



LETTERS TO THE EDITOR

Defence mechanisms and staff support during the COVID-19 pandemic



Walker and McCabe's recent case series details defence mechanisms Walker encountered in healthcare professionals (including himself) in relation to the COVID-19 pandemic working as a senior psychiatry trainee in a large teaching hospital in Scotland.¹ The contribution is a useful addition to literature addressing the psychodynamics of healthcare work during the pandemic,² and in reflecting on how the existential implications of this period may, paradoxically, be to direct people and public healthcare systems to a more compassionate and sensitive attitude towards 'the other'.³

Walker and McCabe begin their analysis by briefly acknowledging the role of supervisory support in buffering the negative emotional impact of the pandemic on professionals. However, they conclude in reference to psychological therapy and medication in combination with psychological therapy as means of, as they refer to them, 'penetrating' defence mechanisms. It is important not to overlook the value of staff support and work discussion groups (as well as other forms of psychosocial support) in helping clinicians to cope with and process the distress and pain they are exposed to and experience.^{4,5} Opportunities to conduct these groups in person are, of course, presently constrained due to physical distancing requirements and changes in staffing arrangements. But, like therapy sessions and medical and psychiatric consultations, they can be facilitated via videoconferencing and telephone.

Ethical considerations

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Conflict of interest

The author has no conflicts of interest to declare.

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