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Online psychotherapy practice by psychodynamic therapists

Prática da psicoterapia online por terapeutas psicodinâmicos

Práctica de psicoterapia online por terapeutas psicodinámicos

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Abstract: Online psychotherapy was recognized by the Federal Council of Psychology Resolution n. 11/2018. With the official recognition of this practice, many professionals raised questions about its equivalence to face-to-face psychotherapy and the possible need of technical adaptations. Considering the lack of research on this theme, this study aimed to explore how psychodynamic/psychoanalytical psychotherapists perceive their own practice in online settings, including technical and relational aspects of the therapeutic process, in comparison to their experience in face-to-face treatments. This is a qualitative study with an exploratory approach. Eight psychologists responded to videoconference interviews. The interviews were audiotaped, fully transcribed, and analyzed by thematic analysis. Results were organized in two major themes (online psychotherapy practice and technique and psychodynamic process in online psychotherapy). Main results indicate online psychodynamic psychotherapy has many distinctive features (e.g. relying on quality of internet connection, fostering focal process, occurring in a more vulnerable setting, and eliciting a different pattern of communication) that require adaptation from therapist. Implication of findings to psychotherapy training and practice are discussed.
Keywords: telepsychology, internet and psychotherapy, online psychotherapy, psychotherapy process

Resumo: A psicoterapia online foi reconhecida pela Resolução nº 11/2018 do Conselho Federal de Psicologia. Com o reconhecimento oficial dessa prática, profissionais levantaram questões sobre sua equivalência à psicoterapia presencial e sobre a possível necessidade de adaptações técnicas. Considerando a falta de pesquisas sobre esse tema, este estudo teve como objetivo explorar como os psicoterapeutas psicodinâmicos percebem sua prática clínica on-line, incluindo os aspectos técnicos e relacionais do processo terapêutico, em comparação com a experiência em tratamentos face a face. Este é um estudo qualitativo, com abordagem exploratória. Oito psicólogos foram entrevistados em videoconferência. As entrevistas foram gravadas em áudio, transcritas integralmente, e analisadas por análise temática. Os resultados foram organizados em dois grandes temas (prática da psicoterapia online e técnica e processo psicodinâmico na psicoterapia online). Os principais resultados indicam que a psicoterapia psicodinâmica on-line tem muitas características específicas (por exemplo, depender da qualidade da conexão de Internet, promover um processo focal, ocorrer em um ambiente mais vulnerável e eliciar outro padrão de comunicação) que exigem adaptação do terapeuta. As implicações dos achados para o treinamento e prática da psicoterapia são discutidas.
Palavras-chave: telepsicologia, internet e psicoterapia, psicoterapia online, processo de psicoterapia

Resumen: La psicoterapia online fue reconocida por la Resolución no. 11/2018 del Consejo Federal de Psicología. Con el reconocimiento oficial de esta práctica, los profesionales plantearon preguntas sobre su equivalencia a la psicoterapia presencial y sobre la posible necesidad de adaptaciones técnicas. Teniendo en cuenta la falta de investigaciones sobre este tema, este estudio tuvo como objetivo explorar cómo los psicoterapeutas psicodinámicos perciben su práctica clínica online, incluidos los aspectos técnicos y relacionales del proceso terapéutico, en comparación con

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la experiencia en tratamientos cara a cara. Este es un estudio cualitativo con un enfoque exploratorio. Ocho psicólogos fueron entrevistados en videoconferencia. Las entrevistas fueron grabadas en audio y analizadas por análisis temático. Los resultados se organizaron en dos temas generales (práctica de psicoterapia online y técnica y proceso psicodinámico en psicoterapia online). Los principales resultados indican que una psicoterapia psicodinámica online tiene muchas características distintivas (por ejemplo, confiar en la calidad de conexión de Internet, promover un proceso focal, ocurrir en un ambiente más vulnerable, y provocar otro modo de comunicación) que exige la adaptación del terapeuta. Se discuten las implicaciones de los hallazgos para el entrenamiento y la práctica de psicoterapia.

Palabras clave: telepsicología, internet y psicoterapia, psicoterapia online, proceso de psicoterapia

Information and Communication Technologies (ICTs) are technological resources integrating a group of software and network systems that transmits information through images and sounds (Committee on National Security Systems, 2010). The popularization of the internet, in the 90's, favored the continuous growth of these technologies. Today, they are an important part of our daily life. Brazilian census data points out that 85.6 million of individuals, i.e. about 49.3% of the population, have access to ICTs (Instituto Brasileiro de Geografia e Estatística, 2016). The crescent use of these resources can affect interpersonal relationships in many contexts (Ulkovski, Silva, & Ribeiro, 2017). The expansion of ICTs is not limited to informal activities, but also happens in formal services, such as education and psychotherapy. In the various segments of human activity, ICT promoted an increase in the speed of communication and new ways of interaction between people (Feijó, Silva & Benetti, 2018b; Ulkovski, Silva, & Ribeiro, 2017).

Psychotherapy is not an exception and was also affected by the dissemination of ICTs in many ways. In this paper we focus on online psychotherapy, i.e., in psychotherapy delivered entirely online by video conference. We acknowledged that there are other forms of delivering online psychotherapy, for example, by internet phone, chat, and e-mail. In literature, online therapy is also designated by other terms, like e-therapy, internet-based psychotherapy, and cybertherapy, among others. The use of different nomenclatures can hinder the systematization of research on the theme

(Amichai-Hamburger, et. al., 2014; Crestana, 2015). The American Psychological Association (2013) proposed the generic term telepsychology to designate different psychological services through ICTs. This organization also developed guidelines for its practice.

In Brazil, the Federal Council of Psychology (Conselho Federal de Psicologia, 2018) regulated psychotherapy through ICTs in 2018. Before this resolution, remote services were restricted to psychological orientation up to 20 sessions and experimental psychotherapy (Conselho Federal de Psicologia, 2017). However, as happened in many other countries, clinicians raised many questions about this new way to deliver psychotherapy, such as: the therapists and patients characteristics best suited to this format; how to manage risks, how to ensure confidentiality; the quality of the therapeutic relationship (Barak, Hen, Boniel-Nissim, & Shapira, 2008; Cipolletta, Frassoni, & Faccio, 2018; Pieta & Gomes, 2014). Also, some raised questions about the impact in the theoretical constructs that substantiate psychotherapeutic processes; this were especially prominent among psychodynamic therapists (Carlino, 2011; Feijó, Silva, & Benetti, 2018b; Feijó, Silva, & Benetti, 2018a; Nóbrega, 2015).

Although there are evidences that the online psychotherapy is effective, there is the need of more process-outcome research about psychotherapy by videoconference. Within psychodynamic approach, research about online practice is mandatory (Feijó, Fermann, Andretta, & Serralta, 2018). Furthermore, some studies suggested that ICTs can modify some of the psychodynamic techniques (Feijó, Silva, & Benetti, 2018b).

Online psychodynamic psychotherapy is controversial. Among psychodynamic-oriented therapists, there is a *continuum* of conceptions that varies from those that are pro online treatments to those who are against it, the latter based on the assumptions that psychodynamic process would not developed in this context and that interventions would be limited to support (Ehrlich, 2019). However, its noteworthy, that most of authors that recommend or not the practice of online

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psychodynamic therapy do so based on their own clinical experience, using clinical vignettes of their own cases, without any systematic measurement (Ehrlich, 2019). Therefore, this conclusion may denote a researcher bias, and not derived from a systematic observation of the real process of treatment (Serralta, Nunes, & Eizirik, 2011).

Aiming to comprehend how the use of the technologies affects the psychoanalytical/psychodynamic practice, Feijó, Silva e Benetti (2018b) interviewed psychotherapists that used TICs with their patients as a complement to face-to-face practice. The study results showed using technology in psychodynamic-oriented therapy leads to the inclusion of parameters to the therapeutic setting. In online sessions, transference occurs and can be worked on. In addition, therapists noted that remote sessions could have some positive impacts on therapeutic relationship, such as an earlier development of therapeutic alliance. In the other hand, therapists also observed some negative impacts of TICs on the therapeutic process, as for example difficulties with neutrality and abstinence, since in online sessions they felt more pressured by patients to exert a more active role. In addition, they mentioned having negative reactions related to the instantaneity and speed of communication, as well as to the lack of clear limits of relationship. And more, psychodynamic therapists feel they didn't have enough abilities to handle ICTs in psychotherapy and clamored for technical guidelines. The study suggests that the lack of proper training could negatively influence treatment delivery (Feijó, Silva, & Benetti, 2018b, 2018a).

The therapeutic relationship is a central psychotherapy factor. Clinical practice allied to decades of scientific evidence led therapists and researchers to a consensus that relationship factors, and specially, the alliance, is the most fundamental aspect of healing across different patients and therapies (Norcross & Lambert, 2019). Alliance is the collaborative aspect of therapeutic relationship. It is characterized by patient and therapist agreement on the objectives and tasks

of the treatment, as well as their mutual bond of trust and attachment (Bordin, 1979).

The few studies conducted in Brazil about online psychotherapy suggest that alliance can be successfully developed in this kind of environment (Pieta, 2014; Prado & Meyer, 2006). This assumption is coherent with international meta-analysis (Flückiger, Del Re, Wampold, & Horvath, 2018) and systematic reviews (Berger, 2017; Sucala et al., 2012) results of equivalence between face-to-face and online treatments regarding alliance levels and alliance contribution to outcome.

However, there are still many unanswered questions about online therapeutic relationship, its theoretical foundations and technical management (Crestana, 2015; Feijó, 2017; Machado et al., 2016; Pieta, 2014). In fact, little is known about the qualitative aspects of online relationship; and there are many controversies, in literature, about whether alliance and other dynamic therapeutic processes would be the same. For example, although some (Carlino, 2011; Ehrlich, 2019) concluded that psychodynamic psychotherapeutic work is not negatively affected by remote relationship, Russel (2015) suggests that, because of the physical distance between the pair and the split created by the computer screen, aggressive and primitive content could not be fully expressed by the patient. Thus, treatment could turn out to be incomplete and/or inefficient. Clearly there is a need for more process and qualitative studies about how online psychodynamic work. Therefore, this study aims to explore how psychodynamic psychotherapists perceive their online clinical practice, including the technical and relational aspects of the therapeutic process, in comparison to their experience in face-to-face treatment.

Method
Design

This is a qualitative study with an exploratory approach. This kind of study has the objective applying empirical research methods to a problem or event in order to make it clear and so to build hypothesis or expectations about it. Thus, it aims to access the phenomena under a new perspective (Gerhardt & Silveira, 2009).

Participants

Participants were recruited from psychodynamic psychotherapists registered in online psychotherapy platforms. Selection was by convenience (Creswell, 2010). The inclusion criteria were: to be a psychologist, to have at least two years of clinical experience, to be conducing one or more online psychotherapeutic treatments for at least two months. Four therapists who used other theoretical approaches or self-dominated eclectics were excluded. In order to reach the final number of participants, the data saturation criterion was used, that is, the interviews were closed when there were no new manifestations, either due to redundancy or repetition in the content of the interviews (Fontanella, Ricas, & Turato, 2008). Using this criteria, a total of eight professionals were accessed, five women and three men. Mean age was 39 years (dp=9.25 years). Participants were resident in the states of São Paulo (n=3), Rio Grande do Sul (n=2), Roraima (n=1), Paraná (n=1) and Ceará (n=1).

Instruments

The instruments were (a) Sociodemographic and clinical experience questionnaire; (b) Semi-structured interview with questions that aimed to investigate the clinical experience of the psychotherapists, their perceptions about the online psychotherapy process, including its technical and relationship aspects, in comparison to face-to-face practice.

Data collection procedures

Psychotherapists were initially contacted by electronic mail. The research objectives and its possible benefits and risks to participants were explained in this communication. Confidentiality and freedom to decline participation at any time was guaranteed. The professionals that agreed to participate signed an electronic Free and Informed Consent Agreement Form, by Google Forms. Subsequently, the socio-demographic questionnaire was applied just before the interview. The videoconference interviews were carried out by the first author. They were audio recorded and lasted 54 minutes in average.

Data analysis procedure

Data was analyzed through thematic analysis. This kind of procedure is characterized by the analyses of themes that are predominant in interviews for the purpose of relating the experiences, the meanings and the reality of the interviewees, focusing on what arises from the verbalizations (Braun & Clarke, 2006). The recorded interviews were fully transcribed into Word, following the protocol of transcripts developed by the research group for psychotherapy process studies. First, researchers performed a free reading of all transcripts Afterwards, they marked and categorized the exploratory topics into thematic units. These units were grouped by similarities in their content and meanings, resulting in the thematic categories. These steps were conducted by the two first authors and audited by the third author. Disagreements on the categorization were settled by consensus amongst the researchers.

Ethical procedures

The presented research attended the 510/2016 Resolution from the National Health Council (Ministério da Saúde, 2016), which regulates the research with humans in Brazil. The research protocol was approved by the Research Ethics Committee of the University of Vale do Rio dos Sinos (CAAE n. 03691318.0.0000.5344). The participants were fully informed about the objectives and procedures of the study prior to agreement to participate. At all times, researchers were available to participants to solve their doubts and to give additional information.

Results and discussion

Participants had 12.5 years (DP=7.08 years) of clinical experience and worked at least for 1 year and 9 months on online settings (DP=1 year). At the time of interviews, each therapist had at least 5 online psychotherapy clients. Thematic analysis of interview transcriptions generated two categories. These major themes and their subthemes are further described.

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Theme 1: Online psychotherapy practice

The category "Online psychotherapy practice" contains three subthemes: Beginning online practice, training and study; Legal and ethical aspects; Benefits and limitations.

Subtheme 1.1: Beginning online practice, training and study

Participants stated that they started practicing online psychotherapy in order to be able to see more patients, and also as a result of the changes in the way people communicate and interact nowadays.

> *The main reason [to begin online psycho-therapeutic practice] was to expand my field of work and my patients, I was limiting my patients to face-to-face context […] I even think now that if my practice in the consulting room becomes less success-ful, I will fully dedicate myself to online practice, because I think this is a broad, expanding field. I think it is the future!* (P7)

However, it is noteworthy that therapists do not feel prepared for online practice. Participants complained about the lack of advanced training courses in this field of work, as well as about the lack of studies and literature in Portuguese available, so they could learn about online psychotherapy practice. *"You see, I can't say I've never done any training. I assisted a lecture about it [when] I was a master's degree special student, it was a lecture about psychanalysis in the present time"* (P6).

Therapists' report on the lack of literature about online psychotherapy and of formal training is derived from the fact that most of literature on this subject is published in English (Feijó, 2017; Pires, 2015). Previously, other study had showed that Brazilian therapists are unprepared to conduct online psychodynamic psychotherapy (Feijó, Silva, & Benetti, 2018a). There is an urgent need to include this topic of study in all levels of clinical training, including psychology undergraduate and graduate courses and psychotherapy specific training courses. Lack of training can supposedly negatively impact on the quality of the offered attendance. To minimize these impacts, online psychotherapy process and process-outcome studies should be conducted in Brazil (Feijó, Fermann, et al., 2018), and their results translated into clinical guidelines.

Subtheme 1.2: Legal and ethical aspects

The interviewed psychotherapists mentioned that the Federal Council of Psychology (*Conselho Federal de Psicologia*) resolution that guides psychologists' online practice helped to stablish for whom these interventions are suitable (i.e, the target population) and contributed to give some simple guidance to clinicians.

> *We know that out there [abroad] people already deliver online therapy and I think the Federal Council of Psychology release was a big gain. We are now allowed to practice online therapy, a gain, many years ahead… And maybe now we will be able to work more freely, online, and with less paperwork* (P7)

Nevertheless, participants were insecure and expressed many doubts about ethical and/or legal aspects of online psychotherapy practice, e.g., limits, evaluations, and legal jurisdiction of attendances "[…] *I don't know if my Regional Council register authorizes my online assistance to others in another country or in another region of our country, so …this is the question, I'd been wondering on what to do* […]" (P3).

Many studies show that clinicians have doubts about legal and ethical norms and guidelines regarding application of ICTs to psychotherapy (Amichai-Hamburger et al., 2014; Hallberg & Lisboa, 2016; Lustgarten & Elhai, 2018). In Brazil, online psychotherapy regulation to psychologists is recent, on May 2018 (Conselho Federal de Psicologia, 2018). This resolution is not clear neither about criteria and technical aspects of patient's evaluation nor about jurisdictional territory of this practice. Therefore, combining this fact with the already discussed result of therapist's lack of information and training on online psychological interventions, their expressed doubts and questionings are fully understandable. At this moment, regarding the topic of patient's evaluation for online psychotherapy, there are no studies addressing intake. On the other hand, there are systematic reviews suggesting good

results with some groups of patients (Barak et al., 2008; Feijó, Fermann, et al., 2018; Machado et al., 2016; Rees & Maclaine, 2015). However, none of these reviews include Brazilian studies. Studies are needed to examine who does and who does not benefit from online psychotherapy.

As for the legal aspect of practice, in USA the American Psychological Association guidelines for telepsychology emphasize that professionals should look for local orientation, once that according to jurisdiction it may or it may not exist especial requirements to clinicians providing these services (American Psychological Association, 2013). In near future, the Brazilian Council of Psychology could better inform psychologist about ethical limits and legal aspects of online interventions, including psychotherapy.

Finally, the participants referred the importance of the data security so the confidentiality of therapeutic encounter could be ensured. Thus, therapists mentioned the need of maintaining software's updated, in order to avoid invasions in the sessions "[…] *I always update with antivirus, anyway, I – as a psychologist – had even to look for information about that, so I could be more careful*" (P7).

The special care that online psychotherapists' have about information security highlights a specificity of this practice. For example, confidentiality is an issue in all types of therapy but have extra risks in remote environments. This is why, in Brazil, when psychologists register themselves on the Federal Council of Psychology platform to practice online psychotherapy, they need to inform how they will assure data security. Besides that, they are instructed to clarify confidentiality to their clients. Inobservance of this norms can result in professional ethics process (Conselho Federal de Psicologia, 2018).

Subtheme 1.3: Benefits and limitations

Interviewees' perspectives regarding online psychotherapy benefits and limitations are described in this category. Benefits include the possibility of therapists to relocate to other city, state or country, without having to discontinue attendance, being able to practice at home, as well as of seeing patients that live in other places or even in other counties. Also, therapists considered beneficial to patients to receive attendance at their own residence, having access to psychotherapy from almost anywhere, and being able to be assisted by a psychotherapist from their own country when living in another. *"With online assistance I reach people that I can't reach with face-to-face therapy"* (P6).

> […] *This was the way [online psychotherapy] he [i.e, the patient] reached assistance, because he had never contacted a psychologist before and this was the only way he had, that he found to speak about his anxieties, you know?* […] (P1).

The main advantage of online (vs. face-to-face) interventions – mentioned by this study participants – are very similar to those reported previously by other researchers: to expand patient's access to psychotherapy (Miclea, Miclea, Ciuca, & Budau, 2010; Pieta & Gomes, 2014; Proudfoot et al., 2011). For example, in some clinical situations the patient may feel safer to receive online attendance instead of face-to-face. That is sometimes the case of patients with high levels of anxiety (Barak et al., 2008; Pieta & Gomes, 2014). Moreover, in poor and large countries like Brazil, online psychological interventions, when delivered with technical and ethical expertise, could help to diminish the huge differences in population's access to mental health care.

Online psychotherapy has also limitations. Regarding this subject, therapists mentioned difficulties in adapting the psychoanalytic technique to the new environment. In their experience, some observations about the patient's behavior become more difficult due to the loss of nonverbal content. Disruptions in the psychotherapeutic process due to instabilities and failures of internet connection were also noted by many interviewees "[…] *When you are face-to-face, by his/her [patient] way to greet, to sit on the chair, you already have an idea of the person, you already sense the feeling* […] *and that, that doesn't exist online*" (P3).

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[…] because of that I repeat, the technological device needs to be good, because suddenly the person [patient] is on his peak, having an insight and the internet connection is lost … then you are lost […] so, I repeat that your instruments need to be suited for that [online therapy] (P1).

The decrease of the nonverbal content, mentioned by therapists, is already cited in the literature as a limitation of the online psychotherapy (Cipolletta et al., 2018). Besides that, the requirement of a high quality of the internet connection, not relevant in face-to-face interactions, is another specificity of this practice, with potential impact on treatment process and outcome. Interruptions and low-quality sound and/or image can cause micro ruptures in alliance and other aspects of the therapeutic relationship. Online therapists must be aware of this potential hazard and prepare themselves not only assuring excellent technological devices and high-quality internet service but also by anticipating problems and responses to them, for example, therapists should systematically explore how patient reacts in terms of feelings and unconscious phantasies when such disconnections occur. In early sessions, addressing potential internet problems and its possible consequences to therapeutic communication is highly recommended.

In addition, online psychotherapy has limited indication (CFP, 2018). According to participants, this type of intervention is not suitable for patients with suicidal ideation, as well as for psychotic, borderline, regressive or severely depressive patients, or yet for patients experiencing crisis. Besides, therapists stated that remote therapy is not appropriate for patients under abuse and/or violence, or for people suffering from disasters or catastrophes "[…] *patients with regressive behavior… with them I think it is necessary a face to face contact, this contact is more direct* […], *also patients with psychotic behavior, I'd contraindicate, of course, I think that it wouldn't work well*" (P8).

Although more studies are necessary, online psychotherapy is found effective for many clinical conditions. Anxiety disorders and depression are the conditions with more evidence (Ebert et al., 2018). The contraindication of online psychotherapy for patients with risk of suicide, patients with severe personality disorders and for those experiencing violence and/or suffering from rights violation is a common agreement in literature (Carlino, 2011; Nóbrega, 2015). It is noteworthy online interventions for many clinical conditions had never been studied. Therefore, some caution is mandatory. Psychotehrapy is not a panacea and online psychotherapy (as face-to-face-psychotherapy) probably will not work for all in the same way, and could even be harmful in some conditions.

Theme 2: Technique and psychodynamic process in online psychotherapy

The theme "Technique and psychodynamic process in online psychotherapy" gather thematic units that refer to technical adaptations that need to be made in online psychotherapy, according to participants (Subtheme 2.1: Technical adaptations). It also includes their evaluation of therapeutic process of change (Subtheme 2.2: Change process).

Subtheme 2.1: Technical adaptations

Respondents stated that online psychodynamic psychotherapy ends up being configured as a short-term and focal treatment. They also mentioned that, in comparison to face-to-face psychodynamic psychotherapy, in this modality the therapist has a much more active role and tend to use more body language "[…] *The patient is very attentive to us; It seems that he/she wants everything of you, even my attitude changes a little more, I become more active than I usually am in my consulting room*" (P2).

Literature reveals the existence of changes in technical aspects of psychotherapy when relationship is virtual (Carlino, 2011; Sfoggia et al., 2014). Siegmund and Lisboa (2015) study results suggested that in online therapy therapist may have an extra effort and use a wider range of interventions, both expressive and supportive, to be able to express themselves and communicate with patients.

To promote and to support the therapeutic alliance in psychoanalytic therapies, therapist's attitudes of empathetic and friendly listening, clarifying activity, as well as their synthetic and reflective functions are fundamental (Peres, 2009). It is worth noting that these therapeutic behaviors are also persecuted and sustained in online environment, according to the interviewed therapists. Respondents also expressed that, because of the limited nonverbal content, they felt the need to be more didactic and active with their remote patients. So, for example, they end up sitting very near to the camera, making more facial expressions and using more hands and body language than in face-to-face interactions. Supposedly these changes in attitudes are needed to compensate the losses relationship may suffer when mediated by a computer screen. By preventing communications difficulties derived from the virtual environment and accommodating themselves to the new setting, therapists can diminish the purposely negative impact that distance and less body information can exert on the therapeutic bond.

In general, participants perceived that their online patients engaged collaboratively in therapy as much as others do in face-to-face therapy. Yet, they emphasize that the construction of the therapeutic relationship may be slower and arduous, demanding more work from the therapist.

> I can't see much difference, but we can't say that it is equal. It's slightly different because something is missing, that bodily closeness, this face to face interaction matters, to be near. I think that the [the-rapeutic] bond, it's a bit slower to deve-lop, but, furthermore, I can't see much difference (P6).

Many researchers state that in online psychotherapies therapeutic alliance can be successfully developed and maintained over the treatment (Flückiger et al., 2018; Pieta, 2014; Prado & Meyer, 2006; Sucala et al., 2012). The observations made by this study therapists about their perception that alliance may grow slower than in face-to-face treatments contradicts Feijo's (2017) research results in which therapists

observed the opposite. Those treatments, however, were not exclusively remote. Whether the mean number of sessions needed to develop alliance in online psychotherapy is different than observed in traditional, face-to-face treatments is a question yet to be further explored.

The stability of the setting was another technical issue considered important by psychotherapists. Participants mentioned being very attentive as to deliver sessions at the same place, whether at their office or their home. They considered this to be important to both themselves and their patients. The need for attendance to occur in a reserved place, without interference from third parties was very also stressed.

> I attend in my office, I sit in the same place, I always try to maintain the same setting, as he is right there, but over Skype […] The priority is always to maintain the privacy, so he/she [the patient] is always using his/her bedroom [for the therapy sessions] (P8).

From the psychanalytic perspective, the setting is a set of processes that organize, standardize and allow the therapeutic process (Zimerman, 2004). It is much more than simply the place, time and conditions were the sessions occurs, as it includes specific attitudes of therapist (e.g., continent function), as well as an interpersonal field (Baranger, Baranger, & Mom, 2002; Churcher, 2018). In this sense, it is important to keep it constant in order to provide a sense of continuity that facilitates therapeutic interactions. Since online psychotherapy can easily occur in any place with internet access, a special attention to setting establishment and continuity is recommended.

Subtheme 2.2: Change process

In the interviews, therapists discussed about how they identified change in online treatments. They reported observing the process of change through patient's narratives, just as they did in face-to-face sessions. Changes markers that were mentioned include signs that patients were becoming more able to overcome everyday difficulties, exhibit significant decrease in symptomatology, and increase of insight. "[…] by *the narrative, what is*

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being brought up in session, what happened, how it was done, how it wasn't done. It is an unconscious issue, how the patient is positioning him/herself in the world" (P5) and "*I perceive [change] by the decreasing of the symptoms reported by the patient, like oh, in this situation I've used to react like this but now I don't feel it anymore* [...]" (P8).

None of the therapists reported using standardized instruments to assess patient progress. As is often the case in face-to-face psychodynamic therapies, the assessment of therapeutic change is primarily clinical and centered on patients' narrative about his/her accomplished and observed psychological capacities.

Final considerations

This study explored how psychoanalytic/ psychodynamic oriented psychotherapists deliver online treatment and perceive the therapeutic process in this modality in terms of its technical and relational aspects. Results suggest that online psychotherapy fosters a dynamic process in many ways very similar to the process of face-to-face intervention. Therefore, this approach apparently is a secure alternative to face-to-face psychotherapy when patients do not otherwise have access to therapy, are living in other places and wish a therapist from their cultural background, among other situations or clinical conditions (e.g., social phobia). However, it is noteworthy that not every clinical condition that benefits from face-to-face psychotherapy benefits from remote treatments. Although much more studies examining for whom online therapies work and for whom they do not, there is a consensus that psychological-minded patient's with reactive anxiety and depression symptoms are favored. On the other hand, online psychotherapy is contraindicated for many severe clinical situations, especially those involving risk.

In terms of therapist attitudes and techniques, apparently online psychodynamic psychotherapy demands much more afford of therapist to stablish a good-enough relationship. Bond and trust may develop slowly as this component of alliance probably depends of the development of a so-

called virtual presence. For that to happen not only the internet connection have to be optimal, but a stable setting has to be developed. Since in online setting the relationship is not psychical but virtual, therapists (and probably patients) need to express themselves in a different manner in order to be fully understood, for example, using more facial and hands language.

From the content of interviews allied with literature, some recommendations for therapists that are starting to practice online psychodynamic psychotherapy can be made, including: obtain specific training, ensure safety and quality in internet connection, do a careful patient assessment, ensure continuity of the setting, pay greater attention to alliance development, use of more facial and gestural activity, ensure focus and therapeutic activity. It is important to emphasize that the interviewed therapists' knowledge seems to be intuitive and based on trial and error. Therefore, these recommendations are preliminary. Further studies with different designs and methods are needed for the development of more precise technical guidelines for online psychodynamic psychotherapists.

This was a qualitative study, with data collection restricted to a few professionals, with heterogeneous clinical experience and training. Generalization of results are also limited due to fact that the interviewed therapists were not very experienced, since online psychotherapy practice is recent in Brazil. We highly recommend replication. Intensive and longitudinal process studies are also mandatory in order to better understand online psychodynamic psychotherapy uniqueness. The use of ICTs in clinical psychology practice is new and expanding. It deserves more empirical and clinical examination by psychologists.

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