Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

The issues of transference and countertransference in tele-psychotherapy during COVID-19 outbreak

Dear editor,

Based on the editorial letter written by Tandon (2020) in the Asian Journal of Psychiatry 2020, volume 51 [article #102256], it is explained that this Journal will commit and strive to play its role in the dissemination of good information relevant to COVID-19 and mental health. It aims to reduce rates of suicide, drug use disorders, domestic violence, anxiety and depressive disorders worldwide.

Furthermore, during the COVID-19 outbreak, the implementation of the psychotherapy process carried out by mental health clinicians/practioners to clients could no longer be carried out face-to-face. However, it is carried out remotely, otherwise known as tele-psychotherapy (Chen et al., 2020). In its implementation, tele-psychotherapy has several things that need to be considered, because it often appears during the assistance process, namely transference and countertransference. In this paper, I will explain this discussion in more depth, but in a simple way.

1. Transference in tele-psychotherapy

Historically, transference is often a disclosure of early psychoanalysis, which means in a smaller sense, the enthusiastic attitude of understanding a mental health clinician/practioner has in the psychotherapy process that initially offends childhood, but which is unconsciously expressed in the psychotherapy process (Aggarwal, 2020; Greenberg, 2016). These incorporate, for example, early childhood-acquired love, desire, abhorrence, and neglect, which are connected within the treatment situation. It is an oblivious occasion, the realization and mindfulness of which may be at the center of psychodynamic and explanatory treatments (Aggarwal, 2020; McCluskey and O'Toole, 2019). Transference may be a central occasion which decides the relationship between the client and the mental health clinician/practioner in each psychotherapeutic experience (Kanani and Regehr, 2003; McCluskey and O'Toole, 2019; Parth et al., 2017). In any case in which psychodynamic or classical psychoanalytic interventions are concerned, there is continuously an oblivious transference.

In a more basic history, this transference situation is regularly found within the relationship with the client, whether female or male. The partner in the tele-pyschotherapy process will unconsciously expect to get protection from us and we can become dominant figures for themselves. For example, an ordinary transference in tele-pyschotherapy (especially during this COVID-19 outbreak), which may be connected with stress, anxiety, and depression in clients, regularly unfurls at the start of tele-pyschotherapy. The client feels frail and powerless, talks discreetly, and is unknowingly looking for maternal security—somebody who "gets" them and who can do everything for them. In the event that their unhappiness is related to early misfortune encountered in their childhood, as is frequently the case, their oblivious transference serves the craving to re-establish the circumstance some time to remind them of the painful events they have experienced (Parth et al., 2017; Veach et al., 2018). This may be related to idealizing trust, regarding the meaning of the transference perspectives to the mental health clinicians/practioners.

2. Countertransference in tele-psychotherapy

Countertransference in a broader sense is the full subliminal enthusiastic reaction of the individual giving treatment and a mental health clinician/practioner group to the behavior of a client, which incorporates their responses and states of mind coming about from the transference (Gait and Halewood, 2019; Greenberg, 2016). That is, in a simpler sense, countertransference is the complementary response of the mental health clinician/practioner, which ought, moreover, which should be explained in a broader sense, including all the enthusiastic responses given by the client (Aggarwal, 2020; McCluskey and O'Toole, 2019; Parth et al., 2017).

Within the mental health clinician/practioner, sentiments of maternal and client-oriented assurance are activated. If this complementary response is not reflected, the mental health clinician/practioner rapidly chooses a solid, supportive, and dynamic role. To begin with, the client unknowingly gives the mental health clinician/practioner reassurance, by giving a slight indication of change. This, in turn, propagates the mental health clinician's/practioner's behavior (Aggarwal, 2020; Gait and Halewood, 2019). When the involvement of torment and loss is at that point treated in tele-pyschotherapy, resistance becomes an issue; the client survives in a discouraged, pitiful state of mind, so as not to have to re-experience past trauma. As a resistance, which is additionally not realized, depressive indications are used against psychodynamic translation endeavors, which may take a long time. Because tele-pyschotherapy preparations are not functioning properly, transference problems arise within the mental health clinician/practioner (Searles, 2017; Veach et al., 2018). Furthermore, Kehoe (2016); Pedhu (2019); Maximo (2019), and Peeters (2020) give detail information about countertransference and ethical considerations in counseling and psychotherapy.

3.The way forward in dealing with transference and countertransference in tele-psychotherapy

Below is a table of five practical steps a mental health clinician/practitioner can take to do these:

Step 1: Raise your own awareness of when it happened

1) Make sure you know the countertransference yourself; 2) pay attention to client transfer patterns from the start; 3) watch for resistance to coaching; 4) watch for

(*continued on next page*)

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cues that may be defense; 5) follow the anxiety; 6) find the feelings and desires under that anxiety (de Haan, 2011; Gait and Halewood, 2019).

Step 2: Self-reflection
Self-reflection is done in order to resolve inner conflicts and reduce anxiety (Aggarwal, 2020; Turner, 2010).

Step 3: Develop the 'in the moment'technique
If observed during the session, use presencing or centering techniques, such as conscious breathing to reduce the likelihood of countertransference occurring (Parth et al., 2017; McAuley, 2003).

Step 4: Art-psychotherapy techniques
Use psychotherapy techniques with art, such as music or drawing to get to know yourself and be able to get to know more about the client's needs (McCluskey and O'Toole, 2019; Schaverien, 2000).

Step 5: Accompani mentmusic
During the tele-psychotherapy process, use a relaxing music accompaniment so that the psychotherapy process can run as comfortably and objectively as possible (Situmorang, 2018, 2020; Situmorang et al., 2018).

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