

Psychosocial and Cultural Dimensions

Culture, Empathy, and the Therapeutic Alliance (Ullrich, 2019)

Annotation by Helen Ullrich

The essence of empathy is attending to another's perspective. As a result, the other feels understood even if from another culture, socioeconomic or racial background. The implied respect of the other person is the basis of a therapeutic relationship. In this brief prologue to "Culture, Empathy and the Therapeutic Alliance," I present a case study illustrating the rapidity with which a negative transference can change into a positive transference. In conclusion, I discuss the possible impact from changes in medicine as it becomes less of a profession and more of a business.

While doing Social Security evaluations, I encountered an individual radiating hostility as she entered my office. Who was I to challenge her, as this was a single evaluation? Moreover, she was of a different race and socioeconomic background from me. As a physician, my role was to learn about her. So I accepted her hostility and listened. By the end of the session, she was volunteering appropriate information and providing background to my queries. The hostility had dissipated. The result was so striking that I asked about this change. Her comment, "You are the first physician to listen to me," still gives me goose bumps.

My concern about the medical profession is the depersonalization of patient treatment. Without cooperation between patients and physicians relevant information may be ignored. The patient may be ignorant of what information is important, and the physician is under time pressure to see other patients. As in the case presented, the person willingly disclosed appropriate information when she perceived the physician listened to her. When she expected to be ignored, her hostility took precedence. If empathy can have such an impact in one session, one wonders about the impact on patient treatment over a period of time. Will hostility become the norm for patients who perceive themselves to be on an assembly line? Will the professional identity of physicians lose the quality of empathy that supports therapeutic relationships?

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There is a reciprocal quality to empathy. Often, my patients reacted to my apology when I was late, "You spent more time with me when I needed it." Bureaucratic limitation on the frequency or duration of a session, I argue, may alienate patients and physicians as well, even resulting in early retirement for physicians who lack the option of a private practice. Many of the empathic qualities taught in medicine help patients to form collaborative relationships with their physicians and result in better outcomes. I think this part of our professional identity is threatened and hope it can be preserved.

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