



BOUNDARY VIOLATIONS

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TRANSFERENCE AND COUNTERTRANSFERENCE

Past experiences, especially those from early childhood, affect the way people view and react to one another.

“Transference” is the unconscious displacement or projection of feelings, attitudes, and expectations of significant people in the patient’s early childhood, especially parents, to current relationships. For example, if a patient was raised by parents perceived to be overly critical, the patient might view and react to his or her physician as overly critical.

“Countertransference” is the physician’s displacement of feelings and attitudes onto the patient in reaction to a patient’s episode of transference or other actions. These feelings and attitudes also arise from situations and conflicts in the doctor’s past or experiences with other patients.

Residency is an ideal time to facilitate the skill of “self-reflection” in trainees, so long as time is set aside to process these feelings. Caring for patients frequently involves powerful emotions and feelings. The pressures of residency conversely offer a unique environment to uncover feelings arising from past conflicts due to vulnerabilities exposed by stress and fatigue. Residents may benefit from opportunities to discuss these feelings and to learn to channel them more therapeutically.

For instance, a diabetic patient may have an underlying alcohol use disorder and be noncompliant or non-adherent with a doctor’s recommendations. The physician may respond to this patient in a variety of ways: anger and/or frustration; overlooking or avoiding the alcohol issue; or making excessive efforts to rescue the patient and keep him/her from taking responsibility for his/her decisions. The physician’s response may be rooted in his/her own personal experiences. A physician may unconsciously respond to patients as s/he either responded or wishes s/he had responded to a close relative or friend with a substance use problem.

Programs should provide opportunities to enhance the insights of residents on why they feel certain ways when encountering particular types of patients. This will lessen the emotional toll on the resident, and help him/her to develop better therapeutic responses to his/her patients.