

Countertransference in Psychiatry Residents and Faculty During a First Psychoanalytical Oriented Interview: Does It Relate to Illness Severity?

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INTRODUCTION: Countertransference (CT) includes a full range of cognitive, affective and behavioral responses that therapists experiment with their patients. Recent evidence indicates that countertransference can help understand the psychological reality of the patient, and also be a prognostic indicator of treatment. OBJECTIVE: to evaluate the relationship between countertransference and the patient's psychopathology. METHOD: An adapted **Countertransference Questionnaire (CTQ)**, made by Betan et al, was applied to a group of psychiatry residents and teaching psychiatrists after observing a first psychodynamic psychotherapy interview through a one way mirror during the year 2013. The patients clinical severity was measured with the Clinical Global Impression Scale (CGI- severity of illness), and then categorized into mild (3), moderate (4) and severe (5). RESULTS: we found statistically significant difference between the three groups of CGI in the scores of the CTQ factor of Empathic-Involved countertransference (Kruskal-Wallis test $X^2 = 17.335, p < .000$) with mean values of 65, 03 (mild), 124,57 (moderate) and 72,58 (severe) and in the Distant-Rejecting countertransference factor (Kruskal-Wallis test $X^2 = 29.045, p < .000$) with mean values of 82,44 (mild), 39,67 (moderate) and 83,30 (severe).

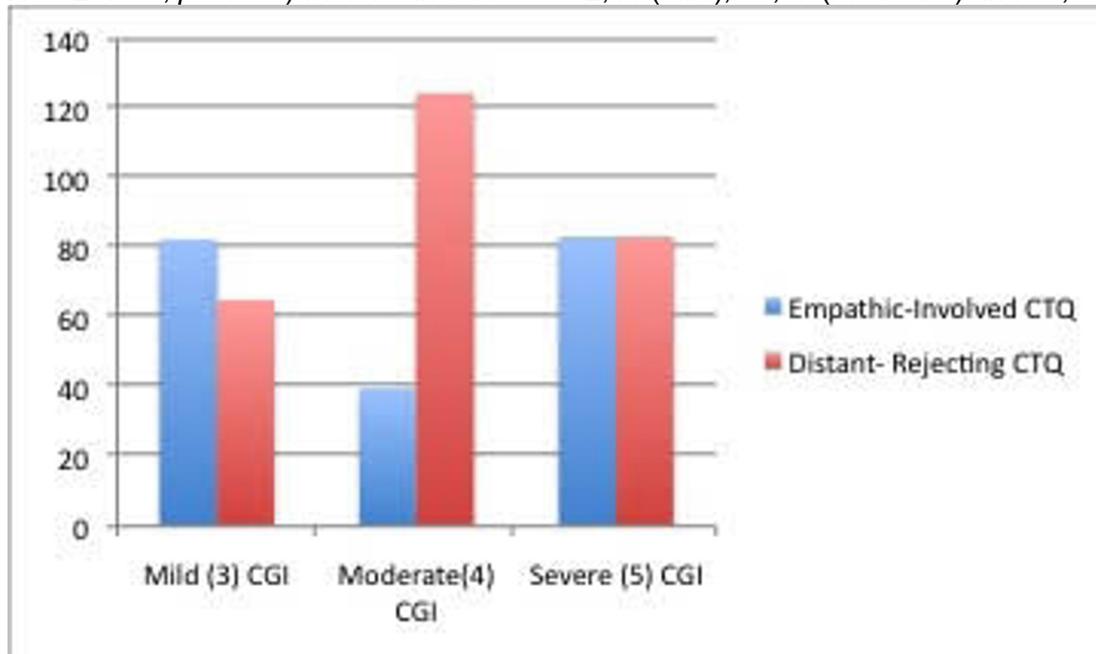


Fig 1.

Countertransference (CTQ) and Severity of Illness (CGI)

CONCLUSION: We have found controversy in the literature regarding countertransference and the patients severity of illness. Our results suggest that psychiatry residents and faculty react with less Empathic-Involved CT, and more Distant-Rejecting CT in the mild and severe patients (CGI).