and actions out of love and fear, it will no longer be difficult for you to see and experience the world through a new horizon.

And to see not only with your own eyes, but also with the eyes of other people. Through empathy we will approach people in the form of reasonable action and love.

Communication and interaction with our healthy behavior towards our fellow human beings will be very simple.

Empathy is much more than what we humans can imagine, it is the prerequisite and preliminary stage for unconditional love. Thus harmony, contentment, peace, in the interpersonal relationship, and a healthy stable world view are produced.

I wish all of us from the bottom of my heart that we can succeed in being empathic, because our world is crying out for a new perspective.

## **Dysfunctionality of Empathy**

Dysfunctionality of empathy means the opposite of empathy and is therefore called a symptom. If there is dysfunctionality in the empathy of interpersonal relationships, this leads to neurotic transmission phenomena from a psychoanalytic point of view. Subsequently, energy is released for mutual sadomasochistic attacks. For example, there are two patients A and B. Affected person A is in regression or aggression and this leads to a projection in the form of neurotic transmission to person B. Thus affected person B reacts with destructive infantile behaviour pattern of the countertransmission phenomena. This can be called sadomasochism.

## **There are two different actions of empathy and antipathy**

One action is created by love and the other by fear; out of love arises empathy and out of fear antipathy! On the rational level, the so-called conscious level, almost all people can be empathic through reason. But at the so-called repressed unconscious level, there is a destructive infantile behavior pattern from previous repressions that induce symptoms of antipathy. The result is a negative influence on interpersonal relationships.

## **How does a symptom develop**

The origin of the symptom is a pathological picture which can have various causes:

Genetic, epigenetic, physical and psychological factors and the strict upbringing of children from birth to puberty. These negative factors play an important role in a person's life. Therefore, this time is also regarded as a very important stage in the life of a child. These are the characteristics of personality development that lead either to personality strength or personality disorder.

Through strict upbringing of the parents, in which the primal love and trust were violated, neither attention nor support of the parents were given. This causes injuries that cannot be overcome. This is called repressed trauma. This creates destructive infantile behavior patterns of the unconscious and this interferes with any interpersonal relationship. This is how the unconscious determines and controls our conscious behavior.

## **There are two ways to improve interpersonal relations**

First: The theoretical parts are findings about the suppressed unconscious. Second: The practical part of the application of psychoanalysis and psychoanalytic psychotherapy. In psychoanalytic therapy, the therapist collects the biographical anamnesis with the help of the patient questionnaire interviews and with the application techniques from psychoanalysis. Here the language of interpretation plays an important role during the course of the therapeutic process.

## **The language of interpretation**

This is based on three steps:

- 1.) Reconstruction from the biographical anamnesis of the patient as well as their grandparents and parents biography.

2.) Establishing a link between the biographical anamnesis, the repressed unconscious and the psychodynamics of the present of suffering and conflict.

3.) From the two points 1 and 2 mentioned above an "interpretation language" develops, which is interpreted and explained by therapists/doctors. And so, with the help of psychoanalysis, a therapeutic plan is aimed at with the corresponding goals.

## **Case study**

A mother and her son (22 years old) agree on a holiday together. One day before the journey home the son gets a fever. In the morning the health of their son improves and they do sports together. After that the son still feels ill and does not want to go to the inn, but rather to retire. He wishes the mother wouldn't stay away too long to drive home soon.

Surprisingly, there was a nice get-together with friends in the inn. In between, the mother often thinks of her son with ambivalent feelings to stay or go back to her son. She considers whether the son's absence could last too long, or whether he needs his rest and wanted to read his book. Both had their cell phones with them. About two hours later, the mother goes back to her son. The son reacts very angrily and cannot calm down. The mother apologizes to her son. He can't accept the apology, though. He's in regression. The mother reacts to her son's regression with sadness. During the psychoanalytic setting, the mother describes the situation to her analyst. In response to the therapeutic question of what prevented the mother from going back to her son as agreed and not staying away so long, the mother replies that she wanted to stay there for a while longer. To the further question whether this was more important for her than her sick son, she obviously answers yes, otherwise she would not have done it. The analyst points to her unconscious shares of guilt. The reason for this are the oedipal complexes and their antipathy symptoms induced by them. The mother cannot accept the interpretation and reacts with resistance.

The biographies of both persons were known to the analyst. In retrospect, the mother has failed her son in the role of mother. From today's point of view after successful interpretation the mother from consciousness. She loves her son above all else. From the unconscious. On the second level, however, she recognizes her own destructive infantile behavior patterns,

which she has become aware of through therapy. From a psychoanalytical point of view, the analyst pointed out

1.) The mother is a destructive infantile behaviour pattern of the unconscious from her childhood, an unresolved trauma of the child. Thus symptoms, dysfunctional empathy and sadomasochistic behaviour patterns of the unconscious towards her son manifest themselves. Loss of dysfunctional empathy also leads to a communication deficit.

From the conscious. On the second level the mother realizes that she loves her son and never wants to hurt him. However, from the unconscious share she does not recognize her own destructive infantile sadomasochistic traits that were transferred to the son. After describing the situation in the therapy, the analyst recognizes in her reaction by grief her facts as a symptom of the "feelings of guilt". But these are not directly related to the case study, but to the suppressed unconscious.

1.) Therefore the son reacts in regression like a defiant child. This has nothing to do with the psychodynamic present, but refers to his early childhood traumas, which have been repressed where primeval love and trust have been violated. But are represented here and now again by the mother with him. One speaks of "foreign object representative" of the (mother)

Through this unconscious behavior the son feels hurt, not understood and not loved. For him, the mother' absence represents traumatizations not overcome by cesarean section birth from his own childhood biography. In consequence as a "screaming child" the family was additionally burdened (ebd.).

## **Destructive shares of the unconscious with the son**

From the unconscious part of the son and his Oedipal complexes symptoms, dysfunctionality of empathy and sadomasochistic behavior patterns towards his mother manifest themselves. This can lead to loss of empathy and sadomasochistic actions transferred to the mother. Thus he remains in regression and the return journey runs silently for a few hours to punish the mother! That's what you might call "gloating." "from a pathophysiological point of view (cesarean section birth), birth trauma of the child, strict upbringing of the

parents, early loss of the father at the age of 9 years. He was also often left at home alone or with his younger brother. The present situation reminds him of the denial of the parental role at that time. From the point of view of the infant in him, the therapist may interpret that he therefore cannot accept the apology.

Why is that the case? This is not just the current example, but a representation of early childhood experiences. If the son's biography had been positive, this case study could not have hurt him, because there would have been different solutions for the situation: e.g. both could be reached by telephone, or the way to the nearby inn was short. About 20 minutes long.

## **Bibliography**

- ❖ Andrawis A (2013): The hidden part of the iceberg. A two-year patient analysis
- ❖ Bürgin D, Resch F, Schulte-Markwort M (2009): Operationalized Psychodynamic Diagnostics OPD-2. The Manual for Diagnostics and Therapy Planning, 2nd, revised edition, in German only. Publisher Huber
- ❖ Dilling H, Mombour W, Schmidt M H (2011): International Classification of Mental Disorders. ICD-10 Chapter V (F). Clinical-diagnostic guidelines, 8th revised edition, Verlag Hans Huber
- ❖ Kernberg O F (1998): Psychodynamic Therapy for Borderline Patients, Verlag Hans Huber
- ❖ Mentzos S (2010): Neurotic Conflict Processing. Introduction to psychoanalytical neuroscience with consideration of new perspectives, Fischer-Verlag
- ❖ Möller H-J, Laux G, and Deisster A (2010): MLP Dual Series Psychiatry, Hippokrates Verlag
- ❖ Möller H-J, Laux G, Deister A (2014): Psychiatry and Psychotherapy, 5th edition, Thieme Verlag
- ❖ Schuster P, Springer-Kremser M (1997): Building blocks of psychoanalysis. An Introduction to Depth Psychology, 4th edition, WUV-Universitätsverlag
- ❖ Schuster P, Springer-Kremser M (1998): Applications of Psychoanalysis. Health and Illness from a Psychoanalytical Perspective, 2nd revised edition, WUV-Universitätsverlag
- ❖ Zepf S, (2000): General Psychoanalytic Neuroses, Psychosomatics and Social Psychology, Psychosozial-Verlag

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