Another countertransference reaction to the MO patient has been termed “malignant pseudo-identification.” This reaction occurs when a psychopathic individual consciously imitates, or unconsciously simulates subtle narcissistic characteristics of the clinician.17 This process fosters the clinician’s identification with the patient, which ultimately renders the clinician vulnerable to manipulation. Mr M was residing in a residential treatment unit of the prison because of his frequent threats of suicide and serious past suicide attempts. Dr F—who was Mr M’s attending psychiatrist—was well known by staff and patients to be an academician interested in studying and understanding criminal behavior. Professionalism and countertransference are two concepts fundamental to the education of the psychiatry resident. However, teaching and incorporating them into residency training can be challenging. The current training atmosphere places the resident in a position of divided loyalties (hospital, training program, supervisor) while also asking the young physician to navigate the complex ethical and professional boundaries of medical culture and practice. Furthermore, as the movement away from psychotherapy training in psychiatry residency increases, opportunities for countertransference training and handling countertransference issues with the difficult patient did not have their own insight psychotherapy as part of their training. Most were. A psychoanalytic therapist uses these distortions as the focus of the treatment. Toward a More Complete 401(k) - Employee Benefit Research Institute. Nov 10, 1981 - A monthly newsletter from the EBRI Education and Research Fund. This article addresses the definitional and measurement barriers currently inhibiting countertransference research and indicates new pathways toward meaningful and clinically relevant countertransference research. First, I review the countertransference definitional debate and advocate for the adoption of a moderate countertransference definition.