

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



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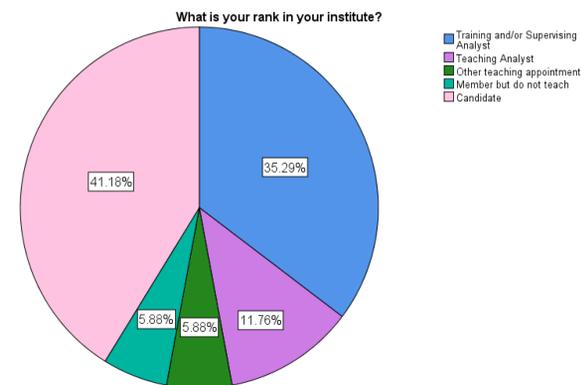


## BACKGROUND AND RATIONALE

- 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 & Dorstyn, 2015; Varker, Brand, Ward, Terhaag, & Phelps, 2019).
- A number of studies have considered the efficacy of Teletherapy compared to similar therapy conducted in person. For example, Slone, 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 posited that psychoanalysis cannot be conducted via telecommunication, arguing that treatment delivered in this manner must instead be considered supportive therapy (Argentieri & Mehler, 2003). They cite violations of the therapeutic frame, the inability to develop transference/countertransference, 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, Carlino, 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.

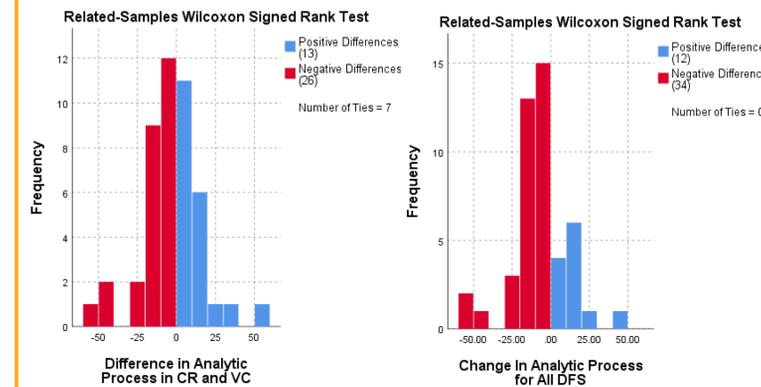
## PARTICIPANTS AND METHODS

- 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.

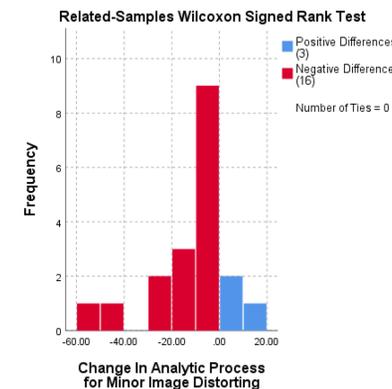


## RESULTS CONT'D

- A related-samples Wilcoxon Signed-rank Test indicated that there was no difference in the quality of the psychoanalytic process between CR and VC ( $Z=-1.417, p=0.156$ ).
- Results did, however, reveal significant differences in psychoanalytic process between CR and VC within the study population ( $Z=-2.738, p=.006$ ).



- 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 ( $Z=-2.96, p=.003$ ).



- There was no change in the quality of psychoanalytic process between CR and VC for individuals whose defensive functioning was at the levels of Mental Inhibition ( $Z=-.445, p=.656$ ), Disavowal ( $Z=-.255, p=.798$ ), Major Image Distortion ( $Z=-.368, p=.713$ ), or Action ( $Z=-1.342, p=.180$ ). No patients who functioned at a mature level or at the level of defensive deregulation were reported.

## 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.
- The present study also found that for individuals with a Major Image Distorting or Disavowal defensive style, there were no differences in analytic process between CR and VC. This finding is in contrast to the widely held notion that borderline individuals tend to do better in VC. This finding merits further attempts at verification. The present study offers some support for the psychoanalytic treatment of individuals with borderline defenses in CR or VC, with neither being superior to the other.
- 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.

## HYPOTHESES

- Hypothesis I: We hypothesized that there will be no differences in analytic process in the consulting room and in videoconference.**
- Hypothesis II: We hypothesized that the patient's level of defensive functioning will be associated with the capacity to maintain the analytic process when the site of the analysis changes from consulting room to videoconference.**

## RESULTS

- We conducted a repeated measures analysis of psychoanalysts' assessment of the analytic process before and after initiating Telepsychoanalysis. We used non-parametric statistics to compare the ratings of analytic process in CR and VC. We calculated the Overall Defensive Functioning (ODF) of the patients from the data provided by clinicians.

## FURTHER INFORMATION

- Disclaimer: The opinions or assertions contained in these presentations are the private views of the authors and are not to be construed as official or as reflecting the views or policies of UTKnoxville or the ACPEinc.
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