



I19 Empathy for the Psychopathic Patient

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The goal of this presentation is to provide a brief review of the literature on this subject, along with the means to cross barriers of negative countertransference when navigating similar cases.

This presentation will impact the forensic science community by demonstrating how positive countertransference has been directly correlated to improved patient outcomes, particularly in psychiatry, as the therapeutic alliance remains a central focus in treatment.

Literature on this topic is extensive; however, literature on positive countertransference for criminals and psychopaths is scarce. Developing positive countertransference remains challenging for some clinicians when faced with particularly difficult patients. When clinicians are noted to struggle in their supervision to develop positive relationships with patients, supervisors recommend empathizing with such patients as a way of developing positive feelings toward them; however, certain patients, particularly psychopaths, challenge a clinician's ethics and fundamental beliefs. Hence, developing rapport with such patients remains difficult for many clinicians. Lastly, it is important to differentiate between what is positive countertransference induced by the patient's attempt to manipulate, appeal, and please the provider versus identification of true and genuine empathy on the provider's part.

The phenomenon of countertransference was first defined publicly by Sigmund Freud in 1910 as being the result of a patient's influence on the psychiatrist's unconscious feelings. The concept of countertransference was originally considered a barrier in psychotherapy, whether positive or negative. Freud originally thought it should be identified and rooted out; however, it is now considered very important in the therapy process. Otto Kernberg provided psychiatry with a totalistic way of looking at countertransference. When juxtaposed with Freud's theory, it encompasses the complete emotional reaction of the therapist toward his patient. Heinrich Racker linked countertransference with empathy. This study would like to implement Racker's model of countertransference for the purpose of this presentation.

Most of the available literature on this topic suggests that empathy for psychopathic patients among psychiatrists is quite rare and only occurs in the context of voyeuristic curiosity or envy of the criminal's ability to cross social and moral barriers. In this presentation, it is argued that genuine empathy for such patients is possible. Here is described the experience of two residents, both pursuing careers in forensic psychiatry, who provided care for such a patient with concordant rapport. This particular patient had a violent background with severe psychopathic traits; however, both providers were capable of appreciating the patient's pathology, and identifying his feelings of loss, isolation, illness, and decay. This presentation will also provide a brief review of the literature on this subject, along with the means to cross barriers of negative countertransference when navigating similar cases.

Psychopathy, Countertransference, Empathy