SIOBHÁN MARY PARKER

ON PRACTICING PSYCHOTHERAPY

IN A SOCIALLY DISTANT WORLD

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SUPERVISED BY STEPHEN MCCOY

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ABSTRACT

The Covid-19 pandemic has modified how psychotherapy is conducted. Accrediting bodies have recommended and sanctioned telephone and video communication for the continuation of therapy sessions during the Coronavirus outbreak in lieu of face-to-face communication. This method of communication ensures best-health practices are maintained as well as complying with national social distancing restrictions. This paper explores the implications of utilising technological communication in the psychotherapeutic relationship. Technologically mediated therapies have become more accessible in the 21st century, resulting in a growing population that can avail of these services.

Extrapolating information from literature, this paper provides the reader with a perspective on the implications of mediated communication i.e. online audio-visual, telecommunication and text-based therapy via mobile or computer within the therapeutic relationship. Themes presented include presence, the holding environment, reliability of technology, verbal and non-verbal cues, presentation of self on the screen and other challenges and acknowledgements.

In conclusion, this paper summarises the difficulty in facilitating therapy through technologically based devices. Whilst recognising the need for remote communication in the extraordinary times, face to face setting is preferential in the long-term.

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AUTHOR'S DECLARATION

I declare that this is my own work and that all contributes from other individuals have been appropriately identified and acknowledged.

Signature: *Siobhán Parker* Date: 29*/04/2020*

LIST OF ABBREVIATIONS

AV	Audio-Visual
F:F	Face to face
OP	Online Psychotherapy
SMS	Short Message Service (Text Message)
TBT	Text Based Therapy
TMP	Technologically Mediated Psychotherapy

1. INTRODUCTION

March 2020 saw the introduction of travel and social restrictions worldwide due to the Covid-19 pandemic (WHO, 2020). The closure of all non-essential businesses and services in conjunction with a governmental order to stay indoors for all non-essential matters (Department of Health, 2020), pressured psychotherapists and clients to decide between discontinuing sessions for the duration of restrictions or to continue with sessions remotely.

IAHIP (2020) and IACP (2020) are actively encouraging that, where possible, psychotherapy and supervision sessions be conducted via telephone or through online audio-visual (AV) platforms such as Skype and Zoom. Interestingly, IAHIP (2020) specifically stated that alternate asynchronous communication types such as instant message (i.e. WhatsApp, SMS, Email) are not recognised for psychotherapy or supervision sessions.

It is important at this stage to differentiate between facilitation of technologically mediated psychotherapy (TMP) and online support services. Psychotherapy, also known as 'talk-therapy' (HSE, 2018), broadly works with mental health and personal issues. Through the formation of a therapeutic relationship with a non-judgemental, empathic and genuine therapist, participants will collaborate in the identification of problematic thoughts or behaviours and generate change (APA, 2020). Psychotherapy is not to be confused with other support services operating online such as Crisis Text Line Ireland or Samaritans. Crisis intervention services offer users the opportunity to explore crises (*CTL*, 2019) but cannot be considered psychotherapy.

As technology becomes more accessible, more clients may avail of services through this medium (Richards & Viganó, 2013). Online communication is accessible in terms of time, location and financial situations and is endorsed by exclusive characteristics and behaviours such as *"anonymity, disinhibition, distance, time delay, convenience, and loss of social signalling"* (Richards & Viganó, 2013, p. 1003).

Therapy available online has many labels including e-therapy, cyber-counselling, e-counselling and variations of the aforementioned (Richards & Viganó, 2013). Online psychotherapy (OP) will be utilised throughout this paper when referring to psychotherapy conducted online through synchronous communication. Psychotherapy conducted vocally over the phone is considered teletherapy (Ibid), and text-based therapy (TBT) consists of therapy conducted synchronously or asynchronously through a written form including instant message, SMS or email communication. TMP refers to all remote forms of therapy.

Utilisation of OP has significantly increased in the past decade (Harris et al., 2012) as it offers an accessible alternative. Despite rapid growth, this approach has not escaped criticism. Concerns have been raised (Barak et al., 2008) in relation to: the loss of cues in OP; whether therapy can be facilitated remotely; ethical and legal implications; and the reliance on technology. Though there has been ample scepticism regarding OP, many approaches to psychotherapeutic and psychological work have succeeded online (Richards & Viganó, 2013). Barak et al. (2009) attribute success of some OP to the following: growing acceptance of technology as a means of communication; advancements of communication medium including a growing ease of utilisation, privacy and protection; the formation of ethical guidelines; growth of technological research; and availability of professional training online.

1.1 Aims and Objectives

AIM: to explore the implications of utilising technologically mediated communication in the psychotherapeutic relationship.

OBJECTIVES: to explore communication, presence and transference in a digital world, and explore the ethics of child and adolescent therapy online.

This desk-based research paper extrapolates information from a variety of sources and authors to complete the aim and objectives detailed above. Chapter two explores the capacity to communicate via technological devices, whilst chapter three observes the impact of replacing the physical body with a virtual presence in the relationship. Chapter four explores the potential for transference in the virtual environment and finally chapter five considers the ethics of working online with minors. This paper is completed with a brief conclusion of findings.

2. MEDIATION DEVICES AND THEIR CAPACITY FOR COMMUNICATION

Advancements in communication mediums have contributed to changes in the field of psychotherapy (Richards & Viganó, 2013). Traditionally, psychotherapy was conducted face-to-face (F:F). However, new approaches have been developed that overcome limitations of the past, in the form of remote communication. This chapter will consider the implications of telecommunication, online AV communication and written word in the therapeutic environment.

Telecommunication has been utilised in psychotherapy and psychoanalysis over time for reasons such as avoidance of missed sessions, facilitation of individuals that no longer have access to therapy, or to regulate distressed clients out of hours (Fink, 2007). Teletherapy facilitates continuation of therapeutic sessions for individuals that may be housebound due to psychological or logistical reasons (Ibid). Originally initiated to compliment F:F analysis, teletherapy later facilitated clients solely over the phone where alternative services were unavailable (Ibid).

OP is a more recent development, facilitating therapy through a virtual and synchronous AV transmission. OP can be utilised in a similar manner to teletherapy, whilst providing a visual aspect to the communication. However this addition comes at the cost of relying on internet connectivity, and though internet is currently broadly accessible (Eurostat, 2019), quality and speed of a connection play a role in the quality of the communication (Russell, 2015). Many debate whether OP requires its own framework; some suggest OP should be facilitated differently to F:F due to differing communication styles (Richards & Viganó, 2013). Others consider OP merely as a transposition of F:F counselling (Castelnuovo et al., 2003), whereby technology facilitates the therapeutic communication and affects the process with its respective advantages and limitations (Richards & Viganó, 2013).

An increase in utilisation of TBT has been observed (Harris et al., 2012). This is particularly attributed to its accessibility for digital natives (Findlay, 2009). Intriguingly in the current pandemic, unlike OP and teletherapy, TBT is not recognised as an alternative for the continuation of traditional F:F therapy (IACP, 2020; IAHIP, 2020). This chapter may give some insight as to why that may be.

2.1 Device and its Associations

Computers, by nature, encourage multi-tasking and facilitate easy distraction. Therefore, when facilitating OP or TBT, therapists must challenge habitual behaviour and expectations. Astonishingly, therapists have confessed to checking emails while conducting OP (Russell, 2015). This behaviour endorses the need for therapists to radically change their perceptions of the device to allow intimate, sensitive communication.

Similarly clients approach the device with a history too, many have utilised search-engines for instantaneous acquisition of information or 'quick-fixes', have become accustomed to instantaneous gratification or utilise it as a *"vessel for many projections and fantasies... [that] adds an additional layer of complexity to therapeutic transaction*" (Russell, 2015, p. 131). Consequently, the therapist may be addressed with these expectations and projections.

The pace at which the therapeutic relationship develops cannot be compared to the expected swift responsiveness of the device, and some clients cannot bear the feeling of delayed gratification or of having to wait and therefore, resort to time-limited therapy or medication for support (Ibid).

Smartphones have been referred to and act as pocket-sized computers (Science museum, 2018), thus all material relating to the perceptions of the computer may also apply to the smartphone. Interestingly, the smartphone has also been referred to as the modern-day transitional object for

digital natives (Lemma, 2017). These are important factors to consider in the provision of OP and TBT. Therapists may benefit from knowing what device is in use during sessions, in order to manage distractions such as the high potential for notifications, incoming phone calls and messages.

2.2 Technological Reliability and Audio Latency

OP relies on technology, however, even the highest performing computers cannot guarantee that a session will not be interrupted. Connection speed, device quality, demand on networks and stability of power all play an essential role in facilitating quality AV services in OP (Russell, 2015). A disconnection or delay in communication can cause major damage to the therapeutic relationship and potential harm to the client (Ibid).

Russell discusses that, although technology has advanced significantly to facilitate communication in real-time, the reality is that audio latency is still present. Delays greater than 500 milliseconds cause severe disruption to conversation and thus significantly hinder the quality of a conversation (Olsen & Olsen, 2000) this is demonstrated by musicians' inability to collaborate virtually due to audible latency in audio transmission (De Menil, 2013). The possibility of speech overlay and interruptions are significant at this point (Ruhleder & Jordan, 2001, 1999). In F:F communication, these interruptions can be rectified or worked through, however in OP they may be left unidentified. OP has been compared to a sense of working in the "near-now moment" rather than the now (Stern et al., 1998; Summersett, 2013).

Though teletherapy does not rely on the internet, difficulties and disruptions relating to signal, privacy and timing are possible in this form and seemly reasonable difficulties and excuses may disguise resistances (Fink, 2007). Likewise, disconnection and distractions are possible in TBT, but connection can be resumed with little interference. Though limiting interference caused by

disconnection, therapists in TBT are only privileged to written words and thus blind to unconscious bodily gestures in this scenario.

2.3 Maintaining Virtual Environment

In F:F psychoanalysis, the setting is to provide containment and stimulate transference. The therapist must foster and protect this environment (Lemma, 2017). Similarly, in psychotherapy, the setting is to provide the client an environment in which they are accepted, understood and allowed the space to challenge irrational beliefs (Rogers, 2003). In TMP, maintenance of a secure environment may prove difficult due to the form of communication utilised.

A secure connection allows for a flow of intentions in action within the relationship and produces a sense of meaning and coherence within the client (Riva et al., 2006). Bowlby acknowledged the drive to survive both physically and psychologically, he considered inter-relationships to be the solution for fears such as "*loss, annihilation and of psychic emptiness"* (Slade, 2013, p. 41). All individuals, traumatised or not, are driven by the fundamental experience of searching for safety (Slade, 2013). This demonstrates the importance of providing a consistently secure environment.

This secure base is also known as a holding environment in which unbearable emotions can be contained by the therapist (Winnicott, 1965). Winnicott (1965) based this concept on the mother-infant relationship, in which the mother minimises impingements that may generate unbearable and destructive thoughts for the child. In the therapeutic relationship, the therapist, akin to the mother, accepts the clients unbearable and destructive thoughts but remains present and is not annihilated by the client.

TMP may be unable to maintain a good-enough environment due to unreliability of communication forms, resulting in feelings of "*frustration, disappointment and distress with*

therapist's inability to provide a secure base" (Russell, 2015, p. 130). A persistently unsecure environment may retraumatise clients and be detrimental to both the holding environment and the therapeutic relationship. According to Winnicott's theory (1965), one will react strikingly if the good-enough holding environment and the opportunity to 'be' is not provided. Winnicott compares the reaction to annihilation and utter desolation which results in the inability to identify the 'me' and 'not me'.

2.4 Reflection of Self in OP

When communication moves from F:F to screen-to-screen, there are subtle differences and factors at play that can change the efficiency of communication substantially. Reflections of the self is considered one of these factors. Rather than focusing the gaze on the other, OP provides an unrequested visual presentation of the self that adds a "*level of potential visual scrutiny and self-consciousness*" to the session in the form of a "*necessary adjustment, a disturbing intrusion, or an interesting source of informa*tion" (Russell, 2015, p. 122) that is not present in the F:F experience.

The image presented is a digitally constructed representation of the self and other. Focussing on the reflection of self, the ability to communicate with the other may be reduced as attention is divided between the potentially distorted reflection of self and the other. Therapists have observed clients monitoring their image during sessions and acknowledge the obstruction caused by this ever-present reflection on the ability of therapist and client to think freely (Russell, 2015).

There is much to address in relation to the intrusiveness of the client facing their own reflection. Consequently, this may be one of the greatest complications within the virtual therapeutic relationship. Consideration must be given to the clients' experience of seeing their own reactions during OP, including what emotions are evoked when they see themselves laugh, cry or become defensive.

In OP the client may literally become the object of their own gaze, and though the possibility of removing the self-image is possible it can often only be removed after commencing communication on certain platforms, thus unavoidable. Occurrences of clients looking at an enlarged image of themselves for majority of a session have been noted (Russell, 2015), in these cases clients are consumed by their own image. Consideration must be given to the effect this must have on the ego of the client, while also reinforcing hidden implications of virtual communication.

Additionally, manipulation of the presenting self is possible, by altering angle of screen or head, addition of makeup or lights and other features. This may counteract a distorted image or offer a more ideal reflection of oneself (Russell, 2015). If either client or therapist were to adjust or manipulate the image of themselves being cast on screen, one might question for whom this manipulation of self-image is, and for what reason. This manipulation has been likened to an actor taking to the stage (Ibid) with concealed identity, thus raising concern of whether the identity presented in OP is reliable. Therapists absorbed by the self-image, have a limited ability to maintain a blank canvas for the other, due to a distracted mindset (Ibid).

3. BODY WITHIN THE SETTING

The utilisation of AV communication fundamentally altered the classical setting and process of psychotherapy (Lemma, 2017). Removal of the physical body is one of the most significant alterations in TMP; one must rely on what can be transferred digitally for interpretation.

The body is a consistent feature of the setting and acts as a containing function in that any deviations from the normal could "*mobilize fantasies and anxieties*" for either client or therapist (Ibid). The therapist's physical appearance and embodiment contributes to the provision of a containing environment by facilitating core sensory aspects within the setting. These may include the way one positions themselves, speech or breathing patterns, dress code, as well as nods, glances, gestures and sessional rituals such as how one is greeted upon arrival and departure from the boundaries of the setting (Ibid). This chapter explores the role of body, voice and presence in TMP, incorporating a variety of opinions from different theoretical backgrounds.

3.1 Body Language

Lemma (2017) considers body language, facial expressions and pheromones essential features in the development of interpersonal relationships, yet majority of these features are restricted by technologically mediated communication.

It may be argued that body language and facial expressions are available through AV communication, but in digitally transferred communication one relies on the computer's ability to transfer details at a high enough quality. Due to potential for distorted and delayed imagery as well as misalignment of audio and visual communication, viewers can be confused or provoked when communicating online (Bruce, 1996). Discrepancies in audio and visual components may cause upsetting and disturbing tones in the client's unconscious communications (Brahnam, 2014).

Visual cues contribute to the "*subjective sense of proximity or distance to another individual*" (Lemma, 2017, p. 92). Though AV communication provides a visual aspect, the rate and quality of information being transferred is limited, thus visual cues may be missed entirely or greatly misinterpreted (O'Malley et al., 1996). Schore describes non-verbal and implicit communication as "*rapid, subtle, co-constructed, and generally out of awareness… [that] profoundly affect moment-to-moment communication and the affective climate*" (2000, p. 49). Implicit communication can be easily lost or disrupted in online communication and result in clients feeling neglected, misunderstood or not contained in the environment (Lemma, 2017).

Studies have shown that in AV communication, the visual aspect is primarily used to situate the interaction and that interestingly, it is the audio channel that is of greater importance, suggesting that the addition of a visual aid does not enrich the communication greatly (Cukor et al., 1998; Lemma, 2017). Lemma suggests "*video conferencing is missing some subtle yet unidentifiable elements without which the visual channel is impoverished and sterile*" (2017, p. 92).

Though OP provides AV transmission, body language is not universal, and assumptions based on contradictions between visual and aural channels must be avoided. Fink posits that one must be curious about the meaning of these contradictions in clients' communication and that they "*must be brought into speech to have any therapeutic effect*" (2007, p. 197). Essentially, therapists must focus on all aspects of speech and tone available, while also accepting that contradictions will be missed in certain formats, resulting in the concealment of emotional responses and insight into contradictions between body, voice and written word.

3.2 The Voice

Challenges presented in telecommunication include the difficulty in deciphering whether an individual is crying or laughing (Fink, 2007) or both. This can present in any setting, but therapists

with visual context may be able to make an educated guess based on other body language, something that is not possible over the phone. Similar to clients on the couch, therapists must listen for changes in breathing patterns and general way of expressing oneself. The therapist "*must always make the most of what is available to him given the constraints and parameters of the situation*" (Fink, 2007, p. 199) and one may be surprised by the amount that can be identified when being attentive.

Fink believes that "*it is above all work with the signifier as enunciated in speech that makes analysis effective, meaning that the phone provides all that is necessary for analysis to proceed*" (Fink, 2007, p. 204). It is understood that Freud and Lacan "*attribute the success of psychoanalysis to a relationship established through the speech and to work that proceeds via speech*" (Fink, 2007, p. 204). Zalusky (1998) noted a higher awareness to nuances and vocabulary utilised by clients when conducting analysis over the phone. She acknowledged the tendency to be over consumed with aspects such as non-verbal communication, countertransference and holding environments in F:F session rather than what was actually being said.

Fink found teletherapy to be successful in his own experience and saw a significant change in clients but cannot guarantee whether it was the mediated communication or his own approach to psychoanalysis (2007).

3.3 Presence

Presence can be understood as the 'sensation of being there' within a virtual reality (Barfeld et al., 1995), however Lemma argues that presence is more than that, suggesting it is "*co-constructed in the relationship between two people*" (2017, p. 89).

The development of healthy attachment relies on the presence of the body (Lemma, 2017). Visual experiences for the child's first month of life contribute to social and emotional development (Schore, 2000). Tactile and visual engagement between primary caregiver and baby produces a shared regulatory structure of arousal (Lemma, 2017). The caregiver lays the foundation for the child's potential to mentalise experience by interpreting and giving meaning to the child's "*non-verbally expressed internal world*" (Lemma, 2017, p. 89). The therapist must facilitate the same, for the clients non-verbally expressed inner world is an essential part of what the therapist attempts to interpret or verbalise in therapeutic relationship (Ibid).

One can feel present, if they hold the capacity to complete their intentions within the environment (Riva & Mantovani, 2014). Embodied presence is represented by the experience of both participants, in which implicit communication and ostensive cues can be utilised fully (Lemma, 2017). Nonverbal communication permeates every interaction and utterance made by individuals and represents the unconscious thoughts (Ibid). This is especially true when there are contradictions in one's words and their bodily gestures, facial expressions, tone of voice and other nonverbal expressions (Ibid). Freud posited that the body inevitably reveals the unconscious; thus, the therapist should always be alert to these unconscious communications. "*If his lips are silent, he chatters with his fingertips; betrayal oozes out of him at every pore*…" (1912, p. 115).

TMP promotes the use of explicit communication over implicit, which impacts the potential for virtual presence. Furthermore, perceived distance, reduced presence and difficulties in transmission cause difficulty in maintaining attentiveness to valuable cues in this environment (Lemma, 2017). Russell (2015) suggests the significance of presence within therapy can be undermined in mediated forms.

4. TRANSFERENCE

Freud introduced the term transference in his Studies of Hysteria (1893). The discovery of this phenomenon was a milestone in the development of psychoanalysis as it highlighted the dynamics at play within the therapeutic relationship (Salyard, 1992). Freud describes transference as a dynamic developed on a "*false connection*" (Freud, 1893, p. 309). In this, the desires and emotions that appear in the consciousness of a patient are based on past experiences but are relived in the present without context of the original memory. Therefore, these desires and emotions are assumed to be in the present, and become attached to the current situation (Freud, 1893). Succinctly, transference is a redirection of emotions, feelings or reactions from an important figure in one's childhood or past, generally a primary caregiver, and the re-appliance onto the therapist (Freud, 1940). Transference can work negatively and cause resistance or can serve admirably in the therapeutic work (Ibid). The identification and resolution of transferences within the therapeutic environment is essential to the completion of analysis; one might argue therapy cannot progress or conclude if transference is not recognised, such as in the case of Anna O (Freud, 1893). This chapter will look into the potential for transference in TMP.

4.1 Virtual Transference

Fink (2007) asserted the high occurrence and potential for transference over the phone. However, due to no visual communication, transferences based on appearance are omitted in this setting for both participants (Ibid). It is considered that projections are prominent, because clients projected more freely when no visual features could be considered (ibid). This occurrence of exclusively aural communication is comparable to the client on the psychoanalytic couch, where they cannot see the therapist. Due to the lack of visibility in teletherapy, transferences are likely to be triggered

by the therapist's "*way of speaking, his tone of voice, his intonations, his cadence, and even his way of breathing*" (Fink, 2007, p. 192).

Both Lacanians and non-Lacanians argue that both participants must be present for analysis to succeed, and that phone-analysis is thus impossible. Fink (2007) argues against that assumption, as it implies that appearance is necessary for one to be present. He makes the argument that a physically present but blind individual, and a client undergoing analysis over the phone, experience analysis in a very similar manner as visual aspects are removed in both scenarios. However, it can be argued that the above is a simplistic and conjunctive opinion, as it is not supported by research, and fails to consider felt presence and the contrast in communication forms, thus inconclusive.

Difficulties in communication and audibility may hinder the potential for transference within a therapeutic relationship, this challenges the potential for transference in TBT. As TBT removes all aspects of aural and visual communication, including pitch and tone of voice, sighs, utterances and facial and bodily expressions, there is minimal potential for transference. Fink (2007) includes the general manner in which one speaks as a contributor to transference, however considering his stance on the necessity of audibility, it is doubtful that phrasing, vocab and grammatical tendencies in a written format would be a contributor to the transference.

Transference can occur many ways, one occurrence can be demonstrated by the client or therapist's choice of communication medium, be it F:F, online or in written format. Migone (2013) argues that the communication medium chosen for psychotherapy is less relevant than the reasoning for this selection; a preference, from either party, for one method may be led by a defence or resistance to another method. The capacity to identify resistance within the relationship and analyse transferential and countertransferential motives may prove productive (Migone, 2013). From this, one can consider the reasoning for traditional therapy might be the facilitation of a private room

and physical presence; OP provides an AV line of communication, convenience in terms of time and location but also gives an insight into the participants homes and may avoid emotional closeness within relationship (Migone, 2013); TBT offers inhibition, privacy, concealment of visual emotional expressions and unconscious gestures (Findlay, 2009), but avoids emotional closeness and all bodily and audible communications within the relationship.

Transference is unique to each individual, thus any number of triggers can result in transference, including the difficulties presented in technologically mediated communication. Therefore, the therapist must be aware of its potential within mediated therapy in order for the client to identify, analyse and learn from it within the therapeutic relationship.

5. TECHNOLOGICALLY MEDIATED COMMUNICATION WITH MINORS.

Mediated communication is not a novel concept in psychotherapy. Mediated communication was an important component of both Freud's self-analysis and again in his work with Little Hans (Brahnam, 2014 in Lemma, 2017). However, for the first time, there is a significant increase in utilisation of written communication for the facilitation of therapy, especially among youths (Harris et al., 2012). A debate in relation to whether TBT can be classified as psychotherapy is not within the scope of this paper, however this chapter highlights the increase of this phenomenon among minors and questions its appropriateness.

Though better outcomes have been recorded among adolescents engaging in teletherapy over TBT (King, Bambling, LLoyd, et al., 2006), dramatic increases in TBT services such as Kids Helpline have been recorded (Findlay, 2009). This increase coincides with a decline of over 80% in teletherapy services (Findlay, 2009). Youths have reported anonymity, independence, privacy and the sense of being emotionally safe in the environment as appealing features of TBT while also disclosing fear of being overheard during teletherapy or OP (King, Bambling, LLoyd, et al., 2006). Perceived distance in the communication style contributes to users' sense of emotional security, while also protecting from therapists' negative emotions (King, Bambling, Reid, et al., 2006).

Research (Cook & Doyle, 2002) on TMP demonstrate strong bonds between client and therapist and positive effects from disinhibition (Richards & Viganó, 2013). This supports the findings of McKenna & Bargh (2000) who posited that individuals who experience social isolation, anxiety or difficulty in establishing relationships are more inclined to develop deep and lasting relationships online. Though difficulties in the capacity to express one's emotions in written form was noted, it was not as pronounced as predicted (Richards & Viganó, 2013).

The above highlights attractions to TMP. It is important to consider whether this communication facilitates therapeutic relationships or whether it is merely supportive intervention or the building of report with the intention of progressing to other communication forms. Social isolation and anxiety are possible consequences for minors during Covid-19 pandemic, and online communication may facilitate maintenance of healthy social relationships. This however does not imply that all communication online, even with trained volunteers or psychotherapists, can offer a therapeutic relationship.

Though TBT is exceptionally popular in Australia (Findlay, 2009), utilisation of mediated communication with children and minors must come with a warning. Only those suited to work with children in a F:F setting should attempt to work in a virtual environment with children or adolescents, and all regulations, including consent, should still apply (IACP, 2017). Following that, the form of communication must be assessed for privacy and confidentiality. However, one might question the extend of this when limited communication is available.

Telephone communication has been highly regarded as a communication form for children and adolescents, (Slone et al., 2012). Interestingly, there is a lack of research available on virtual communication held with pre-teen children (Ibid), potentially indicating the rarity of its' occurrence.

Things to consider in mediated communication include the client's ability to communicate in a verbal, non-verbal, conscious and unconscious manner, and the therapists ease of interpreting said communication. However, this is not always possible depending on age and form of communication. Consent and confidentiality are also important aspects in therapy, and again it is difficult to fathom how this may be guaranteed in a virtual setting.

One purpose of the setting is to demonstrate therapist's endurance to the client's exploration of omnipotence and deprivation (Lemma, 2017). It is important for the developing child to experience an environment where one can attempt to destroy an object and receive from it no retaliation. From this the child develops the concept of objectivization and the understanding that something exists external to the self, marking the start of 'object usage' (Winnicott, 1971). Again, with a high potential of disconnection and miscommunication, suitability for utilising TBP with minors may be debated.

In summary, it is difficult to justify how therapy can be conducted in a safe environment with children online. Hidden dangers of the online world are widely broadcast nowadays (Gov.ie, 2018). This leaves the question of: is it safe to work with children in this manner?

6. CONCLUSION

As demonstrated, remote communication in therapy is more topical than ever before. Due to social distancing (Department of Health, 2020), there is a need for remote communication between client and therapist. However, with this necessity comes responsibility. Both participants should be aware of and have the capacity to manage implications of virtual relationships, to ensure no harm is caused.

Extreme circumstances call for extreme measures and the field of psychotherapy has essentially been persuaded into a mediated form of communication. Though mediated and F:F therapies share the same foundations, therapist and clients may notice changes in mediated communication such as a sterile environment (Lemma, 2017), difficulty in communicating (Russell, 2015), and changes in the dynamics at play (Fink, 2007).

Though possible to continue a stable relationship in the short-term via technologically mediated forms, further research and training may be required to continue psychotherapy in this way. Considering elements discussed in relation to the devices used, internet reliability, privacy, presence and potential for transference, F:F therapy seems to have more potential for psychotherapeutic work over OP, teletherapy and TBT.

To successfully facilitate TMP, therapists must be educated in the area to ensure they can aware of how transference may arise, while also ensuring adequate time is given for the establishment of a healthy and sturdy virtual relationship. Knowledge of harm that can be caused by internet reliability and communicative distortions and delays will hopefully assist in ensuring the safety of client and therapeutic relationships.

When conducting TMP, both participants rely greatly on external factors such as internet, signal, and the capacity of devices to accurately transmit all communication. Unfortunately, this is not always possible, and these external factors can disrupt and distort communication within the session (Russell, 2015). Therapists must also consider that confidentiality between participants, though unlikely, may be broken; communication may be misinterpreted; clients may be distracted by self-image and potential for transference may be limited.

In acknowledging the disparity between supportive communication and psychotherapy, it is hoped that therapists also develop an educated approach to where TMP is appropriate, such as in extraordinary times, and when F:F communication cannot be replaced.

Though sessions are being conducted and recommended online and over the phone during the Covid-19 pandemic, it does not make these methods superior to F:F therapy in normal circumstances (IACP, 2020; IAHIP, 2020; Reidbord, 2020). Reidbord suggests that if therapy was reduced to merely "*complaints, feelings, and recollections in one direction, reframing, support, and/or interpretation in the other*" then virtual communication works well. However, if it is understood that therapy is more than the transfer of information and that it is a co-constructed relationship in which different dynamics play an important role, then TMP cannot triumph over F:F (Lemma, 2017; Reidbord, 2020). Reidbord understands therapy as "being-with" one another, involving intimacy, closeness and trust; something that cannot be recreated in a technologically mediated environment.

> *"The inconvenient truth is that physical exams are often important in medical diagnosis and can't be replicated online. Likewise, in-person psychotherapy enjoys advantages that distance therapies can't touch. There's no shame in admitting that, while advocating for a little less right now" (Reidbord, 2020).*

In times of need, text-based communication may offer individuals with the support and companionship required, however it must be of therapeutic value, otherwise it is merely a required intervention during a difficult time. Likewise, though OP and teletherapy are recommended for continuation of therapeutic relationships during a global pandemic. OP and teletherapy have the potential to provide a good-enough environment, therapeutic dynamics such as transference and limited presence, however it appears that TMP cannot equate the therapeutic value of F:F therapy in normal circumstances.

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