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'THE GENIE'S OUT OF THE BOTTLE': THE IMPACT OF WORKING ONLINE WITH INDIVIDUAL PSYCHODYNAMIC PSYCHOTHERAPY FOR THERAPISTS AND CLIENTS, AND ITS LESSONS FOR PSYCHODYNAMIC TRAINING

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The forced move to online work in 2020 was initially greeted with consternation by many in the psychoanalytic world, but adaptation was subsequently accomplished by many with successful results for clients. At WPF Therapy where individual psychodynamic psychotherapy is offered by therapists in training, we did a qualitative and participative study with clients, trainees and supervisors to explore how these groups felt about online work. A participative and pluralistic approach was chosen to achieve a fuller and more balanced understanding. Eighteen trainees interviewed each other, 19 supervisors contributed through focus groups and individual interviews, and eight clients' perspectives were explored in individual interviews. The findings were that working online offered different and exciting opportunities for therapy, including the unconscious processes which are central to the psychodynamic modality. This has implications for future psychodynamic training since new phenomena need to be incorporated into psychoanalytic thinking and practice. While results did not support replacing in-person therapy, there was support for a combined approach in future. As one participant said: 'The genie's out of the bottle now', something has happened which cannot be stopped.

KEYWORDS: ONLINE PSYCHODYNAMIC PSYCHOTHERAPY, PSYCHOTHERAPY TRAINING, PLURALIST PARTICIPATORY RESEARCH

INTRODUCTION

In common with much other human interaction, psychotherapy was forced online by the pandemic in 2020. Although some prominent psychoanalytic clinicians, such as Lemma (2017), Caparrotta (2013) and Isaacs Russell (2015), had been engaged

in remote work (both telephone and online) for years, most psychodynamic psychotherapists had little or no experience of doing so. Perhaps more significantly, they did not feel it was possible or desirable to work psychodynamically online. This opposition was largely due to a conviction that the analytic frame, which facilitates the emergence of unconscious processes, could not be implemented or adequately replicated remotely. The pandemic 'genie' therefore sparked a momentous and turbulent change for psychodynamic psychotherapy.

This change included the psychotherapy clinic and training at WPF Therapy, a charity based in London. Soon after the move online, WPF's Board set up a Research Steering Group to explore the impact of the change and it commissioned this research. The study was implemented pro bono by the first author (CM), who is also a researcher and psychodynamic psychotherapist. It concentrates on the psychodynamic perspective (used interchangeably with psychoanalytic here) as this is the modality at WPF Therapy.

Some psychoanalytic writers have been largely negative about the impact of the forced move online, exploring experiences of what has been lost by working remotely (see, for instance, Wiener, 2021; Kegerreis, 2022). This might be expected in the context of the global pandemic, and the sudden and compulsory move to remote work. Others have been more equivocal (Murdin, 2021; Sayers, 2021). A small number of clinicians had long been online pre-pandemic and advocated for this way of working, such as Caparrotta, whose 2013 paper was provocatively entitled: 'Digital technology is here to stay and the psychoanalytic community should grapple with it'. Isaacs Russell's book *Screen Relations* (2015) describes in detail a considered and thoughtful approach to remote working which many found helpful when the pandemic lockdown was enforced. In the USA, clinicians had also been actively involved in helping to train psychoanalysts in China online and reported that most students responded well to online therapy, supervision and training (Fishkin *et al*., 2011; Scharff, 2018). In the UK, the Society of Analytical Psychology had contributed to online training in Russia (Wiener, 2019). Now that anxiety has decreased and experience has increased, we would like to explore what has been learned during the pandemic, and what might be possible for future psychodynamic psychotherapy, including how trainings could respond to the changed environment.

We begin by identifying the unconscious processes we selected, and describe the context of the analytic frame, which is considered to provide the necessary conditions to work therapeutically with these processes.

The analytic frame may be described as the ground rules for psychotherapy, or 'the rules of the game' as Freud (1913, p. 123) described it. He specified meeting at a regular time and place for an agreed fee, together with particular recommendations on how therapists should behave: encouraging the client's free association; maintaining evenly suspended attention; not disclosing their own history. Originally, these were rules for the management of treatment (Winnicott, 1955), but later they were incorporated by some clinicians into the whole psychoanalytic situation (Bleger, 1967) with potential hidden meanings which had to be uncovered. Langs was particularly critical of 'weak adaptive therapists' who were supportive to clients or deviated from the

frame because he felt they were working only with the 'conscious system'; and not with 'the deep unconscious system' (2004, p. 60).

Given that the essence of remote working is the flexibility it can provide in location and time, it is not surprising that many psychoanalytic therapists were sceptical or disapproving of what they saw as the destruction of the analytic frame. This was all the more difficult because they also understood it was the only way therapy was possible during the COVID lockdown.

In terms of unconscious processes, we chose to study transference and countertransference as the key processes in psychodynamic psychotherapy, which distinguish it from other modalities. We wanted to collect perspectives from clients, therapists and supervisors on how they had experienced online psychodynamic therapy with modifications to the analytic frame. We wanted to explore whether their experiences, and perceptions of each other's experiences, were complementary, contradictory or just different. We have not focused on practical issues, such as Internet access or screen distance, because our aim is to focus on the internal world. We have also not covered in-depth experiences that would be common to all psychotherapists since these have been covered by other writers (for instance, Boldrini *et al*., 2020, McBeath, Du Plock & Bsger-Charleson, 2020).

METHOD

The Setting

WPF Therapy is a medium-sized charity based in London Bridge which offers psychotherapy to the public, as well as a training in psychodynamic psychotherapy. It was established more than 50 years ago to carry out pastoral work in the community, but it no longer has a religious affiliation. WPF Therapy sees around 220 individual adult clients and five therapy groups a week, and provides training for about 100 students a year in individual counselling and psychotherapy. Clients pay a weekly fee from £40 to £80 on a sliding scale based on their income. Most therapy sessions are provided by those in training who are generally mature students. Trainees are supervised by qualified and experienced staff supervisors. WPF Therapy also employs a small number of qualified therapists to work with more complex clients, and with groups.

During the COVID pandemic, all psychotherapy and training activities were implemented online from March 2020 to July 2021, with therapists and supervisors either working from home or renting individual office space. From August 2021, there was a gradual return to in-person work in the building at London Bridge, but online and telephone sessions continue to be offered to clients unable to attend in person.

Participatory and Pluralistic Approach

The underlying aim of the study was to use the findings to inform future training and clinical services. We wanted to capture subjective experiences and therefore a

qualitative study was most useful. We felt it was important to take a pluralist approach to explore as fully as possible how working online affects individual psychodynamic psychotherapy. We included those who received it, those who delivered it and those who supervised it. We wanted to ensure that we had a complex and holistic understanding, including the perspective of supervisors with many years' of working in person, the perspective of psychotherapists in training, some seeing their first clients online, and the perspective of clients, some of whom had worked in-person previously. This gave us the opportunity to triangulate the responses, for example, to see if clients felt the same as their therapists about online work, or if trainee therapists' responses agreed with what their supervisors said.

A participatory approach was also taken in order to elicit more authentic responses from participants and to address potential inequality in power dynamics between the researcher (CM) and participants who included staff members, trainees and clients. This participation could best be described as collaboration where therapists and supervisors were consulted about some aspects of design, including questions for semi-structured interviews. The questions agreed included: How do you feel you adapted to online therapy? What do you think you struggled with in working online? How do you feel your clients adapted to online therapy, and what did they struggle with? What are the positives about offering therapy online (especially any psychodynamic aspects)? What are the negatives about offering therapy online (especially any psychodynamic aspects)?

Trainee therapists went on to interview each other individually online. Following the end of data collection, an online meeting was held with a group of trainees in order to validate the themes selected for analysis by the researcher. Supervisors' perspectives were gathered mainly in focus groups which are intended to decrease the power and control of the organizer in order to elicit fuller and more genuine views. Individual interviews were held with three supervisors who could not attend groups. They were all psychodynamic or psychoanalytic psychotherapists.

Clients were interviewed individually by telephone since this was felt to be the least intimidating medium for what could be a sensitive conversation about their therapy. It was also easier to connect using audio only. Although it was intended to carry out the study in-person as much as possible, it is interesting to note that participants and the researcher often found it more convenient (some participants were not in London or even the UK) to connect online or by telephone. Only three groups were held in person.

Participant Selection and Recruitment

Trainee therapists All 29 trainees in their final year (Year 4) were sent an e-mail explaining the study. This cohort of trainees was selected because they had been the first to go online in 2020, and were still at WPF. Eighteen trainees agreed to take part.

Clients The WPF database was searched manually to identify clients who had been seen at least once online by Year 4 trainees and had ended therapy at least 12 weeks before. One client was excluded as the therapist's final report indicated he

was too unwell to participate. Fifty clients were selected in total and sent an initial e-mail; those who did not respond were sent a follow-up reminder. Eight clients responded, of whom six were women and two were men. All were adults, with the oldest 53 years. They had done between 12 and 80 sessions of therapy between May 2020 and February 2022. Four had completed this episode of therapy online only and four had experienced both online and in-person therapy with the same therapist.

Supervisors All supervisors who supervised Year 4 trainees were sent an e-mail explaining the study. Two online presentations were done at regular supervisors' meetings to consult on relevant questions for the study. One supervisor declined to take part, one did not respond and one was unwell at the time of the focus group. Nineteen supervisors took part.

Data collection

Clients Eight clients were interviewed by telephone by the researcher between March and June 2022. The interviews lasted between 18 and 42 minutes and were based on a set of prepared questions with follow-up questions if appropriate.

Trainee therapists The therapists interviewed each other on Microsoft Teams, recording only sound, with a set of prepared questions agreed by them. Some of them did more than one interview, while others agreed only to be interviewed. All interviews were done in June 2022.

Supervisors Two focus groups of 50 minutes were held online on Teams and one group was held in person, recording audio only. Three supervisors were interviewed individually online as they were unable to attend focus groups. The groups and interviews with 19 supervisors were held between March and June 2022.

Data Analysis

Data were collected from 45 participants in total. All interviews and groups were sent to a professional transcriber for verbatim transcription and checked for accuracy by the researcher. It was intended to involve staff and trainees in initial analysis, but the meeting was cancelled due to the extreme heat wave in July. Instead, the researcher presented four extracts she had selected from trainee interviews at an online meeting with trainees where they contributed their perspective on how to analyse the data.

Ethics

The study was supervised by staff at the University of Essex and given ethical approval by its Ethics Committee on 15 February 2022. All participants were sent or given an information sheet (one tailored to clients and one to clinicians), and then a consent form. Participants were asked to sign in person or electronically, and some who had no electronic signature sent an e-mail expressing consent. In the transcripts, participants were given a random alphabetical initial after the name of their

group (client, therapist or supervisor) to ensure anonymity. Any case material has been disguised to preserve confidentiality.

Analysis

Reflexive thematic analysis The method chosen for analysis was thematic analysis, as described by Braun and Clarke (2006). They suggest that researcher subjectivity may be a resource if the researcher is able to be reflexive about what they do. Therefore, it is useful here to locate the researcher in the context of this study with some personal details. I (CM) trained at WPF Therapy, which may imply some loyalty and concern for the organization's welfare. There may be some identification with participants. I also worked online as a psychotherapist with NHS patients during the pandemic. As a researcher who is also a practising clinician, I may be liable to prioritize clinical concerns in the selection and analysis of data.

As we knew the questions we wanted to explore, the development of themes was done in a deductive way, using the software programme, NVivo, and manual techniques. The process of data analysis was as follows: the researcher read all transcripts and selected codes initially across all three groups of participants, although some codes were applicable only to one or two groups, for example, training. New codes were then generated from each group's transcripts in order to identify how their perspectives differed or complemented each other. Codes were then clustered into themes, some of which were unexpected and surprising, with each theme including responses which complemented or contradicted each other. This could illustrate different group perspectives, as well as showing how individual participants in the same group had different responses.

In deciding which unconscious processes might be included in the analysis, we began with the concepts outlined in the theoretical background in the Introduction: *the analytic frame*, *transference*, *countertransference*. Initially, however, we were struck by the contrasting approaches to beginning online work at WPF, particularly the positive perspective of trainee therapists, and we include some data on this theme to situate the study in the context of the institutional response to the pandemic.

SUMMARY OF RESULTS

1. *Pioneers in the psychodynamic world*. This theme set the scene for beginning online therapy at WPF with therapists feeling as if they were pioneers in the psychoanalytic world, in contrast to supervisors who were sceptical.
2. *Online setting as help or hindrance to accessing internal world*. We selected data which described how the online setting could act as both a help and a hindrance in accessing clients' internal world and unconscious processes for both client and therapist.
   a. *Online setting as help: a gateway*. Some clients felt that undertaking therapy at home online gave them greater access to their internal world because they were more able to tune in to painful feelings and thoughts. The online setting

also increased the therapists' opportunities to see the client in a different environment, sometimes interacting with family members or others.

b. *Online setting as help: a protective barrier*. For some clients the screen was an enabling barrier which provided protection against their own guilt/shame and the therapist's presence

3. *Online setting as hindrance to accessing internal world*. For other clients the online setting was a disabling barrier to their internal world and to a connection with therapist. This may be partly explained by no shared physical presence. Therapists also can feel disconnected.

We then clustered themes to illustrate how the online setting had intensified or diminished transference and countertransference as these are unconscious processes central to psychodynamic work. As clients did not use this clinical vocabulary, we selected data from clinicians' perspectives, which include their reports of clients' transferences.

4. *Online as help for transference and countertransference*. Transference and countertransference can intensify online for some clients and therapists
5. *Online as hindrance to transference and countertransference*. Transference and countertransference can be diminished or disabled. (Participants were given a random alphabetical initial after the name of their group—client, therapist or supervisor—to ensure anonymity.)

Pioneers in Psychodynamic Psychotherapy

Therapists At the beginning of the pandemic, the trainee therapists had recently taken on their first clients or were just about to. In the context of traditional opposition to remote working in the psychoanalytic world, several described how on beginning online work they felt they were forging a new path, like pioneers. Trainee E said:

> I found it pioneering, I thought I am so lucky that I have been chosen in this era because now the playing field has changed, that's what I thought'.

Most therapists talked about how anxious they had felt, but 11 out of 18 also described the move online as a rewarding experience, such as: *an honour, a once-in-a-lifetime experience, a Eureka moment*. Trainee L said it had come at a crucial time in their training:

> we had definitely a baptism of fire … you are plunged into something, like your supervisors don't know what they are doing, very few of them had experienced it, most of them were against it and yet there you are.

There was also a widespread feeling that the pandemic had caused individual and collective trauma and that as mental health professionals, they had to step up and take responsibility.

> I felt like there was the responsibility, like shouldering the responsibility for what it is to help people through something, there was like this energy that came with it from me, like there was like a purpose you know, and from my supervisor there was a belief in me and that I was so ready to shoulder that responsibility and to, you know, throw myself into it because it felt like a privilege. (Trainee E)

Supervisors Some supervisors said they had struggled with the move online in part due to their being older than the trainee therapists and often less experienced in using technology. One said she used it 'once in a blue moon' and another described the use of technology as 'a foreign country'. The supervisors' manager remembered:

> they all reacted in various degrees of hatred of it … what I think one and all they felt, was something valuable had been lost, and that it was a poor substitute for working in the room. (Supervisor A)

> The other thing I was thinking was that we as supervisors had to learn almost alongside the trainees in this new world, didn't we? Which in a way is quite interesting, quite egalitarian in a way, but it's important to remember, isn't it, because we were learning as they were learning. (Supervisor F)

Clients The clients interviewed for this study had a range of responses to online therapy: the initial coding of their transcripts selected 97 references of which 47 could be analysed as positive and 48 negative, some clients experiencing both aspects. While clients did comment on the effect of the pandemic on their emotional health, most felt its significance was to intensify already existing emotional struggles for which they had sought therapy. For instance, faltering relationships deteriorated and ended under the pressure of lockdown. In terms of the clients' initial response to online work, some therapists reported that their clients had been more 'savvy' than they were about technology, perhaps because in turn the clients tended to be younger than the therapists. This also led to a more egalitarian feel to the connection, according to the therapists.

Online Setting: Help or Hindrance to Unconscious Processes

As we emphasized above, the analytic frame (rules and setting for therapy) is considered to be especially significant in psychoanalytic theory as it provides a safe space for the unconscious to emerge, as well as being itself an arena for unconscious processes. This meant that the online setting in turn received a great deal of attention at WPF Therapy. Once online therapy had begun, it was seen as a helpful gateway into clients' internal world for some participants. Others saw it as a barrier which could either help or hinder. It could provide enabling protection or constitute a disabling block. These themes are elaborated below.

Online Setting as Help: A Gateway

Clients Some clients found it easier to access their internal world doing therapy online. This was not only because of the familiar location ('in the comfort of my

own home'), but also because being at home meant for them easier access to their painful thoughts and feelings and therefore greater ownership of the therapy process. One client expressed it like this:

> I just look around at my room where I would usually be in my own mental head space going through a lot of these conversations in my head … and then you are just opening up your screen and then somebody is there to speak to you about it, so you are already in that mental space, your comfort zone, that place you are used to thinking and exploring these thoughts. (Client F)

Such clients felt they were more able to reach their innermost feelings online:

> I feel the detachment of being online actually made it easier for me because it's talking … through the screen and then I could talk … out of my head which I found really helpful. That was probably the most positive thing for me about doing it on-line. (Client F)

Some clients felt they were more able to process therapists' interpretations when offered online:

> I would be absolutely shocked that she [the therapist] would suggest that and then it would really, you know, I would be able to connect quite a lot of dots, and that would just completely floor me, and I think again being able to process that at home was really helpful for me. (Client D)

Therapists Therapists also experienced the online mode as a gateway to the clients' internal world, as Trainee L said:

> there is an intimacy that wouldn't be there if I was in the room because their voices play straight into my ear and so that brings them so much closer … there is a big visual image in front of me so they are visually closer than they would be in the room.
>
> In my space it does bring a certain sort of closeness that you wouldn't have in a generic room.

Both therapists and supervisors also felt online work gave new opportunities to see aspects of their clients' lives and interaction with others. This could lead to important insight into what the client might want to be seen or hidden:

> The postman turns up and suddenly you have got someone perhaps moving from being quite engaged and quite gentle, vulnerable to being someone incredibly angry you know that they have been interrupted. Or an animal passes through the room and some people are like: ahh, meet my dog and chat to my dog and they are all very sweet. And other people are like really irascible and angry, and it's those moments that you never have in WPF in the room, they are all kind of data, are we on the sofa today, or are we on the bed, you know, why are we on the bed, what's happening here, coffee drinking, you know if someone is feeling

> vulnerable, they might be eating or drinking more, you know self-soothing through their own kind of means. (Trainee K)

Supervisors Supervisors commented that they had been told about clients' increased openness:

> I've had trainees say that they have had experience of their clients opening up more and they experience them opening up much more on-line than they would have expected.

They also wondered what was happening with the presence of a camera:

> Was that a performance, because maybe you are performing for the camera, like performing for mother's face, perhaps in a way more than you might be doing in the room? (Supervisor J)

Online Setting as Help: An Enabling Barrier

The perception of remote working as a barrier contained opposing perceptions. Sometimes it was a helpful barrier in that it enabled clients to feel protected from the therapists' potential reaction and their own anxiety about it.

Clients

> I was safe, I was, there was way less anxiety for me and I felt like I could be more honest online because I literally had a barrier, I had a protection … so I actually really preferred it … I think there is something quite comfortable about being sat in your own room so that's a good thing I suppose. (Client C)

> Actually, I think being at home I was more vulnerable and more open than I would have been had I been physically in the room. I think I would have been more defensive, not defensive, but do you know what I mean, guarded. (Client G)

Such clients experienced the screen as a psychic barrier against anxiety about their vulnerability; and they therefore felt more able to reveal and explore feelings such as guilt and shame. There is an interesting overlap here with 'the online disinhibition effect' studied by Suler (2004) among others, which describes how people do and say things online which they would not in person.

Some clients felt that they were more able to talk openly online, particularly about feelings of shame or guilt, precisely because they felt less connection with their therapist and this was openly acknowledged:

> You might … feel shameful for expressing in person because the person is right there, I feel like I would have had the tendency to lie more in therapy, to not be so truthful, again… in the room with somebody. It made it a lot easier to try and … hide my thoughts and feelings, yeah, you just have to literally look the other way and you can't see the person, they are not there in the room with you. (Client F)

Clients' greater ability to control their environment, including their technological connections, as well as the absence of the therapist in the flesh was important here. Their sense of containment helped them to access and explore their internal world, while the nature of the online connection also enabled them to titrate their engagement with the therapist to the extent they found manageable. One client described it like this:

> I am a person who is very used to using technology all the time so it's really great for me and additionally I am someone who avoids connecting with therapists, I guess so for my particular set of issues it was really helpful. (Client D)

Therapists The tendency of many clients to be more open was also noticed by therapists and supervisors, as Trainee N described:

> the anxious clients felt more at ease not being seen and therefore more was coming up and I think this is it, when there is resistance in therapy and almost certainly there always is, there is a certain comfort in having their own part of themselves, rather than being fully exposed …

Trainee K noticed that as well as her clients feeling less vulnerable, she herself was also inclined to be less constrained:

> I have had clients when I am working who divulge more because they sort of feel detached and not so exposed as being in the room with me and I am also very aware of my own disinhibition and at times maybe saying something I wouldn't normally have said.

Supervisor S endorsed this

> I think one of the things we found online is that there is more disinhibition and I think in terms of clients and their fantasy world, I think they have felt safer.

Online Setting as Hindrance: A Blocking Barrier

Clients A number of participants did mention practical difficulties, such as not having a private space for therapy both as clients and as therapists. However, in this analysis we focused on the emotional issues which were a hindrance in the online setting. Some clients found that being at home made it harder to access their internal world because they felt the physical consulting room offered them greater emotional safety:

> you go to a different place and you feel more free to just say, you know, let go and speak freely, because it's almost like this isolated place and you can be the patient there and the client, or whatever. And you can leave that place and you go back home and you are yourself again, but doing therapy in your bedroom it's very difficult to separate your problems from that room. (Client A)

Some clients found that sharing a physical space with the therapist actively encouraged access to the emotional space:

> I think it's, if it's in person, it is all encompassing, you are physically present and I think being physically present helps you be mentally present … Being online … it doesn't encourage me to share in the same way as a real person would. (Client G)

Some clients identified tangible aspects of the physical presence in therapy as significant for the process. Client A felt that physical presence was necessary to build trust:

> the way I build trust with someone is normally by … seeing what is safe for me to say, and what is not safe for me to say. When I say safe, I mean like seeing how they react to certain things, seeing how comfortable they are around me, seeing how much detail I can go into without, you know seeing how they handle detail or graphic detail. Because if they are like visibly upset or visibly scared or visibly unable to help me in that situation, then I will stop disclosing information like that …

Another client described how her therapist had thought she was crying because the screen was fuzzy and there were 'pixellations', and she herself had thought the therapist had been crying on occasion. She felt it was crucial to be clear about whether this was the case or not so that their communication was mutually understood.

One client saw it in terms of physical presence being a prerequisite for recognizing shared humanity:

> I think it was harder for us to humanize each other and like, see us as real people, because I only ever saw her in a little box. (Client A)

Therapists Therapists agreed that absence of physical presence could be a loss, both for them and for their clients. Trainee N observed:

> Your mind is there, your face is there, but you are not fully there, and I don't think we are just words and face, there is much more to us, and this remains hidden or unseen or it remains somewhere in the unconscious being played.

He added:

[with] online video … there's a detachment that's possible online which is much easier than in the room, obviously you can detach in the room. But I think it's night and day, being alive in a moment in a space is lost and instead it just has that slightly more thinky quality rather than experience quality. (Trainee N)

> I mean, what you are missing really is the more somatic stuff, the smell, the thing about being in the physical presence as somebody else so that's kind of all gone so your kind of data and clues come slightly different. (Trainee A)

Supervisors

> … the online was almost like a disembodied experience. Uhm, a brain in a jar?
> We are not sitting in a room and you can't quite get the body language and the nuances that you can in person. (Supervisor F)

Online Helps Transference Work

Therapists and supervisors felt that there may be something different about transferences online, perhaps they were more fantastic or took clients to places they wouldn't necessarily go in person. Trainee A described it thus:

> There were transferential opportunities online that we hadn't really thought about, information and data that hadn't existed before, we were in people's homes for example and that was a new thing, they were in our homes. You know, the idea of the digital presence in the room, a screen you know … suddenly this was our portal. And of course, we are right up close to each other, we are not … 2 metres away, so you can see little tiny details, but only part of the body, yeah it was kind of interesting.

One trainee described how a highly anxious client who moved from being in-person to online, began her first online session with her laptop on the floor:

> it did feel like being invited over as a kid to play … she was going 'look, look, look' and showing me books and she showed me pictures that were on her wall, it was like 'show and tell' and in that session we talked about that … it feels like there is so much you want to show me today, like here I am. (Trainee B)

A therapist who had been online in a room with wooden panelling discovered when he moved to a different room that his client had had a fantasy that he worked from a garden shed. This had endeared him to the client who had some negative feelings around the psychiatric establishment. Moving to a different room had altered the power dynamic, he felt.

Supervisor D described an interesting session where he had supervised the therapist:

> the client, a young woman, went off in the middle of the session to go and make herself a cup of tea. Came back and pulled out her doll while talking to the therapist … saying … [the therapist was a woman called Sally]: look, I've got a little Sally here with me. And then clearly what happened was the client regressed quite considerably and was using a transitional object. It was all taking place in one session. Now it was very useful in supervision to talk about this regression and what was happening and the therapist could understand a lot of the unconscious process and their progression was witnessed in the session … That wouldn't happen in the consulting room with such ease.

Another supervisor speculated on the increased tendency for regression online:

> the focal distance is just about the distance that one sits away from the screen, a lot of people do when their faces are very close to it, so you are offering yourself as an object, the therapist to be micro-ingested. If you talk about babies who become super-aware of mother's mood, in a way, the therapist who is very, very close to the screen could be inviting that. (Supervisor J)

Online Helps Countertransference

Some therapists felt that discerning their countertransference online was less difficult in some ways because they were not distracted by non-verbal cues and interaction that may happen if two people are in a room together. Others agreed that they were more likely to be able to bring up issues around countertransference with their clients. For instance, Trainee L said:

> there is something about that work that it happened online … very much about the countertransference, the erotic countertransference and I sort of go like: would that have happened in the room? Would I have been more guarded, would I have enabled things within me to be relaxed …?

Trainee F commented:

> I think there is like a sixth sense that we develop as therapists online and it is to do with really seeing, listening, voice intonation and being able to see facial reactions, it's homing into a different energy.

Another therapist described this in more detail:

> I found the symbolism of what I can see onscreen quite useful so for example there is one client who would often sit up in her chair and wrap herself round her legs and it was as if the screen was sort of becoming like an online womb and I've had points where the earphones we are wearing have looked identical and it's as if this is the thing that connects us … it comes through my ears into the computer, out through their side of the computer and into them, so it's been sort of like a weird sort of umbilical cord moment, yeah. (Trainee J)

Supervisor J endorsed this view:

> if one is open to watching out for it, there is probably a lot more body transference around, body feeling around, and one does need to interrogate one's body just as you do with somebody in the room I think, you know, why am I feeling so fidgety, why have I got a tic in my eye at this moment?

Online Hinders Transference

Isaacs Russell describes the absence of physical presence as negating the possibility to 'kiss or kick' (2021,p. 365), or to have any physical interaction. Such potential

may evoke a greater sense of engagement or authenticity in a human interaction, rather than an online one, including transference and countertransference.

Trainee D said:

> … online the transference comes and stops at your head, you know, whereas I think in the room your whole body can be involved you know … so I feel don't get the whole picture…

Trainee N agreed:

> the transference is more natural in person … stronger … more whole, and as I speak to you, I am also seeing it visually in the room there is the transference but it is almost like located differently.

Several supervisors endorsed this view that it was harder to identify and work with transference when therapist and client were online. Supervisor U explained:

> I was thinking about it being a feeling of it being more difficult because of the gap of, if you like, the non-verbal communication that we are trained to be aware of, that feels that bit more removed, that is informing us around what is going on in the transference.

Online Hinders Countertransference

Although psychotherapy does focus on the internal world, it is understood that the body may provide important clues to what is happening in the mind. Freud said 'The ego is first and foremost a bodily ego …' (1923, p. 25), meaning that our emotions are experienced in the body. Some participants did find that online work hindered their perception of countertransference. Trainee H said:

> I didn't feel initially that I had much of a kind of like a sensory compass … I did sort of struggle with the actual feeling of closeness from me to them. I don't think they struggled as much as me in that sense, I notice at that point … they seemed to take to it easier.

Trainee P described it in terms similar to Isaacs Russell:

> there was something more direct when we were in the physical space with one another, the transference, countertransference relationship felt a bit more lively and perhaps the anger feels a bit more real, a bit more dangerous perhaps … so there was something a bit more real about it to work with.

Other clinicians tried to pick out the detail of what was different in working online:

> If you are thinking about the countertransference … there's maybe a bit more space to do that when someone's not in the room, but you're not picking up on as rich information so I think the space in which you can do that is greater online but what you have to reflect on is diminished. (Trainee M)

DISCUSSION

Research Methods Discussion

The participatory element of the research, in which therapists interviewed each other, was effective in enabling them to talk freely. Several of the participants commented that it was helpful to them personally in building confidence around online work, as we had intended. The pluralistic element of the research in which three groups of participants were asked similar questions was useful in triangulating the data for analysis. What we mean here is that therapists' comments on their clients' behaviour matched with what the clients themselves said. Supervisors and therapists also affirmed each other's experiences.

We particularly wanted to ensure that the professional perspective would not be the only one heard and that client experience would be represented. However, it was difficult to obtain an equal sample of client responses. Different techniques were attempted, including offering a £10 shopping voucher, and changing the subject title in e-mails, but the response remained low, with eight clients agreeing to interviews out of 50 selected for recruitment.

The combination of the low recruitment uptake and variations in the time frame (12–80 sessions) undermines the weight of the conclusions that can be drawn in terms of the client experience.

It was also problematic sometimes to compare client responses with those of clinicians because professionals used specialized vocabulary to discuss their experiences. For example, most clients did not understand technical words such as 'transference'. However, they were well able to discuss patterns in their behaviour from the past which could be identified as transference.

While there was a great deal of interesting data on the problematic aspects of working online from clinicians, much of these data were not included as fully in themes for analysis because they had been the focus of earlier research. We wanted to separate out the effects of the sudden and forced move online, as well as the pandemic context, from what might be relevant for the future. When it became clear that online psychodynamic psychotherapy was feasible online, albeit with some differences, it was useful to focus on how this had happened, and what lessons had been learned for training and clinical services in the future.

Implications for Future Psychodynamic Training and Clinic

The thematic analysis of the perspectives of clients, therapists and supervisors found that within the three groups there was a range of disparate experiences of online psychodynamic therapy, although the majority found that it could be effective. Some clients felt it had limitations, while others found it more therapeutic than in-person work. Therapists were excited by new ways of working, despite their anxiety, although they agreed that the therapeutic relationship was constrained for some therapists and some clients. Despite their scepticism about the modifications to the analytic frame, supervisors saw new opportunities for psychoanalytic thinking in working online.

Here we want to outline the phenomena described in the research analysis, including the modified frame, which need attention in future training for psychodynamic work online. While it has been suggested that it is the attitudes of clients and therapists that are significant, there are some intrinsic characteristics of online work which it is useful to acknowledge.

1. The online setting which clients present, including themselves, can be understood as a staging of what they would like the therapist to see, either consciously or unconsciously. This can present new opportunities for the emergence and exploration of transference and countertransference.
2. Both intentional and unintentional interactions with others in the client's setting can provide valuable material for exploration in therapy, including unconscious processes.
3. The therapist's online setting may also provide opportunities for exploration of the client's unconscious, as were illustrated by examples in the analysis above.
4. Therapists may need to be vigilant around the lack of inhibition which is common in online work and may need to provide greater containment for clients.
5. It may be the case that some clients will benefit more from in-person interaction with the therapist because of the greater potential for physical engagement, while some clients find online work more therapeutic, as was clear in the research. As well as client preference, other factors in the client's psychological make-up need to be considered, including risk factors.
6. A blended approach which combines in-person meetings with online sessions can be effective for psychodynamic therapy (Isaacs Russell, 2015).

While we have not included practical issues in the analysis, there were some which are relevant here. Such issues may reveal significant social and economic factors in the external world which merit further study:

1. The peer support provided by their training cohort was very important for trainees and could be effective online as well as in person.
2. Supervision can be effective online, but supervisors felt they had a fuller understanding of supervisees if groups could meet in person from time to time.
3. Online working was problematic for some trainees with young children or limited accommodation as they had neither space nor privacy to work confidentially. Others preferred to work in a different location to their home, even online, because they felt such a separation allowed them necessary emotional distance from client work.
4. When working online, some trainees felt as if they were independent practitioners without a strong connection to a training institute. This was partly due to it being impossible to visit the building during lockdown. Training organizations will need to bear this in mind and offer appropriate support through regular communication and monitoring of trainee wellbeing.

Future Research

There were some interesting views from clinicians on how the online interaction could be considered a transitional space, as described by Winnicott (1971), where play and experimentation may be tried. Some even wanted to stretch Winnicott's concept of a transitional object to an electronic device which maintains the reassuring connection to the therapist. It was beyond the scope of this study to explore this further and there may also be some overlap with Winnicott's ideas about illusion and disillusion and the experience of remote working, what is real and what is not real.

In terms of client perspectives, a study with larger client numbers with comparable experiences would allow greater reliability and perhaps diversity in the findings.

CONCLUSION

One of the research participants, who is a supervisor, said of online work: 'The genie's out of the bottle now'. He was suggesting that despite the longstanding hostility to online work in psychoanalytic circles, psychodynamic psychotherapists have now accepted that it is here to stay. Our study shows that while there have been major changes to the way we work, there are new and interesting possibilities to work with unconscious processes, including transference and countertransference. Clinicians and clients are already encountering circumstances when online work is the most convenient option, if not the only feasible one. As Caparrotta said 10 years ago, we need to grapple with it.

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