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Online Experiences of Psychoanalytic Psychotherapists During the Pandemic

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Abstract

This study aims to investigate how psychotherapists who follow the psychoanalytic theoretical orientation experience individual online sessions. Twelve professionals participated: seven women and five men, aged between 27 and 68 years old, with an average clinical experience of 17.3 years, based in the Southeastern region of Brazil. Semi-structured interviews were employed to assess their experiences. The data collected between October 2021 and June 2022 were analyzed using Bardin's (2008) method and interpreted considering psychoanalytic literature. The findings encompassed experiences before Resolution 04/2020 of the Brazilian Federal Council of Psychology, preconceptions, preparations, resources utilized, subjective impacts, and future perspectives regarding this mode of practice. The study indicated that the participants navigated and continued to navigate new territories, confirming that remote therapy is an important resource that will persist even after the pandemic subsides.

Keywords: psychoanalytic theory, psychotherapy, clinical psychology, internet-based intervention, COVID-19

EXPERIÊNCIAS ON-LINE DE PSICOTERAPEUTAS DE ORIENTAÇÃO PSICANALÍTICA DURANTE A PANDEMIA

Resumo

O objetivo deste estudo é investigar como psicoterapeutas que seguem a orientação teórica psicanalítica vivenciaram os atendimentos individuais *on-line*. Doze profissionais participaram: 7 mulheres e 5 homens, com idades entre 27 e 68 anos, com média de experiência clínica de 17,3 anos, e sediados no sudeste brasileiro. A entrevista semiestruturada foi a estratégia utilizada para acessar as experiências. As informações coletadas, entre out/21 e jun/22, foram organizadas pelo método de análise proposto por Bardin (2008) e interpretadas a partir de literatura de orientação psicanalítica. Os resultados contemplaram: experiências prévias à Resolução 04/2020 do Conselho Federal de Psicologia, (pré)conceitos, preparos e recursos utilizados, atravessamentos subjetivos e perspectivas futuras da atuação na modalidade. O estudo indicou que os participantes percorreram e têm percorrido territórios novos e consolidou que a modalidade de atendimento remoto é recurso importante, que permanecerá em uso, mesmo após o arrefecimento da pandemia.

Palavras-chave: teoria psicanalítica, psicoterapia, psicologia clínica, intervenção baseada em internet, COVID-19

EXPERIENCIAS DE PSICOTERAPEUTAS DE ORIENTACIÓN PSICOANALÍTICA DURANTE LA PANDEMIA

Resumen

El objetivo de este estudio es investigar como los psicoterapeutas que siguen la orientación teórica psicoanalítica vivenciaron consultas individuales en línea. Participaron doce profesionales: 7 mujeres y 5 hombres, entre 27 y 68 años, con experiencia clínica media de 17,3 años, establecidos en el sureste de Brasil. La entrevista semiestructurada fue la estrategia utilizada para acceder a las experiencias. Los datos entre octubre de 2021 y junio de 2022 se analizaron utilizando el método de análisis propuesto por Bardin (2008) e interpretados a la luz de la literatura psicoanalítica. Los resultados incluyeron: vivencias anteriores a la Resolución 04/2020 del Consejo Federal de Psicología, (pre)conceptos, preparativos y recursos utilizados, factores subjetivos y perspectivas futuras de la modalidad. El estudio indicó que los participantes desbravaron y siguen descubriendo nuevos territorios, confirmando que la terapia remota es un recurso importante que persistirá incluso después de que la pandemia se reduzca.

Palabras-clave: teoría psicoanalítica, psicoterapia, psicología clínica, intervención basada en la internet, COVID-19

For some time now, technologies have become increasingly present in various dimensions of everyday life, permeating modes of communication and interaction (Siqueira & Russo, 2018; Xavier & Martins, 2022). In this regard, in resonance with the cultural, historical, and social context, psychotherapeutic and psychoanalytic clinics would not remain unaffected, considering that anxieties and conflicts arising from relationships in an era marked by algorithms naturally began to surface in patient accounts. Additionally, it was common for a smartphone to be used during sessions to display images or read received messages. However, a complex and nuanced path lay ahead between the point at which technology appeared and permeated discourse and the establishment of online sessions (Siqueira & Russo, 2018).

While accounts of telephone use are longstanding, the topic of online sessions, since the early 21st century, has become a subject of significant discussions among psychotherapists and psychoanalysts. In various countries, the use of Information and Communication Technologies (ICT) in psychotherapies and analyses was already spreading, albeit with precautions – there were enthusiasts as well as those who viewed this possibility with skepticism (Bittencourt et al., 2020; Capoulade & Pereira, 2020; Rodrigues & Tavares, 2017). It generally served as a supporting tool for traditional practices, used, for instance, with patients who couldn't physically attend sessions and by a previously established transference experience (Coppus, 2020; Siqueira & Russo, 2018). However, there were demands for remote sessions from the very beginning.

In Brazil, the *Conselho Federal de Psicologia* (CFP, Federal Psychology Council), in its legal role of regulating practices, progressively aimed to address the demands for integrating ICT in psychotherapies. Thus, initially, it controlled psychotherapeutic sessions only on an experimental basis, in the case of registered research, and without charging fees. Later, it allowed for a broader provision of temporary online sessions (up to 20 virtual meetings) for clients to attend clinics physically. It was only through Resolution 011/2018 that the regulation of synchronous online psychotherapeutic sessions (in which communication occurs immediately, generally involving interactions via phone or video conference) and asynchronous sessions (in which communication is not established simultaneously, typically involving emails and messages) was more comprehensively addressed. However, these practices could only occur through prior registration and authorization – prohibited in more severe situations (CFP, 2018).

This process, to some extent gradual and punctuated by debates, was shaken by the arrival of the COVID-19 pandemic, which swept the world in 2020. Thus, faced with unexpected circumstances and the need for physical distancing, the CFP issued Resolution 04/2020, which delved into the issue of remote psychological practices, adjusting specific provisions of the 2018 Resolution (allowing for the provision of services to individuals and groups in urgent and emergencies situations, rights violations, or violence) (CFP, 2020). It is important to note that, even before the pandemic. However, online sessions were already regulated and feasible, yet many psychotherapists had not adopted them, and few knew about this modality (Bittencourt et al., 2020).

In the pandemic scenario, clinics had to be practically "abandoned," and a swift migration to technological devices – now regarded as the "new clinics" (Capoulade & Pereira, 2020, p. 536) – became necessary. Thus, "(...) what yesterday prompted hesitation and controversial positions, today became the only safe possibility, from a sanitary standpoint, for clinical development" (Capoulade & Pereira, 2020, p. 536). Accordingly, for those who previously expressed caution or an unquestionable certainty about the impracticality of remote treatments, online practices no longer represented supportive possibilities for clinical situations – "the forced choice was between conducting online sessions or not conducting them, with some variations" (Coppus, 2020, p. 131).

With a more specific reference to psychoanalysis and psychotherapies of a psychoanalytic orientation, the imposed acceleration of technological experience suddenly thrust analysts and therapists into an urgent debate about the therapeutic setting, while also confronting them with the vulnerabilities of their clinical conventions in this context (Capoulade & Pereira, 2020). Considerations were intensified regarding the commencement of online sessions, the non-use of the couch, the interplay of body and gaze, the establishment of transference, the role of silence, and the matter of payment, among other conventions (Belo, 2020). In this sense, Belo (2020) suggests that the organization of virtual settings requires "a purification of the technical and ethical elements that sustain listening and that allow for the establishment of a remote clinical space" (p. 74).

As the virtual setting relies on technological devices, it is essential to ensure the quality of equipment and internet bandwidth, possess knowledge and proficiency in the online tools to be utilized, and above all, exercise caution regarding the confidentiality and reliability of the virtual environment – aspects that must not be compromised (Belo, 2020; Siqueira & Russo, 2018). Furthermore, this modality also demands careful patient selection. In this regard, Pitliuk (2020) argues that depending on the patient's subjective conditions, the available technological resources (cables, internet, etc.) may or may not sustain a sense of self and a potent transference bond from the analysand's side. As the online clinic is a developing field, there is still no consensus on who could be treated in this modality; however, evaluation is recommended, especially in the case of children (regarding the possibility of playful interaction and verbalization) and in critical cases such as psychotic and severely depressive individuals, where not only the capacity for support is essential but also referral opportunities (Belo, 2020).

Considering the foregoing, the demand for an expanded perspective was undeniable, rooted in a collective reflection on new modes of service delivery and the flexibility of technique (Bittencourt et al., 2020). Thus, it must not be forgotten that Freud himself did not advocate for rigid rules, but rather understood them as recommendations, given the diversity of elements that may be involved in processes (Freud, 1913/2019a). Furthermore, after "The Paths to the Formation of the Analytic Technique" (Freud, 1918/2019b), he already hinted at the openness of psychoanalysis to clinical extensions. It is worth noting, as Coppus (2020) recalls, that "(...) modifications as well as theoretical advancements mainly arise from the challenges posed by clinical experience" (p. 131). However, studies involving psychotherapists' experiences with

individual online sessions and their repercussions were still incipient, particularly in the realm of psychoanalytic orientation (Belo, 2020), which could help understand the resistance of psychoanalysts to this mode of service provision before the pandemic (Garrit, 2021).

The assumption that the experience of conducting online sessions during the pandemic, despite resistances and challenges, could lead to a revision of conceptualizing psychoanalytic practice, guides the objective of this study: to comprehend how psychotherapists of a psychoanalytic orientation experienced and dealt with individual online sessions – particularly in the context of the COVID-19 pandemic, with adults. Thus, we aim to explore the preparation of psychotherapists for online psychotherapy practices and, as well as investigate how sessions in this modality unfolded – observing the resources used and adaptations of the therapeutic setting. Moreover, we seek to understand the observed demands, while considering the subjective crossroads induced by the pandemic period. In this path, we intend to explore the experiences of psychotherapists who practiced before Resolution 04/2020 (CFP, 2020) and those who adopted it afterward, as well as glimpse their perspectives on the future of the online modality.

Method

The present study used a qualitative approach, characterized by an exploratory and cross-sectional design. This design is justified considering the need to comprehend phenomena experienced by participants, as it transforms for the transformation of what was once solely subjective into a contextual and interpretative reality (Turato, 2018).

Participants

The participants consisted of 12 psychologists (Table 1) practicing in rural cities São Paulo and Minas Gerais (Brazil). The following inclusion criteria for professionals were considered: having an active registration with the *Conselho Regional de Psicologia* (CRP, Regional Psychology Council) of the respective state; and being actively practicing since at least the year 2018 (given the expanded possibility of online practice since the enactment of Resolution 011/2018 by the CFP). The following exclusion criteria were applied: professionals not holding a degree in psychology; not engaged in online sessions; and those adhering to theoretical orientations other than psychoanalysis.

The selection of participants initially took place by convenience, through invitations extended to psychologists affiliated with the research group entitled *Clínica Psicanalítica: Brincar Aprender Pensar*, (Psychoanalytic Clinic: Playing, Learning, Thinking) which is associated with two authors of this study. Subsequently, invitations were extended to other professionals using the snowball technique – a method that, according to Vinuto (2014), involves an ongoing process of information collection, utilizing participants' relational networks as a way to provide potential contacts for further investigations, thus expanding the sample size until reaching theoretical saturation.

Table 1

Characteristics of Participants, in ascending order, according to clinical experience time:

Participant	Age	Gender	Year of graduation	Clinical experience
01	32	Female	2012	4 years
02	30	Male	2015	5 years
03	27	Female	2016	5 years
04	28	Male	2016	5 years
05	59	Female	1986	15 years
06	65	Male	2006	16 years
07	46	Female	2001	20 years
08	49	Male	1998	23 years
09	60	Female	1998	23 years
10	51	Male	1998	24 years
11	50	Female	1993	28 years
12	68	Female	1976	40 years

Strategy for accessing experiences

Semi-structured interviews were employed to access the professionals' experiences. The interview consisted of 20 questions that, in alignment with the study's objectives, aimed to investigate the professionals' perceptions and experiences regarding their online psychotherapeutic practices. The questions encompassed as pre-and post-pandemic online clinical experiences, technical resources utilized, necessary adjustments for remote sessions, subjective outcomes for both the patient and the interviewer, andfuture perspectives on online therapy, among other relevant aspects.

Procedures

Following the creation of the semi-structured interview script, it was reviewed and discussed within the research group Clínica Psicanalítica: Brincar, Aprender, Pensar to ensure content and question scope aligned with the research objectives. Subsequently, a pilot interview was conducted with a psychologist, using the script as a guide.

Due to the physical distancing requirements imposed by the pandemic, the interviews were conducted online, through videoconferencing, adhering to the guidelines provided by the National Commission of Research Ethics. These individual interviews were conducted between October 2021 and June 2022, with an average duration of 45 minutes. The Google Meet platform was chosen as the technological resource due to its accessibility, cost-free availability, absence of time limitations, and recording capabilities (provided through Google WorkSpace for Educational Plus, available to the academic community of the researchers' affiliated university).

The interviews were fully transcribed, encompassing pauses and all forms of speech, and subsequently organized and analyzed following the principles of content analysis technique

(Bardin, 2008). Bardin outlines that content analysis is a set of techniques for analyzing communications, using methodological instruments applicable to various discourses. It involves phases such as (1) initial preparation of the material, which includes transcription; (2) pre-analysis, aiming to operationalize and systematize initial ideas; (3) material exploration, involving systematic management of decisions up to that point; and (4) treatment of obtained results and interpretation, where raw data is processed to be meaningful and valid. The first author followed the four phases described by Bardin; subsequently, the second author acted as an adjudicator, reviewing the procedures employed in phases 2 to 4. In cases of discrepancies between the two judgments, they were deliberated within the research group composed of the first two authors. Hence, after these phases were completed, we emphasize that during phase 4, the material was interpreted using a psychodynamic theoretical framework, addressing issues related to training, and technique theory, with a focus on practices mediated through the internet and the pandemic context (as discussed in the introductory section).

Ethical considerations

This study is a continuation of the project "Social Media and the Training of Psychologists in Clinical and Health Processes," which has been approved by the Ethics and Research Committee of the *Universidade Federal de Goiás* (UFG, Federal University of Goiás) under CAAE protocol No. 26870314.8.0000.5083. It was funded by the Institutional Program for Scientific Initiation Scholarships of the *Universidade Federal do Triângulo Mineiro* (UFTM, Federal University of Triângulo Mineiro) (protocol No. 12/2021). The study is supported by Resolution No. 510/2016 of the *Conselho Nacional de Saúde* (CNS, National Health Council) and, considering the context of the COVID-19 pandemic, it followed the guidelines of the National Commission for Research Ethics (protocol No. 0015188696, dated June 5, 2020; and Circular Letter No.2/2021/CONEP/SECNS/MS, dated February 24, 2021).

It is highlighted that participation in the research was voluntary, and all participants, before the start of the interviews, provided their informed consent by completing the Informed Consent Form (ICF) through a Google Forms link that was sent via email and/or WhatsApp. The ICF was reviewed with the participants during the online meetings, and any questions were addressed.

Results and discussion

[Seven categories were delineated to integrate the information collected from the interviews. The titles of these categories (in italics) and their respective contents were as follows: (1) *Initial Experiences*, which compiled information about online sessions conducted before and following Resolution 04/2020 (CFP, 2020); (2) *(Pre)Conceptions*, addressing the notions that psychotherapists held regarding this modality up to that point; (3) *Preparation*, indicating the sources and adaptations professionals turned to in response to the pandemic context; (4) *Resources Utilized*, pointing out the strategies that came into use in their practices; (5) *Aspects of*

the Technique, delving into the necessary adjustments for the new online sessions; (6) *Subjective Impacts*, observing both how patients and the interviewees emotionally and effectively dealt with the lived moments; and finally, (7) *Future of the Modality*, indicating their outlook on the future of online sessions. These categories will be discussed below, illustrated with excerpts from participants' statements.

Initial experiences

Of the participants, four (P06, P07, P09, and P11) indicated having conducted occasional online sessions before the pandemic due to specific needs, such as the continuation of therapy for patients entering vacation periods, those moving to other locations who wished to maintain an ongoing process, or until they could find another therapist in their local area. Additionally, sessions were conducted when a patient was bedridden. However, in none of these scenarios were the sessions initiated and conducted solely in the remote modality; this aspect will be further examined in *(Pre)Conceptions*.

These accounts align with the discussions regarding potential motivators for seeking online psychotherapy (Rodrigues & Tavares, 2017; Siqueira & Russo, 2018). These authors noted that over time and with the development of ICT, the demand for distance psychotherapeutic sessions was gradually growing. The internet was becoming increasingly accessible, and most users considered it a legitimate social interaction (Rodrigues & Tavares, 2017; Xavier & Martins, 2022). However, mental health professionals still approached these new possibilities with caution (Capoulade & Pereira, 2020; Coppus, 2020; Rodrigues & Tavares, 2017; Surreaux, 2022), especially given that a smaller portion of the interviewees had any previous experience with online therapy.

Given the inevitability of physical distancing and the provisions of Resolution 04/2020 (CFP, 2020), it was found that all participants received requests for online sessions from both new cases and former patients who had discontinued treatment due to physical distance. There were also requests from patients referred by other professionals who did not adopt remote sessions (P05); Brazilians living abroad (P02, P03, P04, P09, P10); and, notably, an increasing demand from mothers and healthcare professionals (related to the implications of the pandemic context) (P01, P03).

The openness of the Interviewed professionals to the remote modality led to the return of patients who had discontinued their therapy due to various forms of distancing. As well-articulated by Belo (2020), the initial advantage of this modality lies in bridging a distance that would otherwise result in considerable losses (financial and/or time-related) or distances that would make face-to-face meetings impossible. Moreover, this approach would allow the patient to keep having therapy sessions in their native language (for those who left the country), considering a better understanding of the patient's sociocultural context (Belo, 2020; Siqueira & Russo, 2018).

As evident from the participants' accounts, the initial experiences of online therapy were only pursued in exceptional circumstances where the presence of the analysand/patient in the physical space of the clinic was not feasible. Despite the advancements in communication technologies, conducting psychotherapy online was considered only in exceptional cases due to the pandemic-imposed distancing or life contingencies, using ICT to circumvent the impossibility of face-to-face therapy.

(Pre)Conceptions

Participants who had conducted online sessions before the pandemic (P06, P07, P09, and P11) believed that these practices would be limited to being complementary to face-to-face sessions – used as resources in certain life circumstances – particularly with patients they already had an established therapeutic relationship with. Participant 11 recalled some professionals who had been discussing the topic for about 20 years, but initially viewed it with skepticism. Participant 09 also found it to be unconventional but saw it as a bold experience. Participants 06 and 07 added that there was resistance, especially considering the technology's limitations. As Participant 06 expressed, based on his interactions with other professionals, "(...) we saw it as something temporary, something kind of censored, something... something improper..."

From these narratives, we can infer that a certain preconception persisted that therapeutic relationships would develop better when the therapist and patient were in the same physical space (Siqueira & Russo, 2018). Expressions like "skepticism" and "boldness" might reflect natural reactions to an unfamiliar situation, but they could also suggest a sense of "censorship" and "impropriety" in a context of resistance, as noted by Garrit (2021), where "some do it and few comment about it" (p. 04). On the other hand, professionals who started conducting online sessions only from the year 2020 (P01, P02, P03, P04, P05, P08, P10, and P12) – a time when this criticized practice gained prominence (Xavier & Martins, 2022) – were clear that this shift was driven by necessity. They revealed that until then, they had held preconceived views of remote practices.

It is important to note that, in the case of psychologists, even after the regulations by the CFP and the increased number of professionals authorized to conduct remote sessions – particularly with Resolution 011/2018 by the CFP – the practice of online therapy remained a target of persistent criticism. Xavier and Martins (2022) draw attention to the fact that, unlike in psychology, the practice of psychoanalysis is not regulated in Brazil, which would not inherently prevent psychoanalysts from conducting online sessions, except for the influence of a clinical tradition treated as a rule. Thus, remote practices were viewed by many mental health professionals as subversions of orthodox face-to-face practices (Garrit, 2021).

In this regard, Participant 01 stated that her preconception possibly stemmed from a perceived lack of knowledge and internal readiness. Participant 04 expressed:

> (...) I had [a preconceived view] during my training... during my college education. Later... shortly after that... after talking to people, colleagues, and such... people close to me... I remember considering online sessions as something wrong, something that shouldn't be done... there wouldn't be a possibility of remote analysis... And then, later, I had to swallow all of that.

In light of this, Verztman and Romão-Dias (2020) highlighted the significant lack of publications on the subject within the psychoanalytic community and suggested that "publicly assuming the practice of online sessions could imply admitting that a lower quality of work was being provided" (p. 280). Garrit (2021) added that this substantial gap in research and theoretical productions generated an unauthorized aura, such that these practices failed to institutionalize and gain credibility within psychoanalytic circles.

This could also partly relate to how psychoanalytic texts (up to that point) referred to the general use of digital technologies, often implying a weakening of affective and social relationships (Verztman & Romão-Dias, 2020). Participant 03, for instance, was concerned that online therapy might lead to a sort of disinvestment in the psychotherapeutic process. Moreover, until that time, relinquishing the presence of bodies and the experiential effects of face-to-face interaction was unthinkable (Coppus, 2020), professionals imagined a certain degree of disorientation. For instance, they could not observe changes in posture or patients' subtle reactions (P03 and P12). One participant even noted that this was not something they had even contemplated (P08).

Regarding objections raised about the analyst's inability to see the patient's reactions, Pitliuk's (2020) reflections help us understand that various sensory experiences occur in relationships with other humans, whether physically, over a computer, or on the phone. The author points out that the analyst's work is not solely focused on what is seen or said but rather involves the analyst's openness to "see" the different modes of expression of the analysand. Thus, she argues that the openness to psychotherapeutic work is not directly related to the mode of therapy (face-to-face or online) but rather depends on the complex interplay between modality, setting, and the unique functioning of the analytic pair.

Overall, participants' narratives elucidate that the transition from face-to-face to online therapy during the pandemic was accompanied by increased professional anxieties. Conceptions were shaken by the unknown, and previous notions, constitutive of the routines of analytic work, were tinged with professional and ethical dilemmas: "*What can or should we do from here on? Is my clinical identity, based on pre-pandemic and pre-internet conceptions, in question*?" Moreover, "*Is it sustainable*?"

Preparation

In the wake of the disruption caused by the pandemic and the rapid shift to digital experiences, there was a significant movement within psychoanalytic circles to share impressions, experiences, and potential theories about remote sessions. Live sessions, a resource rarely used by psychoanalysts and therapists with larger followings up to that point, became more widespread.

This also applied to social media posts and the publication of brief articles. In this scenario, Associations, Councils, Schools, and Training Institutes played important roles, and the initiatives of individual professionals fueled the discussions (Capoulade & Pereira, 2020; Verztman & Romão-Dias, 2020).

Given the "surprise" and the speed of events, all participants acknowledged that they had to resort to information shared on social media, YouTube, and online events such as lectures and debates. They also highlighted the vital role played by study groups and the formation of support networks among colleagues: "(...) we didn't know what to do... we talked to colleagues and tried to figure out a way, right?" (P05); and "(...) I think, like everyone else, I started listening to others' experiences, participating in discussion groups, [looking for] guidelines... I did that" (P09).

Participants also emphasized the necessary support from professional associations and training institutions (despite their limitations) – such as the CRP, the CFP, the Brazilian Federation of Psychoanalysis, and the Brazilian Psychoanalysis Society of São Paulo. They drew from remote experiences in their analyses and relied on "courage and determination" (P08) along with a touch of "intuition" (P12). Considering this intense movement within the psychoanalytic community, we agree with Pitliuk (2020) regarding the potential effects of the pandemic on clinical practice. The social isolation called upon psychoanalysts to collectively address the clinic mediated by ICT, a topic that was previously little discussed and surrounded by suspicion and preconceptions, as revealed by the participants.

In terms of technological preparation, half of the professionals indicated that financial investments were required, at least for device upgrades such as cell phones and computers, or to enhance fixed and/or mobile internet capacity, or to acquire lighting, microphones, stands, webcams, and headphones, the latter being essential for maintaining professional confidentiality. The participants also mentioned the need to learn how to use new equipment and platforms, often with the support of family members.

Resources utilized

Regarding the platforms used, Google Meet, Skype, and Zoom were mentioned, along with conventional phone calls, and, predominantly, WhatsApp. Some professionals, as expressed by Participants 04 and 08, left this choice open to their patients, allowing them to use the platform they felt most comfortable with. As Participant 06 noted, there was a preference for the WhatsApp messaging app, possibly due to its ease of use, widespread installation, encryption, and lower data consumption. As a result, other platforms had lower adoption rates and were suggested by those patients who were already familiar with them from other contexts.

Before the pandemic, regulations, as highlighted by Siqueira and Russo (2018), restricted the use of communication software (like those listed above), primarily due to the risk of compromising the privacy of personal and clinical data. Belo (2020) emphasizes the essential nature of confidentiality and notes that in a technological context, given the increased vulnerabilities (possibilities of unauthorized recording, invasions, viruses, hacking, etc.), it is

essential to seek protective technologies. However, the author points out that even with alternatives that promise greater reliability, complete security is difficult to ensure – much like in face-to-face sessions, where a device could record without the parties' consent, for instance.

Despite the shift to a different modality, the interviewees reported that they still took care to ensure optimal conditions. In addition to technological considerations, half of them expressed that their sessions continued to be held within their clinics to maintain a familiar environment and enhance privacy conditions. Those who had to forgo their clinics sought to create a reliable space at home. For example, Participant 04 mentioned:

> (...) I thought I'd better adapt my home. Arrange a room where I could seal it off. Make it clear to people... that I was in an isolated, closed, locked room with sound insulation, right? I even did something I have in my clinic, which is to play some music right outside the door to muffle the sound, so that I could feel safe, and so could the person on the other side.

Through narratives like this, we can observe the effort of these professionals who, in transitioning to the virtual setting, sought to create conditions to maintain a reliable environment for clinical work, referencing the traditional setting that had previously shaped their practices and where they felt secure. Participants added that their sessions were conducted synchronously on the communication methods used, and text message exchanges occasionally occurred (for example, to request a change of appointment time). Exceptions included Participants 01 and 07, who conducted asynchronous sessions to provide support for crises with patients with whom they had previously worked.

Aspects of the technique

Based on the participants' accounts, we aim to discuss the necessary adaptations for online practices. Various aspects of the technique related to synchronicity, the use or non-use of video, modes of patient expression, shifts in the new setting, and the establishment of rapport in remote sessions were explored.

In terms of the effects of using ICT in psychoanalytic practice, Gondar's studies (2020) indicate that the technology used in communication is not just a means to convey something; changing the technology does not just alter the way of communicating, but it also modifies the content being conveyed. Therefore, platforms like Skype, WhatsApp, and cell phones are not neutral tools for clinical use – they have effects that need to be considered. Consequently, this can be thought of in relation to the findings of our study. For example, participants who conducted occasional asynchronous sessions (P01 and P07) mentioned dealing with delays in receiving messages or audio recordings, which hindered the articulation and flow of their communication and complicated case management.

Another point raised by the participants concerned the use of video in synchronous sessions. Participants who had previously conducted face-to-face sessions predominantly used

video cameras, while those who used the couch opted mainly for keeping their cameras off or conducting sessions via conventional phone calls. Participant 10, who had sensory disabilities, conducted all their sessions using this method.

According to Garrit (2021), "turning off the camera" functions as a metaphor for the psychoanalytic couch. Figueiredo (2020) suggests that for neurotic patients, where the transposition of repressed unconscious content into language is viable, there are advantages to sessions being conducted in this manner, as both parties "protect themselves from interferences from reality that might endanger the maintenance of the potential space, the virtuality of the device" (p. 75). A session without video tends to deepen a condition of artificial blindness, which provides greater support for free-floating attention, as previously advocated by Freud and later endorsed by Bion (Figueiredo, 2020).

Participant 03 pointed out that the use of video sometimes negatively impacted the progress of certain sessions, as people became overly concerned with their appearances. In such cases, proposing to turn off the camera was important. On the other hand, Participant 01 shared an experience where a patient struggled with issues of social interaction and emotional exchange. When transitioning to video sessions (due to pandemic requirements), significant contributions were made to the progress of this case. Figueiredo (2020) adds that for non-neurotic conditions, having the "camera off" should not be considered, as "the unconscious dimensions involved exceed the domains of language, as they are emotional experiences too deep for words, unrepresentable and unnamable" (p. 76).

Participants recognized differences in how patients expressed themselves in online sessions. Participant 10 noticed that patients who transitioned online initially seemed more inhibited than those who started in this modality. Participant 03 observed greater freedom to address delicate subjects, and Participant 08 expressed that "(...) some people took advantage of the online format and felt more comfortable discussing certain topics that were a bit more embarrassing." Regarding new nuances in online therapy, Gondar (2020) noted the emergence of previously unaddressed themes from face-to-face sessions, as well as the expression of emotions with intensity. The author suggests that the online session is "a different session, with aspects that can even be intensified more strongly than in presence" (p. 42).

Participants reported challenges related to external interferences in online sessions, such as fluctuations or drops in internet connection and interference from the patient's environment or family members. Interruptions caused by internet issues often required rescheduling or conducting sessions via phone calls. As for the presence of others, some participants (P02, P07, and P09) noted that the dimension of the patient's environment, previously only heard about, became more concrete through ICT. In the online experience described by Gondar (2020), an increased intimacy was observed that did not exist before with some patients. They could express themselves from the comfort of their own spaces, feeling comfortable discussing content they would not necessarily talk about in the "professional's territory."

Privacy in the online setting was highlighted as an important consideration. As Figueiredo (2020) points out, it is crucial to renegotiate and establish parameters for the new frame, considering physical, psychological, and social conditions in a way that each party can create, on their side, a space for online sessions. In a more specific manner, virtualization in the therapeutic relationship places a responsibility on the patient to uphold the therapeutic environment, a role they did not previously have (Garrit, 2021). In this regard, the interviewees recalled instructions for patients to remain in private spaces, use headphones, and have conversations with family members to ensure they respected the session times. However, in situations of greater social vulnerability, such as cases involving individuals living in very small homes and when working with children and adolescents, it was necessary to address more frequent disruptions in the therapeutic environment.

Dealing with "invasions" of outsiders in the online setting, as reported by participants, often involved conversations with parents (P03 and P07) for younger patients. In other cases, it was necessary to bring these invasions into the analytic context (P01, P08, and P10), as some intrusions carried meanings that could be explored. However, as Verztman and Romão-Dias (2020) note, "many found themselves unable to continue their treatments because they did not have the necessary confidence in the privacy that characterized the previous situation" (p. 281). Some patients even opted to have sessions in their cars or external environments like public squares (which were empty at the time) to recreate an environment that offered a level of intimacy closer to that experienced in face-to-face sessions.

The establishment of rapport was viewed by all participants as critical. Meanwhile, the general understanding was that maintaining the capacity for forming a therapeutic alliance without major compromises was possible, depending on the unique way each person constructed their relationships and how the therapeutic work progressed – as spaces of trust, freedom, and less censorship. This is in line with the findings of Siqueira and Russo (2018) that therapeutic alliances in synchronous remote sessions are very similar to face-to-face sessions. Nevertheless, as emphasized by Participant 05, it was important not to deny the differences between the modes of therapy (face-to-face and online).

Subjective crossings

With the pandemic, the urgency of necessary physical distancing brought with it a certain "obligation" to introspect – a somewhat unsettling position that called for questioning without clear and quick answers. This introspection led to feelings of unfamiliarity, insecurity, fear, and denial (Senkiv & Gondim, 2020). According to the participants' accounts, the issues brought by patients revolved around fear of death, worries about the future, difficulties with social interaction, as well as experiences of bereavement. However, reports of family conflicts, work-related issues, anxiety, depression, and interest in self-discovery remained present. As Participant 12 illustrated, in many cases:

> (...) the theme of isolation was present. But it wasn't the essence, right? ... the essence was something else. So, sometimes, the person was already distressed, feeling unwell, and with the isolation, that had, well, a certain exacerbation. The person felt impelled, you know, I think 'obliged,' to seek help. But not because it had been imposed by the pandemic... by the isolation... these were issues that were already preexisting there... they were already causing dissatisfaction.

The participants also concurred that the beginning of the pandemic, marked by a growing wave of infections and deaths, was a terrifying period on a personal level, with emotional and affective aspects. Considering this, they faced their insecurities, the need for deconstruction, ensuing resistance, and even a sense of being thrown into unknown territories (Participant 08's expression). As noted by Verztman and Romão-Dias (2020), alongside the broader pandemic context, these professionals experienced a revolution in their practice, entailing a loss of their accustomed settings coupled with uncertainty about what would remain – which required a process of adaptation.

It is crucial to consider that, up until then, the flexibility of technique had been necessitated by patient needs or the evolution of therapeutic practices. In contrast, during the lockdown period, online sessions were practically imposed due to external motivations (largely independent of the psychoanalytic field) and without negotiation possibilities (Figueiredo, 2020; Verztman & Romão-Dias, 2020). As indicated by Verztman and Romão-Dias (2020), remote practices faced significant skepticism (as in the [Pre]concepts section), and this sudden transition resulted in losses without sufficient time for "adequate" preparation. Thus, psychotherapists and analysts had to grapple with the bereavement process of transitioning from face-to-face settings to remote modality. Participant 08 recounted that, even though this process was not initially perceived as such, it colored the sessions until a new experience could be embraced.

In this context, challenges arose regarding the integration of both professionals and patients into these new settings, as they were not fully familiar with the new technologies (Participant 08). This required a process of reconstructing the analytic practice (Participant 10). There was a feeling of being like a fish out of water (Participant 04); numerous uncertainties emerged, such as whether the new mode of therapy would work (Participant 09) or if they could adapt (Participants 01 and 03). There was an expressed desire for everything to return to normal (Participant 07), and it was also reflected that despite physical distancing, there was a strong connection between what patients and professionals were experiencing at the time – they were in the same context of dealing with psychological disruptions, experiencing similar impacts (Verztman & Romão-Dias, 2020).

Another indication of the psychological repercussions was revealed by some participants (P03, P06, P07, and P08) who initially felt exhausted by online sessions. This sense of fatigue might have been a consequence of the traumatic period and the "psychic changes necessary to face a reality" (Verztman & Romão-Dias, 2020, p. 270). However, alternative explanations were offered. Participant 06, through discussions with colleagues, considered that this fatigue could

reflect an exploration of the senses in response to the absence of the physical space of the analytic practice. The search for the patient beyond their voice continued, trying to "be with" them through senses like smell and broad vision – sensory experiences that, in one way or another, were added to all face-to-face considerations.

Gondar (2020) suggests that this fatigue could result from attempting to impose previous parameters instead of adjusting to the new devices. The author emphasizes that in the online modality, presence is not lost, only a specific form of it; resistance to entering this new way of perceiving and feeling the patient also resists the encounter and the clinical situation.

According to Coppus (2020), the fatigue experienced might be related to how professionals were required to intervene with more precision (using pauses and punctuation) to ensure that the session did not devolve into casual conversation and that clinical effects were achieved. Gradually, with the development of these practices, such perceptions of fatigue diminished – likely due to the professionals' increased familiarity with the new resources. It's worth considering, as supported by Pitliuk (2020), that the analyst's experience and confidence with the online modality can impact their firmness in proposing and sustaining their work, their ability to adapt to the new setting, their commitment to the process, and, therefore, their capacity to receive and process what comes through ICT.

The participants also revealed their insecurity that patients might not embrace remote sessions and that their livelihood could be compromised. Nonetheless, the immediate concern was not to abandon the patients; sessions continued with negotiations for reduced fees, deferred payments, or even without payment if necessary. Ethical and political commitments not to leave anyone behind were strong, along with the understanding that while there might be a physical pause, there should be no emotional pause (Coppus, 2020; Senkiv & Gondim, 2020). The focus was on "breaking the discomfort with solutions instead of pointing out impossibilities" (Senkiv & Gondim, 2020, p. 7). As illustrated by Participant 01, many contributed in whatever way they could, including patients who paid for sessions in advance and clinics that waived room rental fees for a certain period.

In the face of the inevitability of confronting vulnerabilities and not succumbing to the unknown (Participants 05 and 09) – a fundamental aspect for those who chose the profession of listening –, clinical dialogue became indispensable. As Surreaux (2022) points out, maintaining practices in times of crisis is organizing for everyone involved, as reclaiming words amidst turbulence brings about pacification, a result of subjectivizing the experience produced through dialogue. Furthermore, over time, the necessary conditions were constructed (as indicated by Participants 06 and 07); but, fundamentally:

> Perhaps each of us has invented their way of surviving. It took more than not fatally succumbing to COVID-19; we had to find a way to remain alive, interested, desiring, pulsating. Alive to be able to listen and, perhaps, listening to be able to live. (Surreaux, 2022, p. 64)

Future of the modality

In today's times, with the fading pandemic and the no longer necessary physical distancing, a response to "*Are you going back to your clinic*?" – a question posed by a patient to Coppus (2020) – may be even more accessible. At the time these interviews were conducted, when participants were asked about the future of this modality, their expressions indicated that it would endure, without bringing an end to face-to-face sessions and the possibility of face-to-face work. Five of them (P02, P03, P04, P05, and P11) envisioned a greater willingness to embrace hybridity between the two forms of therapy, a perspective that was later also considered by Surreaux (2022). According to this author, these modalities began to coexist, and patients became more open to choosing between them based on their circumstances:

> If there's difficulty in traveling to the clinic due to time constraints, traffic, or bad weather, the patient requests an online session. I would have reservations about quickly classifying these options as resistance. I believe they are contingencies of the post-pandemic world that introduce new analytic frames that come to coexist or add to what is already established. (Surreaux, 2022, p. 67)

On the other hand, it is interesting to reflect on what Participant 08 asserted: the online modality should not be used to "facilitate" the lives of the analyst or the patient; it should be a useful and effective method for therapeutic work, not merely a facilitating way to be considered valid. Other participants (P01, P03, P07, P08, and P12) also emphasized that remote sessions should be evaluated, necessitating a better understanding of their therapeutic possibilities and limits based on each patient's circumstances – as attested by various authors (Belo, 2020; Capoulade et al., 2020; Figueiredo, 2020; Rodrigues & Tavares, 2017; Siqueira & Russo, 2018).

These considerations can be illustrated through narratives indicating that greater obstacles were encountered in online therapy for children (P03, P05, and P11), such as challenges in playful interaction and maintaining the therapeutic setting. Additionally, there was a report of how remote practices were crucial in enabling a patient with issues preventing her from leaving her home to gradually transition to attending face-to-face sessions (P01). This suggests that this modality still prompts further exploration. As is well known, since Freud's time, psychoanalysis has been considered, inseparably, both a therapeutic tool and a research instrument, as highlighted by Figueiredo (2020).

Conclusions

This study aimed to comprehend how psychotherapists dealt with online therapy practices for adults during the physical separation necessitated by the COVID-19 pandemic. Prior to the pandemic, many of these professionals believed remote practices to be impossible or acceptable only under circumstantial conditions. However, the pandemic required them to engage with these experiences. This journey, marked by bereavement, vulnerabilities, and biases, demanded work; information was exchanged among peers, and technical and technological

adaptations were sought, necessitating the learning of "new" tools while reevaluating the "old" ones. With determination, without losing the willingness to understand what was unfolding, and perhaps guided by a touch of intuition, participants' narratives indicate that being open to new configurations of the therapeutic setting was crucial and that clinical dialogue, indispensable from various perspectives concerning both professionals and their patients, can be sustained.

Through a dialogue between the reported experiences and the consulted literature, it became evident that online therapy is an important resource, as long as it is tailored to each case, and that it will likely persist even as the pandemic wanes. In their narratives, the participants seemed to struggle in naming and recognizing the pandemic as a clear turning point between "before" and "after." The uncertainties regarding the management of the therapeutic setting should also be framed in light of the participants' inevitable immersion in the pandemic situation, leaving them little distance from it. In this sense, characterizing technology as the origin of new clinical attitudes and reflections seems to be a gentler approach, one that looks at the pandemic event and the possibilities of the demise of a certain way of conducting psychoanalytic practice that it both enunciated and announces.

This study could be expanded through further endeavors, such as broadening the pool of interviewees to encompass greater cultural and regional diversity within Brazil or examining the patients' experiences. However, at this moment, the participants have assisted us in constructing a portrait (or taking a screenshot?) of the circumstances in which psychoanalytic clinical practice occurred during a historical and social period that still requires "understanding" from all of us. What will emerge from all of this requires further maturation and time. Therefore, beyond the context of "recovery" resulting from the return to face-to-face life, it is still pertinent to deepen the question: through psychoanalysis, what can individual online sessions and their participants achieve?

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