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Short communication

A “good enough” remote psychodynamic psychotherapy – A psychiatry trainee’s novice experience during Coronavirus pandemic☆

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ABSTRACT

Covid-19 pandemic and the public health measure have forced an en masse transition to remote therapy from physical sessions. Remote psychodynamic psychotherapy is not a new treatment modality, but its effectiveness in holding the analytic frame has been concerned by some therapists. We would like to highlight some of the therapeutic processes involved with remote psychodynamic psychotherapy, via the help of a narrative experience of a psychiatry trainee who was novice to this delivery method of therapy. Reflections on these concerns have been made in line with the experiences highlighted.

1. Introduction

Since the coronavirus disease outbreak in 2019, it has yet to show any signs of abating. As people are unsure how long it will last, the public health measure of physical distancing has forced an en masse transition from physical to remote therapy. Remote therapy is when both therapist and patient are not present in the same room, but is conducted via telephones or technologies such as Skype, FaceTime, Teams, Zoom, etc. While the therapists need to be sufficiently confident with these innovations of therapy delivery, they often have other issues to consider besides the access to technical support.

Across all therapy modalities, concerns have been raised about whether a good working relationship can be established online, apart from the ethical and confidentiality issues (Connolly et al., 2020). Though remote therapy is not a new treatment modality, many psychoanalysts and psychodynamic psychotherapists seemed to have additional concerns regarding the violation of the analytic process and analytic frame (Scharff, 2018). Many opine that remote analysis could be a distortion of the analytic frame, which cannot support an authentic analytic process (Scharff, 2013). Although careful attempts could be made to hold this frame via regularity of treatment process just like physical sessions, remote method has its own challenges. However, in response to the pandemic, all therapists must improvise new ways of delivering psychological treatment (Scharff, 2018).

We would like to highlight some of the therapeutic processes implemented via remote therapy, with the help of a narrative experience of a psychiatry trainee who first conducted online psychodynamic therapy for his patient who suffered from narcissistic tendency and struggled with imperfections. Reflections on these concerns have been made in line with the experiences highlighted.

2. Narrative experience and reflection

“I was totally lost when I first started the psychotherapy. Due to the current pandemic and restriction, the whole psychotherapy had to be conducted remotely. Compared to others, it was good because I could hide my diffidence behind the computer screen. Unlike manualized psychotherapy, I was unconfident as the gist of psychodynamic psychotherapy abides by the spirit of free association in working with one’s unconscious. I could still remember how panicky I was during the sessions and hoped they would end soon. I was too afraid to show my vulnerability to the patient and supervisors. This inner conflict of wanted to be seen as a trained therapist had worsened my fear, though it was well-masked by the digital screen.”

The lack of physical presence in remote therapy might interfere with the therapist’s provision of holding environment (Argentieri and Mehler, 2003; Connolly et al., 2020; Ehrlich, 2019; Freud, 1926; Migone, 2013; Roesler, 2017; Scharff, 2010, 2013, 2018; Svenson, 2020; Winnicott, 1953; Spoonley et al., 2020), but in this case, the medium through which psychodynamic psychotherapy was delivered had

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instead served as an external holding object for the novice therapist. When he and his client entered the therapy, they brought along the ongoing acute trauma (i.e., the sense of national catastrophe in times of loss experienced during this pandemic) and unresolved traumas that the acute wound had stirred up (i.e., the personal vulnerability relatable to one’s own psychic experience). Hence, they mirrored each other and slid into re-enactments with the use of this technological medium. The therapist felt inept to remedy his patient’s imperfections. Therefore, the use of remote therapy in this aspect might also create a sense of loss, or even be traumatizing for both the therapist and the patient (Argentieri and Mehler, 2003), if the transference and countertransference are not kept in mind.

“The beauty of psychodynamic psychotherapy supervision is that the reflection was for the patient and therapist. Through supervisions, I discovered my unconscious fears and hypervigilance towards imperfection, where what I was facing had mirrored the patient’s struggle. We experienced the same vulnerability with harsh super-ego. I became emotional after realizing the limitations of my knowledge and skills, but was fearful of exposing them. With self-reflection, I slowly opened up and was not afraid to let my patient knew that I was just a trainee. Subconsciously, every reflection for her was also an inner conversation with me.”

Many therapists concern about the impact of remote analysis on the transference-countertransference. Our psychiatry trainee who identified with his patient’s vulnerabilities and enacted by attempting to use the digital screen to foster the development of an illusory, idealized image of an experienced therapist (Roessler, 2017), was an indicator that this analytic process could still occur. However, some analysts might find it hard to endure and consider this experience as an intrusion of work into personal space and feel like an arduous in relation to the constrictive needs to stay within the view of a digital screen (Svenson, 2020).

"Remote therapy is an innovative risk-free move for both the therapist and patient during pandemic. Its comfort lies in geographic and logistical flexibility, with more cost and time effectiveness. The concern for a good working relationship also involves question if the therapists could connect emotionally with the patients. The lack of embodiment and non-verbal cues might dull therapist’s sensitivity to unconscious affect (Scharff, 2010). However, these limitations ought not to inherently create distance. Instead, it may unearth the deep emotional wounds around distance in both the therapist and patient (Ehrlich, 2019). A “good enough” remote psychotherapist is sometimes more important, just like the concept of a good enough mother (Winnicott, 1953). She needs not to be perfect, but just good enough to be present and emotionally available to the child.

There is also the question of the loss of familiarly structured therapeutic spaces which one encounters in physical sessions. While it seems what the therapists could obtain is only on and from the screen, some also find that the screen changes the texture of human intimacy. We do remain fully frontal for 50–60 min with remote therapy, which can aggravate an already anxious situation. The screen also gives an unconscious pressure that one must keep his face visible within the view of the camera. Although it is not a rule during remote psychodynamic psychotherapy, both parties are conscious of having to look at each other’s faces with more intensity. The tears and cracks in the voices can be seen, and so too the subtle changes of the therapist’s unconscious expression.

"Another limitation of remote therapy pertains to confidentiality and technical issues. The field captured by the cameras of the gadgets or computer is limited. Then there are technological glitches such as unstable internet connection, problems with the video chat platform, frozen screens and dropped calls. These are not conducive to the therapeutic experience."

Surely, remote therapy is not widely permitted across different populations with dissimilar levels of technological literacy. Furthermore, the practicality of infrastructure is beyond our control. While psychodynamic psychotherapists may consistently have to deal with the challenges of maintaining professional and analytic boundaries, patients may also have problem in finding a suitable space for online sessions. They might perceive this communication as more impinging when their personal space is seen, thus, feeling exposed and ashamed (Svenson, 2020). By considering the real impact of these technical challenges and practical impossibility encountered by the patients, we ensure ourselves not coming across as rigid adherents to the analytic frame, which could lead the patients to experience us as lack of human touch in helping them.

To overcome these challenges, our psychiatry trainee had prepared himself by speaking to his peers who had conducted online therapy, reading guidelines on remote therapy, and by having weekly supervision. He had also prepared the patient with an early discussion on the delivery method and treatment contract emphasizing on the assurance of treatment setting at both ends was private, with no risk of being overheard or intruded upon, in line with the advice of the Confidentiality Committee of the Institute Psychoanalytic Association in 2021. The trainee also chose his regular clinic room for sessions to avoid distraction and to give a psychical sense of security to the patient, thus, maintaining his professional demeanor and commitment to their work.

3. Conclusion

We would like to summarize the trainee’s experience with remote psychodynamic psychotherapy from the eastern concept of kintsugi where it is about picking up the broken pieces of self, joining them back together with gold, and re-assembling the beauty underneath the scars. In present situation, coronavirus represents the reality of a life-threatening illness (real angst) (Freud, 1926). It denotes a form of acute trauma, soon to be chronic for everyone. Thus, we process the same trauma our patients do (Svenson, 2020). Even though the pandemic may seem to have ruptured our existing world, it does signal an inflection point, “when opportunities and risks multiply, and when new structural scaffolding is erected” (Spooner et al., 2020). Sustaining and promoting social cohesion should be a key consideration as we embrace the concepts of non-attachment and acceptance of change. A mindset of perfectly rhymed in-person work must be addressed with the capacity to let go of the imperfections. Nevertheless, hope is to be kept in a thoughtful remote therapy; it will preserve the analytic frame, though it stretches it.

Ethical statement

Written informed consent was obtained from the patient. De-identification was done.

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Authors contribution

All authors contributed to the article with ideas, concepts and the actual write up. Chong Seng Choi: contributed to the ideas, concepts and write up. Ang Jin Kiat: contributed to the ideas, concepts and
proofreading. Tan Khai Pin: contributed to the write up. All authors have approved the final article.

Conflicts of interest

Nil.

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