Comparing Psychoanalytic Process in Consulting Room and Teleconference: A naturally occurring controlled experiment

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BACKGROUND AND RATIONALE

• Recent studies in the field of telehealth have established the efficacy of Telepsychology in treating post-traumatic stress disorder, eating disorders, and depressive disorders (Anderson et. al., 2017; Bolton & Dorey, 2015; Varkey, Brand, Ward, Terhaag, & Phelps, 2019).

• A number of studies have considered the efficacy of Teletherapy compared to similar therapy conducted in person. For example, Stone, Reese, and McClellan (2012) reported similar effect size for individuals who engaged in third-wave/cognitive-behavioral therapies in person and via Teletherapy. There are few controlled studies that compared the efficacy of psychoanalytically oriented therapies in CR and VC, and none reported having studied psychoanalysis in this way.

• Some clinicians have postulated that psychoanalysis cannot be conducted via telecommunication, arguing that treatment delivered in this manner must instead be considered supportive therapy (Argenders & Methner, 2003). They cite violations of the therapeutic frame, the inability to develop transferance/countertransferance, and lack of analytic process as key impediments to conducting psychoanalysis via Telehealth.

• Others have suggested that Telepsychoanalysis is similar in process to traditional analysis (e.g. Hanly, 2007, Carlin, 2012).

• When public health guidance for COVID-19 advised or required clinicians to close their offices, many psychoanalysts transitioned their cases from their consulting room (CR) to videoconference (VC).

• The present study — a naturally occurring, controlled experiment compared the psychoanalytic process in CR and in VC in the same patient-clinician dyad. It also examined whether the patient’s defensive style might be associated with adaptation from CR to VC.

PARTICIPANTS AND METHODS

• The present study was approved by the Institutional Review Board of the University of Tennessee-Knoxville.

• Participants were recruited via ACPEinc. accredited training institutions and were eligible to participate if they had transitioned at least one patient from CR to VC.

• Clinicians were asked to indicate basic information about their patient, including phase in analysis (beginning, middle, concluding, or terminating), and the quality of the analytic process (0-100).

• Clinicians were also asked to indicate the adaptive style of their patient via the Defensive Functioning Scale (DFS; Porcerelli, Cogan, Markova, Miller, Mickens, 2011).

• Forty-one percent of the sample identified as candidates and 38% percent of the sample identified as training analysts in ACPEinc. accredited programs.

• Forty-individuals participated in the study. These participants provided a total of fifty cases.

RESULTS

• A related-samples Wilcoxon Signed-rank Test indicated that there was no difference in the quality of the psychoanalytic process between CR and VC (Z=1.417, p=.156).

• Results did, however, reveal significant differences in psychoanalytic process between CR and VC within the study population (Z=2.738, p=.006).

• Results CONT’D

• Individuals with tendencies to engage in Minor Image Distortion (devaluation, idealization, omnipotence) defenses were more likely to demonstrate more positive psychoanalytic process in CR compared to VC (Z=2.96, p=.003).

• The present study also presents the novel finding, that the similarity between psychoanalytic process in these two modalities may be related to the patient’s defensive functioning (adaptive style). Specifically, individuals with ODFs in the Minor Image Distortion defenses on the DFS appeared more likely to demonstrate better analytic process in CR than in VC. This may indicate that individuals with this adaptive style may be adversely affected by the limits placed on the clinician-patient relationship by VC.

• This preliminary study offers empirical support for the use of Telepsychoanalysis for established patients. Further study is required to identify which individuals may benefit more from in-person or televideo-based psychoanalysis.

DISCUSSION

• The findings of the present study offer support for the view that the psychoanalytic process, once established, is generally the same in CR and VC.

• The present study also presents the novel finding, that the similarity between psychoanalytic process in these two modalities may be related to the patient’s defensive functioning (adaptive style). Specifically, individuals with ODFs in the Minor Image Distortion defenses on the DFS appeared more likely to demonstrate better analytic process in CR than in VC. This may indicate that individuals with this adaptive style may be adversely affected by the limits placed on the clinician-patient relationship by VC.

FURTHER INFORMATION

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