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Countertransference and Empathic Problems in Therapists/Helpers Working with Psychotraumatized Persons

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Countertransference in therapists working with patients with posttraumatic stress disorder (PTSD) differs from countertransference in other psychotherapeutical settings. In this article we discuss the specificities of countertransference in treating PTSD patients and its relation to empathy. The most difficult countertransference problems occur in treating multiply traumatized patients. Countertransference may occur towards an event (e.g., war), patients who have killed people, as well as to colleagues who avoid treating PTSD patients, or towards a supervisor who avoids, either directly or indirectly, supervision of therapists working with PTSD patients. Our recommendation for the prevention of problems in treating PTSD patients include : 1) careful selection of the therapist or helper, both in the personality structure and training; 2) prevention by debriefing and team work and peer supervision; and 3) education – theoretical, practical, and therapeutical.

Key words: Croatia; defense mechanisms; ethnic groups; identification (psychology); psychoanalytic therapy; psychology, clinical; PTSD; psychotrauma; war