What are the Characteristics and Concerns of High and Low Raters of Psychodynamic Treatment to Chinese Students Over VCON?[1]

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Abstract

In an earlier study, Gordon and colleagues (2015), surveyed 176 therapists, supervisors, and teachers in the China American Psychoanalytic Alliance (CAPA) and found that the psychodynamic constructs hold up well when treating Chinese patients over videoconferencing (VCON). Over-all, expert raters felt that psychodynamic treatment over VCON was only slightly less effective than in-person treatment. However, there were a small number of therapists who had strong feelings against VCON treatment. In this study we asked what differentiated low raters from higher raters of treatment effectiveness. This study focused on the ninety-four therapists, who completed the survey questions on treatment issues. As hypothesised, gender and profession (psychiatrists, psychologists, social workers, and others) were not significantly related to how therapists rated the effectiveness of treatment over VCON. Also as hypothesised, the number of years doing therapy and number of years using VCON were also both not significantly related to how therapists rated the effectiveness of treatment over VCON. As hypothesised, low effectiveness raters and higher raters significantly differed on all the questions regarding specific psychodynamic variables over VCON: symptom reduction, exploring mental life, working with transference, working though relational problems, working with resistances, privacy concerns, and countertransference ($p < 0.001$ for all these comparisons). Low raters felt that exploring the mental life of the patient was most affected by VCON and working on transference was least affected by VCON.

Nevertheless, low raters and higher raters of effectiveness generally agree that treatment over VCON is valuable since it offers quality treatment to underserved or remote patients, and it is valuable when the patient is house-bound or travel would be impractical. The few who were most critical of treatment over VCON were perhaps comparing it to the more familiar psychoanalytic conditions rather than considering new ways to extend psychodynamic thought and services.

Key words: online psychodynamic psychotherapy, China American Psychoanalytic Alliance (CAPA), videoconferencing (VCON) treatment.

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Psychological treatment over the internet with videoconferencing (VCON) extends services to many underserved populations around the world. However, we know little about how VCON psychodynamic psychotherapy differs from in-person (or embodied) psychodynamic psychotherapy.

Backhaus and colleagues (2012) looked at sixty-five studies of videoconferencing psychotherapy (VCP). They found that VCP has been used in a variety of therapeutic formats and with diverse populations, is generally associated with good user satisfaction, and is found to have similar clinical outcomes to traditional face-to-face psychotherapy.

However, it is possible that the more the treatment depends on a therapeutic relationship, as in the case of psychodynamic treatment, the more there may be problems with online treatment. Bayles (2012) states that Skype can be a productive asset to psychoanalytic treatment. However, Bayles, is concerned that physical proximity is a factor in the psychoanalytic situation. She writes that technology could limit access to the kinds of vital information that our sense modalities contribute to the analytic process.

Sucala and colleagues (2012) reviewed the literature on "E-therapy" and found of the 840 reviewed studies, only eleven (1.3%) investigated the therapeutic relationship. Cognitive behaviour therapy with less emphasis on the working alliance and more emphasis on technique with cognitive learning as the goal, would seem to be a natural treatment for the internet. Empirical studies support this. Johansson and colleagues (2013) report studies showing no differences between internet-delivered cognitive behavioural therapy and in-person cognitive behavioural therapy for mild to moderate depression, anxiety disorders, and somatic problems.

Although psychoanalysis and psychodynamic treatment require more of a therapeutic "presence" than other psychotherapies, there remains the question of how much the internet filters the interpersonal psychodynamic constructs.

Berle and colleagues (2015) administered a survey to fifty-five patients asking them to rate their preferences for various forms of therapy delivery including treatment over the internet. Not surprisingly, the results suggested that patients overwhelmingly preferred individual face-to-face therapy.

Scharff (2013a) cited a study by the American Psychoanalytic Association that found that 28% of analysts reported using the phone, 9% using Skype for psychotherapy, and 4% using Skype for psychoanalysis. Scharff states that online supervision and online analyses are part of the repertoire of current practice; and, when used with care, the internet has the potential to allow teaching and treatment to occur when it would otherwise be impossible.

The issue of privacy with providing treatment online is another area of debate. Churcher (2012) was concerned that in the virtual environment of

cyberspace, we have less knowledge about our immediate physical and social environment to make reliable judgments about whether a conversation is private. However, Scharff (2013a) replied that we need to work on weighing the benefits against the risks with teleanalysis. She argues that there will be fewer concerns when there is more discussion at our association meetings, and more systematic research as to whether teleanalysis can provide a secure setting and can meet the standard of being clinically equally effective.

Skype and most other videoconferencing services offer privacy with the use of varying degrees of encryption. HIPPA (Health Insurance Portability and Accountability Act of 1996) compliance however, is another matter if there is electronic billing for insurance. For example, Skype is not HIPPA compliant since it does not notify clinicians when security breaches occur and because it does not claim to be so. Other VCON services such as VSee and Zoom are HIPPA compliant and do immediately report any breach of personal health information.

Paolo (2013) feels that online therapy is simply a different form of therapy than standard psychoanalysis. Dettbarn (2013) discussed Skype as a third "secret sharer" in the analytic process. She wondered what feelings, fantasies, and thoughts analyst and client entertain when they experience each other over the internet. Dettbarn brought up questions about the absence of spatial and physical proximity and the development of trust, denial of the reality of separation and mourning, internet as a protection against the real dangers in a physical presence (violence, aggression, sexual seduction), and if transference, resistance, and regression will seem more magical.

The less sense of propinquity in treatment may be why, despite the effectiveness of online treatment, there might be a higher drop out rate as compared to in-person treatment as reported by King and colleagues (2014).

Caparrotta (2013) claims that digital technologies need to be embraced responsibly and with an open mind by the psychoanalytic profession. This seems to be occurring as indicated by three recent books on the topic, *Psychoanalysis Online*: *Mental Health*, *Teletherapy and Training*, and *Psychoanalysis Online II*, both edited by J. S. Scharff (2013b, 2015), and *Psychoanalysis in the Technoculture Era* edited by Lemma & Caparrotta, (2013). J. S. Scharff's (2013b, 2015) books emerged from an international workgroup of colleagues from the International Psychoanalytical Association (IPA) and the International Institute for Psychoanalytic Training (IIPT) studying the practice of psychoanalysis and psychotherapy conducted on the telephone and over the internet.

Fishkin and colleagues (2011) reported on teaching and treatment offered by the China American Psychoanalytic Alliance (CAPA), which provides treatment, education, and supervision to Chinese mental health

professionals over the internet. They discussed the success of the programme and how the cultural issues as well as aspects of the transference and countertransference are shaped by the virtual nature of the technology. D. E. Scharff (2015) reported that another psychoanalytic distance learning institute, the International Psychotherapy Institute has also had great success in the use of videoconference technology.

Recently, in a special issue of the round robin newsletter entitled "Working electronically", Lynch (2015) expressed the concerns about working online. Lynch wrote that he was involved with the Sino-American Continual Training Project for Senior Psychodynamic Psychotherapists. He wrote,

> There are two obvious benefits of providing psychoanalytic therapy and training in an online modality. First, this modality increases the availability of psychoanalysis, psychotherapy, and training to potential patients and candidates from remote areas. It also provides the opportunity for continuity for those patients who otherwise are unable to come to an analyst's office with frequency due to long travel distances or to employment conditions.

Yet, Lynch had doubts that the standard analytic situation could be carried out online since the analyst's physical presence is held to be so important.

In an effort to study if psychodynamic constructs (i.e., analysis of transference, resistances, defences, mental life, etc.) can be effectively conveyed online, Gordon and colleagues (2015) emailed 300 past and present members of CAPA requesting that they respond to an online survey about their experiences in teaching, supervising, and treating Chinese students over VCON. The CAPA faculty is mainly English speaking Westerners, mostly from the US. Of the 300 email requests, 176 took the online survey, roughly a 59% response rate. The respondents were 65% female, 37% were psychologists, 33% were social workers, and 22% were psychiatrists. The teachers (n = 130) had an average of 18.35 years of experience (SD = 9.72), supervisors (n = 152) had an average of 18.63 years of experience (SD = 10.21), and the therapists (n = 163) had an average of 23.84 years of practicing psychoanalytic treatment (SD = 7.44). Seventy-nine per cent (n = 175) stated that they have been using videoconferencing (VCON) for three or more years for doing teaching, supervising, or treatment (M = 4.21, SD = 2.14). The results indicated that teaching, supervision, and treatment were all rated in the range of "slightly less effective" than in-person, with supervision rated significantly more effective than teaching and treatment over VCON; when doing psychodynamic treatment over VCON the issues of symptom reduction, exploring mental life, working on transference, relational problems, resistance, privacy issues, countertransference, are all equally rated in the range of "slightly less effective" than

in-person treatment; the highest significantly rated indications for treatment over VCON are: "To offer high quality treatment to underserved or remote patients" and "When patient is house-bound or travel would be impractical", and the highest significantly rated contraindication for treatment over VCON was: "Patient needs close observation due to crisis or decompensation".

Since the CAPA mailing list included members of CAPA who dropped out, this added more variance to the sample in that it included dissatisfied experts.

We wish to know more about this group of therapists who did not think that online treatment was effective. There were 42 out of 102 therapists (41%) who rated treatment effectiveness either "1" or "2" (1 = much less effective, 2 = less effective than in-person, on a 7 point scale). We wanted to investigate their characteristics and concerns about psychodynamic treatment of Chinese students over VCON.

We hypothesised that gender, profession (psychiatrists, psychologists, social workers, others), years doing therapy, and number of years using VCON would all not be significantly related to how therapists rated the effectiveness of treatment over VCON.

However, we predicted that low raters would feel that the psychodynamic constructs (i.e., symptom reduction, exploring mental life, working with transference, working though relational problems, working with resistances, privacy concerns, and countertransference issues) would not translate effectively over the internet as compared to in-person treatment. However, we also hypothesised that the low raters and higher raters (i.e., scores 3 = slightly less effective, 4 = no difference than in-person, etc.) would agree that there was value in VCON treatment in that it offers high quality treatment to underserved or remote patients, and it is valuable when the patient is house-bound or travel would be impractical.

METHOD

We recruited our expert participants from the email list of 300 past and present China American Psychoanalytic Alliance (CAPA) teachers, supervisors and therapists. The email notices stated that participation is voluntary and anonymous. They were given a link to the online survey on Survey Monkey where their responses to the questions were automatically stored and exported to SPSS for analysis. We stated in the survey: "Answer only the questions as they apply to your work with CAPA. There may be issues with differences in education, language, and cultural between your CAPA students/supervisees/patients and your in-person American students/supervisees/patients. For the sake of this research, please assume 'all other things being equal' though this is not easy to do."

The executive members of CAPA initially screened all the participants for their expertise before they were allowed to offer their services to CAPA. Additionally, the results indicating the many years of teaching, supervision, and treating, support our methodological assumption that this is a survey of expert opinion.

For this current study, we specifically looked at only the responses of CAPA therapists and only looked at the following questions regarding demographic, profession, and experience:

1. gender
2. profession
3. years doing therapy
4. years using VCON
5. "How does videoconferencing compare to in-person treatment in reducing symptoms?"
6. "How does videoconferencing compare to in-person treatment in exploring the mental life of the patient?"
7. "How does videoconferencing compare to in-person treatment in working on transference?"
8. "How does videoconferencing compare to in-person treatment in working through relational problems?"
9. "How does videoconferencing compare to in-person treatment in working with resistance?"
10. "How does videoconferencing compare to in-person treatment in creating a sense of privacy?"
11. "How does videoconferencing compare to in-person treatment in dealing with countertransference issues?" and the importance of these treatment indications
12. "To offer high quality treatment to underserved or remote patients,"
13. "When patient is house-bound or travel would be impractical"

DEMOGRAPHICS

There were ninty-four CAPA therapists who completed the survey questions on treatment issues, of those fifty-five were female. Seventeen were psychiatrists, forty-one were psychologists, twenty-seven were social workers, and nine were other.

RESULTS

In order to avoid false positives due to the high number of comparisons (13), we set the alpha level for significance at $p < 0.001$. We used ANOVA with harmonic means to analyse the demographic variables, and with

each of the questions, we used Levene's Test for Equality of Variances (with equal variances not assumed) and Paired T tests for our specific hypotheses. Also to control for the wide differences in variances we assigned a "1" for low scores (1–2) and a "2" for high scores (3–7).

We hypothesised that profession, gender, years working with VCON, and treatment online would not be factors in the ratings. As hypothesised: using ANOVA with harmonic means, profession (psychiatrist N = 17, psychologist N = 41, social worker N = 27, other N = 9) ($p = 0.20$) and gender ($p = 0.11$) were not significantly different in how therapists rated the effectiveness of treatment over VCON.

As hypothesised: the number of years doing therapy ($p = 0.27$) and number of years using VCON ($p = 0.42$) were also both not significantly different in how therapists rated the effectiveness of treatment over VCON.

As hypothesised: low effectiveness raters and higher effectiveness raters significantly differed on all the questions regarding psychodynamic treatment over VCON: symptom reduction, exploring mental life, working with transference, working though relational problems, working with resistances, privacy concerns, and countertransference ($p < 0.001$, 2-tailed, for all these comparisons).

Low effectiveness raters differed from the higher effectiveness raters in all the questions on psychodynamic psychotherapy constructs (in order of degree of mean differences) (1 = not effective, 2 = effective):

"How does videoconferencing compare to in-person treatment in exploring the mental life of the patient?" mean difference = 0.86 (low n = 29, M = 1.03, SD = 0.19; high n = 57, M = 1.90, SD = 0.31, $p < 0.0001$)

"How does videoconferencing compare to in-person treatment in reducing symptoms?" mean difference = 0.79 (low n = 31, M = 1.10, SD = 0.30; high n = 52, M = 1.89, SD = 0.32, $p < 0.0001$)

"How does videoconferencing compare to in-person treatment in dealing with countertransference issues?" mean difference = 0.72 (low n = 24, M = 1.08, SD = 0.28; high n = 62, M = 1.80, SD = 0.40, $p < 0.0001$)

"How does videoconferencing compare to in-person treatment in working through relational problems?" mean difference = 0.67 (low n = 30, M = 1.17, SD = 0.38; high n = 56, M = 1.84, SD = 0.37, $p < 0.0001$)

"How does videoconferencing compare to in-person treatment in working with resistance?" mean difference = 0.66 (low n = 36, M = 1.22, SD = 0.42; high n = 50, M = 1.90, SD = 0.33, $p < 0.0001$)

"How does videoconferencing compare to in-person treatment in creating a sense of privacy?" mean difference = 0.64 (low n = 30, M = 1.20, SD = 0.41; high n = 55, M = 1.84, SD = 0.37, $p < 0.0001$)

"How does videoconferencing compare to in-person treatment in working on transference?" mean difference = 0.61 (low n = 34, M = 1.24, SD = 0.43; high n = 52, M = 1.85, SD = 0.36, $p < 0.0001$)

As hypothesised low raters and high raters did not significantly differ in the indications for VCON:

"To offer high quality treatment to underserved or remote patients," mean difference = 0.01 (low n = 5, M = 1.60, SD = 0.55; high n = 79, M = 1.61, SD = 0.49, $p = 0.97$)

"When patient is house-bound or travel would be impractical", mean difference = 0.35 (low n = 7, M = 1.29, SD = 0.49; high n = 57, M = 1.64, SD = 0.49, $p = 0.11$) (See Table 1).

Table 1. Low effectiveness raters *vs.* high effectiveness raters on the use of therapy over VCON

Comparing VCON with in-person Tx	*Mean difference between high and low raters*
Exploring the mental life of the patient	low n = 29, M = 1.03, SD = 0.19 high n = 57, M = 1.90, SD = 0.31, $p < 0.0001$
Reducing symptoms	low n = 31, M = 1.10, SD = 0.30 high n = 52, M = 1.89, SD = 0.32, $p < 0.0001$
Dealing with countertransference issues	low n = 24, M = 1.08, SD = 0.28 high n = 62, M = 1.80, SD = 0.40, $p < 0.0001$
Working through relational problems	low n = 30, M = 1.17, SD = 0.38 high n = 56, M = 1.84, SD = 0.37, $p < 0.0001$
Working with resistance	low n = 36, M = 1.22, SD = 0.42 high n = 50, M = 1.90, SD = 0.33, $p < 0.0001$
Sense of privacy	low n = 30, M = 1.20, SD = 0.41 high n = 55, M = 1.84, SD = 0.37, $p < 0.0001$
Working on transference	low n = 34, M = 1.24, SD = 0.43 high n = 52, M = 1.85, SD = 0.36, $p < 0.0001$
Offer treatment to underserved or remote patients	low n = 5, M = 1.60, SD = 0.55 high n = 79, M = 1.61, SD = 0.49, $p <= 0.97$
Patient is house-bound or travel would be impractical	low n = 7, M = 1.29, SD = 0.49 high n = 57, M = 1.64, SD = 0.49, $p = 0.11$

Most the therapists who use VCON for treating patients in China rate it high on the psychodynamic variables. Low raters while differing with high raters on the effectiveness of psychodynamic therapy over VCON as compared to in-person, do not differ with high raters on the value of psychodynamic therapy over VCON for treating underserved or remote patients, and when the patient is house-bound or when travel would be impractical.
1 = not effective, 2 = effective.

DISCUSSION

Gordon and colleagues (2015) found that 60% of CAPA therapists overall considered delivering psychodynamic psychotherapy with VCON favourably. However, we wanted to explore the characteristics and concerns of those few therapists who were most critical of psychodynamic treatment over VCON. These results suggest that therapists who rate psychodynamic psychotherapy over VCON low (i.e., "Much less effective than in-person" and "Less effective than in-person") than higher raters (i.e., "Slightly less effective," "No difference," "slightly more effective," etc.) believe that the psychodynamic constructions are not effectively translated over VCON as compared to in-person treatment. The issues of symptom reduction, exploring mental life, working with transference, working though relational problems, working with resistances, privacy concerns, and countertransference issues were all considered negatively affected by online work. Low raters felt that exploring the mental life of the patient was most affected by VCON and working on transference was least affected by VCON.

Nevertheless, low raters of effectiveness and higher raters of effectiveness agree on that treatment over VCON is valuable since it offers high quality treatment to underserved or remote patients, and it is valuable when the patient is house-bound or travel would be impractical.

Perhaps these low effectiveness raters were comparing VCON psychodynamic treatment to more familiar psychoanalytic conditions rather than considering new ways of extending psychodynamic thought and services. Many of the CAPA therapists expressed the opinion that the problems posed by using VCON were grist for the mill and interpretable. As one respondent of the survey stated in a comment box, "Most of the problems with teletherapy can be dealt with by interpretation and working through."

Profession (i.e., psychiatrist, psychologist, social worker, other), gender, years working with VCON, and years doing treatment were not factors in the ratings.

The limitations of this study are that it is a survey of the opinions of experts, and not a randomly controlled outcome study. We recommend more empirical research in this area using a variety of methodologies. The condition of the differences in culture and language were held constant: that is both high and low rates were mainly English-speaking Westerners treating CAPA English-speaking patients in China. Further research is needed to see how much culture and language are factors in using VCON. Gordon and Lan (in press) looked at this question with a sample of Chinese patients. Our findings suggest that the Chinese patients feel that the therapists' qualities (warmth, wisdom, empathy, and skilfulness) are more important than both issues of cultural difference and whether the treatment was over the internet or in-person.

NOTE

1. This research was approved by the IRB of the Washington Center of Psychoanalysis.

REFERENCES

Backhaus, A., Agha, Z., Maglione, M. L., Repp, A., Ross, B., Zuest, D., & Thorp, S. R. (2012). Videoconferencing psychotherapy: a systematic review. *Psychological Services*, *9*(2): 111–131.

Bayles, M. (2012). Is physical proximity essential to the psychoanalytic process? An exploration through the lens of Skype? *Psychoanalytic Dialogues*, *22*(5): 569–585.

Berle, D., Starcevic, V., Milicevic, D., Hannan, A., Dale, E., Brakoulias, V., & Viswasam, K. (2015). Do patients prefer face-to-face or Internet-based therapy? *Psychotherapy and Psychosomatics*, *84*(1): 61–62.

Caparrotta, L. (2013). Digital technology is here to stay and the psychoanalytic community should grapple with it. *Psychoanalytic Psychotherapy*, *27*(4): 296–305. doi: 10.1080/02668734.2013.846272

Churcher, J. (2012). On: Skype and privacy: comment. *The International Journal of Psychoanalysis*, *93*(4): 1035–1037. doi: 10.1111/j.1745-8315.2012.00610.x

Dettbarn, I. (2013). ". . . When the distinction between imagination and reality is effaced . . ." (Freud): Skype, the secret sharer, and psychoanalysis. *Psyche*: *Zeitschriftfür Psychoanalyse und ihre Anwendungen*, *67*(7): 649–664.

Fishkin, R., Fishkin, L., Leli, U., Katz, B., & Snyder, E. (2011). Psychodynamic treatment, training, and supervision using internet-based technologies. *Journal of the American Academy of Psychoanalysis & Dynamic Psychiatry*, *39*(1): 155-168. doi: 10.1521/jaap.2011.39.1.155

Gordon, R. M., & Lan, J. (In press). *Assessing Distance Analytic Training*: *How Well Does It Produce Psychoanalytic Therapists*? (manuscript submitted for publication).

Gordon, R. M., Wang, X., & Tune, J. (2015). Comparing psychodynamic teaching, supervision and psychotherapy over video-conferencing technology with Chinese students. *Psychodynamic Psychiatry*, *43*(4): 585–599.

Johansson, R., Nyblom, A., Carlbring, P., Cuijpers, P., & Andersson, G. (2013). Choosing between Internet-based psychodynamic versus cognitive behavioral therapy for depression: a pilot preference study. *BMC Psychiatry*, *13*(1): 1.

King, V. L., Brooner, R. K., Peirce, J. M., Kolodner, K., & Kidorf, M. S. (2014). A randomized trial of Web-based videoconferencing for substance abuse counseling. *Journal of Substance Abuse Treatment*, *46*(1): 36–42. doi: 10.1016/j.jsat.2013.08.009

Lemma, A., & Caparrotta, L. (Eds.) (2013). *Psychoanalysis in the Technoculture Era*. London: Routledge.

Lynch, A. A. (2015). Cyberspace and psychoanalysis. Working electronically: a special issue of round robin newsletter of Section 1. *Psychologist-Psychoanalyst Practitioners*, *30*(2): 10–12.

Paolo, M. (2013). Psychoanalysis on the Internet: a discussion of its theoretical implications for both online and offline therapeutic technique. *Psychoanalytic Psychology*, *30*(2): 281–299.

Scharff, D. E. (2015). Psychoanalytic teaching by video link and telephone. *Journal of the American Psychoanalytic Association*, *63*(3): 443–468. doi. 0003065115591274

Scharff, J. S. (2013a). "On: Skype and privacy: comment": reply. [Comment/Reply] *International Journal of Psychoanalysis*, *93*(4): 1037–1039. doi: 10.1111/j.1745-8315.2012.00609.x

Scharff, J. S. (Ed.) (2013b). *Psychoanalysis Online*: *Mental Health*,*Teletherapy and Training*. London: Karnac.

Scharff, J. S. (Ed.) (2015). *Psychoanalysis Online II*. London: Karnac.

Sucala, M., Schnur, J. B., Constantino, M. J., Miller, S. J., Brackman, E. H., & Montgomery, G. H. (2012). The therapeutic relationship in e-therapy for mental health: a systematic review. *Journal of Medical Internet Research*, *14*(4): 175–187. doi: 10.2196/jmir.2084