Experiences and Challenges of Online Psychodynamic psychotherapy in Modern China

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Abstract:
This study applied qualitative research methods to investigate the experiences of psychotherapists and clients engaged in online psychodynamic therapy. All interviews were digitally recorded and transcribed; the study used thematic analysis to analyze the transcripts and extract themes. Convenience sampling was conducted to collect sufficiently detailed information. Online psychodynamic psychotherapy offers better accessibility and availability to clients, whereas therapists need to reflect on several issues, including the underlying unconscious dynamics in changing the therapeutic setting; privacy issues related to the setting of online psychotherapy; specific clinical content brought up by the settings of online psychotherapy, which differ from that brought up in face-to-face psychotherapy (e.g., sense of distance created by online video chat); how to make the setting of online psychotherapy clear; and other potential ethical and legal issues. As online psychodynamic psychotherapy is on the rise globally after the COVID-19 pandemic outbreak, therapists need to reflect on the unconscious content and implications of seeking and doing psychotherapy online to achieve a deeper understanding of the client and lead to better clinical interaction between therapist and client. All these issues need to be considered and contemplated as crucial elements of therapeutic encounters.
Keywords: Psychodynamic psychotherapy, online psychotherapy, qualitative research

Introduction

Psychotherapy is slowly becoming part of life for many Chinese citizens (Hsuan-Ying, 2015). The accelerating pace of life in China has seriously diminished individuals' free time, which makes regular participation in psychotherapy more difficult. Online psychodynamic psychotherapy has become a popular option for patients in China (Huang, 2017). Although the incorporation of online therapy into psychodynamic psychotherapy has been controversial, recent contributions have argued for the importance of doing so (Lindegaard et al., 2020; Machado et al., 2020).

An increasing amount of research has noted the advantages of online psychotherapy. First, several studies confirmed that the total amount of therapist time is typically much less in online psychotherapy than in traditional face-to-face therapy (Palmqvist et al., 2007). Second,

online psychotherapy is more accessible for those who are unlikely to seek traditional approaches to care due to stigmatization, resource limitations, and preferences for self-reliance (Thomas et al., 2015). In particular, the highly contagious nature of COVID-19 made it difficult to carry out face-to-face psychotherapy during the pandemic. In this situation, many psychotherapists and patients have turned to online psychotherapy to continue their work, and this form of psychotherapy is accepted by an increasing number of therapists (Jesser et al., 2021). It has provided important support to public mental health services during the COVID-19 pandemic (Konieczny, 2022). In addition, an increasing number of empirical studies have shown that online psychotherapy is as effective as face-to-face psychotherapy with respect to psychological distress (Ierardi et al., 2022).

Third, a meta-analysis and a comprehensive review provided strong support for the adoption of online psychotherapy as a legitimate therapeutic activity and suggested no differences in the effectiveness of face-to-face therapy and online psychotherapy (Barak et al., 2008). Convergent evidence has supported the ability of online psychotherapy to reduce therapy time without compromising efficacy (Stott et al., 2013). While most of the research on treatment efficiency has focused on behavioral or cognitive treatment, very few studies have explored the efficiency of online psychodynamic psychotherapy. However, research by Gordon confirmed that online psychodynamic psychotherapy services can provide a similar therapeutic process as in-person therapy regarding the issues of symptom reduction, exploring mental life, working on transference, relational problems, resistance, privacy issues, and countertransference (Gordon et al., 2015).

Despite these encouraging results, several researchers have stated that online psychotherapy involves limitations to interaction, including verbal communication, nonverbal cues, the presence of other sounds, the patient-therapist connection, and the perception of the presence of the therapist by the patient (Bassen, 2007; Merchant, 2016; Zalusky, 1998). Researchers also found that in-person therapy demonstrated some advantages over computer-delivered therapy in longer follow-ups (Cadigan et al., 2015), which suggests the importance of the role of the therapist's engagement and presence in therapy. Other research has argued that the cyberspace setting is different from the setting of in-person therapy; in online

psychotherapy, psychotherapy occurs in cyberspace rather than in a concrete room, which means that the therapist and the patient work with each other in different geographical spaces and even different time zones using modern technology (Suler, 2000). Differences in the therapeutic setting may provide different dynamics or opportunities to reach the unconscious, which is highly valued in the literature on psychodynamic psychotherapy.

Bleger (1967) suggests that any process needs a nonprocess, which comprises fixed, stable elements that allow the analytic process to occur. When the setting changes or is violated, this change or violation becomes part of the process and may provide a different source of analytic material that must be subjected to analytic exploration rather than ignored (Quinodoz, 1992). Thus, not only must the online-therapy setting be provided, but from the outset, there must also be a consideration of what is included in the online-psychotherapy setting, and the setting must be kept constant. This is an important part of online psychotherapy that is absent in the literature of online psychodynamic psychotherapy. In addition, an increasing number of clinicians have argued that the dissemination of online psychotherapy can be hindered or even prevented by the application of legal and ethical regulations to online clinician-patient interactions (Finfgeld, 1999).

There are many ethical concerns that need to be discussed. First, personal identification and other personal patient details may be exposed on the internet. Second, online-based sessions may be monitored by hackers or organizations, which may undermine client privacy. Third, the internet-based therapeutic approach is different from the traditional psychotherapy approach, which may make it harder to regulate traditional ethical standards and requirements. These challenges are relevant to our clinical outcomes, which make it important to create a set of ethical guidelines for the provision of online psychodynamic psychotherapy. Internet-delivered psychodynamic psychotherapy that can be integrated into routine practice is not fully understood and needs further exploration in China.

To our knowledge, no research has explored the experiences of both clients and therapists with online psychodynamic psychotherapy in China. In this study, we conducted qualitative research to explore perceptions of difficulties and strengths among psychodynamic psychotherapists and clients who were involved in online psychodynamic psychotherapy. The

voices of clients and therapists can help us close this gap and strengthen online psychodynamic psychotherapy services. Understanding the difficulties facing online psychodynamic psychotherapy and its strengths can facilitate the generation of clinical and research guidelines to address these difficulties. Our current pilot study can pave the way for future psychodynamic psychotherapy services in this field.

Research methodology

A qualitative research design was used to arrive at a better understanding of personal experiences of online psychodynamic psychotherapy. The qualitative paradigm is directly concerned with the experience under study as lived by participants. Thus, the qualitative paradigm best matched the objective of the study. The primary objective of this study was to develop an in-depth understanding of and insight into experiences of online psychodynamic psychotherapy.

The study sought to identify common themes, if present, in the participants' descriptions of their own experiences of online psychodynamic psychotherapy. This research is significant because it addresses an existing gap in our understanding of online psychodynamic psychotherapy. Additionally, the information gained from the study could be helpful for future psychodynamic psychotherapy services. The study was approved by the Human Subject Research Committee at the Chongqing Mental Health Association and was conducted in accordance with the declaration of Helsinki.

Participants

Data were collected through individual interviews with 20 participants (12 therapists, 8 patients) who were engaged in psychodynamic psychotherapy. The therapists enrolled in this study all graduated from the China America Psychoanalytic Alliance (CAPA) advanced training program. The clients were charged from 35-100 USD per session, and no insurance was involved. The frequency of psychodynamic psychotherapy ranged from one to three times per week.

We built our themes after we interviewed 17 participants and then continued to

interview three other participants with different demographic backgrounds, which revealed no new information for our model. Therefore, the data were saturated. Interviews with the 20 participants ranged in duration from one to two hours, with the average length being one hour and ten minutes. Fifteen of the participants were interviewed face to face, and five of the participants were interviewed by Skype.

Procedure

The initial participants were recruited through the first author's social networks through snowball sampling. Based on the data collected in the initial interview, the researchers further recruited participants based on their differing experiences with online psychodynamic psychotherapy to explore multiple dimensions of the difficulties, concerns, and positive experiences regarding their personal experiences in the process of online psychodynamic psychotherapy. In addition, to choose participants from different social demography backgrounds, purposeful sampling was used to locate information-rich subjects who had used online psychodynamic psychotherapy with various frequencies.

A semistructured interview with an interview guide was applied to gather data for the study. The initial questions were asked regarding the therapist/client experiences in online psychodynamic psychotherapy, such as "could you tell me about your feelings or experiences in conducting online psychodynamic psychotherapy?; Why did you choose online psychodynamic psychotherapy?; and What is your attitude toward online psychodynamic psychotherapy?" Further discussion was carried out according to the answers given by the participants.

Instruments

Self-compiled demographic data and basic information questionnaires were used. Participant information, including demographic data, the frequency of psychodynamic psychotherapy, and other detailed information, is summarized in Tables 1 and 2.

Data Analysis

Each interview was audio-recorded and then transcribed by a professional transcriptionist. The interview transcripts were analyzed using the constant comparative method based on the principles of thematic analysis to identify the common themes in cyber-therapy (Braun & Clarke, 2006). An inductive approach involves allowing the data determine the core themes, which include becoming familiar with the transcript, coding the transcript, generating themes from the transcript, reviewing the themes, and defining and naming the themes.

Results

Seven common themes emerged from the analysis of the transcripts of the interviews with the twenty participants regarding their experiences with online psychodynamic psychotherapy.

"Missing" information

Many participants mentioned that online therapy could miss important information, such as a sense of physical presence, olfactory stimuli and subtle expressions. Indeed, these materials are crucial elements in building rapport, understanding transference and reflecting dynamics between the therapist and patient. However, such information is difficult to convey via live chat due to the limitations of audio and video transmission. *You can only see a head in the front of you. You can't see her body language. You can't see her body movements. You can only see her expression when she speaks... Like an actor. P3:* Another therapist reported missing important information and a lack of a sense of being present when providing online psychodynamic psychotherapy.

> *Online psychodynamic psychotherapy, I think it definitely loses something when you do it online. Take my experience as an example; it felt totally different when I was working with my analyst online compared to on site. In a face-to-face environment, you would feel that you were with the therapist together, that you were able to work with him as one, united as one. However, I have always felt that I was detached from the analyst when we were doing online psychodynamic psychotherapy. In terms of the feeling of being united, I mean, for instance, my analyst once had a visiting tour to my city. We*

finally had an opportunity to perform a face-to-face analysis. During that session, you could feel that you were united with the analyst, held by the analyst, because you were with that person; you could actually feel it, immersed into that atmosphere. Even though you could feel it in online analysis as well, the quality was absolutely different; only when you were sitting in the same room with the real person could you actually see that look in his eyes, to feel that interaction between him and you… P4

In our research, another therapist described her experience of working with a patient online for a long time and then finally having an opportunity to perform a face-to-face analysis. She expressed the difference between online and face-to-face analysis as follows:

After I met him, the overall feeling about this person was enriched, because it is unlikely to say online, "Please stand up and spin around," or [to be able to know] how tall he is, what his body shape is; this is the way to perceive a person, right? I never thought he would be that tall. I always thought he might not be that tall. But when I actually saw him, my first reaction was, oh, he was so tall…I had a very strong impression that he was so tall. And then, after he left, we continued our psychodynamic psychotherapy on the internet. When I saw him sitting there on the screen, and I was like, oh, he is a tall person, this was him, the image that I saw on the screen was just the person I had met. In other words, your awareness about this person was much stronger. Besides, I can grasp his nonverbal information more fully now, much better than before. T9

Another therapist expressed similar concerns that the loss of perceptual information in online analysis may have an impact on psychoanalytical work:

At least I know it [the loss of perceptual information] is possible……If it has happened, then I think it would be...about the patient's countertransference or my countertransference; something may be lost. I think…that most online psychodynamic psychotherapy does not take this part into consideration seriously. T7

In fact, however, many therapists had begun to account for the loss of information as a shortcoming of online analysis.

When I was doing online therapy via live video chat, to compensate for losing information, I had to become relatively more proactive as a therapist. Moreover, I had to push harder sometimes. By these subjective efforts, we can improve the interactivity between online video consultation and visitors. T6

Many therapists had made similar efforts to compensate for the loss of information in online interviews that could affect the analysis. In sum, based on clinical experience, some

therapists stressed that the loss of perceptual information needs to be accounted for in the overall analytic situation in online analysis.

Setting of online analysis

The setting of online psychodynamic psychotherapy should correspond to the setting of face-to-face psychodynamic psychotherapy in a therapy room, which means that the time, place, scene, network, video quality and other settings should be stable. A stable setting and fixed conditions serve as background information of the analysis, and when there is no disruption in the setting and conditions, they will not become a subject of the analysis. However, the setting and conditions will come to the fore and affect the analytic relationship if they are disrupted, especially if disruptions are caused by factors that are unexpected by both the therapist and the patient.

Some patients expressed frustration and disappointment due to the instability of the setting of online analysis:

> *Sometimes the network connection was not good, and you had to bear with it. The last time I experienced that, at the very beginning, I was feeling very anxious, and I would think, "Oh my god, maybe I am going to have no analysis today. What should I do now? What should I do in this session?" What's more, I was wondering who was responsible for this problem (or if should I pay for this session, etc.). P3*

The instability of the network connection can sometimes produce problems that are irrelevant to the analysis. Generally, therapists and patients should negotiate before beginning therapy about how to cope with emergencies and whether to charge in case of unexpected situations. Specific solutions for these situations are needed in the setting of online analysis.

Another therapist mentioned that a stable place for online analysis may have a critical impact on patients' feelings during the analysis since a stable setting is the basis for analytic relationships.

> *I think, first of all, in terms of settings, my online analysis setting is basically fixed; to be specific, I am going to sit in the same room, the same place to do online analysis. I will not be random if it is an online analysis. I mean, time and space should be stable. I once had a patient with whom I had worked for two years. During our analysis, I changed the location of our analysis only once because I went back to my mother's*

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place and spent my vacation there. I had no choice but to do the analysis there. However, the patient stopped right at the beginning of that session and questioned me about the change in the place. He said, I noticed that the room where you do the analysis has changed. Then, I had to discussed this with him. He was ok with it because we have a good enough analytic relationship; we had been working together for very long, and he said it was actually ok.

But, if it had happened at the early stage of our work, I can imagine I would have to spend a lot of time talking with him about this change…this is an issue that I never reflected on much before… In online analysis, it is very important to have a clear and stable setting regarding where you are, etc. If you are doing analysis in a different place or room, you should let the patient know about what your environment looks like. In face-to-face analysis, when we do face-to-face therapy in a therapy room, we do not have to specify, "You can take it easy and relax; I can assure that no one is peeking or eavesdropping here, and no one other than you and I are in this room." Don't you think it is silly to say that in face-to-face analysis? However, I think that online analysis needs such clarification. T9

Another participant expressed feelings of uncertainty caused by the unstable setting resulting from a poor internet connection, which made her decide to leave the treatment.

It was time for treatment, but the therapist did not show up. After a while, he emailed me and said his online meeting application could not connect to the internet now, so he asked me to wait five minutes, then ten minutes.... Later, he emailed and told me that the analysis was hard to carry out this time because he had encountered some unexpected circumstances... I think that during the six to seven months of analysis, similar situations happened several times. The therapist repeatedly canceled our analysis due to internet problems, which made me feel very bad... That was a very disastrous and damaging therapeutic relationship. P8

A reliable internet connection is a very important part of the online analysis setting, as it provides a stable space and time for analysis. If such a setting is disrupted, the treatment cannot be carried out in a stable environment, which not only impedes the patient's and/or therapist's ability to attend the analysis but also brings the problem of the setting from the background to the foreground, which impacts the overall progress of analysis.

Confidentiality

Online analysis, similar to face-to-face treatment, requires attention to patient privacy and overall confidentiality. In addition, because the analysis is carried out in cyberspace, some patients have special concerns about privacy issues.

One of the therapists also expressed his concern about the confidentiality of online analysis:

I think this is an important issue; I will discuss the privacy issue of doing analysis on the internet with the patient. Indeed, some patients mentioned this on their own initiative; they would ask me if they could record the analysis, etc. However, regarding this issue, I have my own attitude; I do not want them to record anything because I am afraid that they will use it elsewhere or make another interpretation on our conversation that may deviate from the intended meanings. T11

A therapist expressed his concern about being monitored by unknown third parties during online analysis:

There is an issue about cyber security that I want to address now, which I think is particularly important. Just like our cellphones, all kinds of our electrical devices might be bugged. In this regard, the patient mentioned this concern to me as well. He said he did not worry about me leaking anything in analysis, but the internet security issue worried him a lot. He said he was afraid that the analysis might be hacked and that our conversation might be monitored by someone because the internet, as an open cyberspace, has much more uncertainty compared to an actual therapy room in regard to privacy and security issues. He finally moved on after careful reflection. "Maybe no one is interested," he said. However, this is a concrete problem indeed; I am worried about this issue as well. I am also afraid that analysis information might be hacked or leaked, that my sessions with patients might be monitored or recorded by someone unknown. T9

A patient noted his worries about whether anyone was monitoring him in cyberspace, which made it difficult for him to talk freely.

Sometimes, when I was talking, I would talk about something related to the government, such as the cultural revolution and so on. And then, I was suddenly worried about whether someone was monitoring, and then I would intentionally shift to another topic as quickly as I could to "detoxicate" the content I had just said. P6

A therapist also mentioned the following:

When I was doing online psychodynamic psychotherapy with my patient, I would inform him about this before we started, that if there were some very sensitive topics involved, something that might make the patient worried, something that might cause a negative impact on the patient's life, it would be better if he could talk about it when he came to my therapy room later rather than talking about it online to avoid unnecessary worries or fear. T5

Many therapists reminded their clients directly that there were security risks in performing online therapy and ask whether the client wanted to talk about the private content in a face-to-face meeting rather than an online context. Indeed, the issue of security is a very important topic in online psychotherapy. Online analysis, similar to face-to-face analysis, should provide a safe space for the patient, and therapists should do their best to protect patient privacy.

The choice to attend online analysis as a reflection of personal issues

A special aspect of online analysis that needs to be considered by the therapist is that sometimes the patient chooses to attend online analysis rather than face-to-face analysis, which may be a manifestation of personal issues of the patient.

Sometimes it is necessary to reflect on the motivation of patients to choose online analysis. In some cases, it is really hard for a patient living in another city to travel a long distance to attend face-to-face analysis, and meeting the therapist online is a convenient way for them to attend analysis. Whereas for those who live in the same city as the therapist, I will be alerted if the patient asks for online analysis intentionally and consider what his motivation is, wondering if he has some issue in building a relationship, etc. T1

Another therapist expressed a similar reflection:

I just did an online analysis today with one of my patients. The problem for this patient is that he is unable to find a girlfriend in reality but can only start a romantic relationship online. And now, he and I are doing analysis online; just like his symptoms, he can successfully idealize me with this relationship, make me a person who is good in all aspects. This remote relationship allows us to keep a safe distance, where we can reach each other and have every interaction in a good and ideal way. Interestingly, I just happened to discuss this topic with the patient recently, so I have fresh experience on this if you ask.
Recently, we just had a chance to be in the same city; I told him that we could do face-to-face therapy if he wanted, but I also expressed to the patient that I had a feeling that the

patient would feel like running away when he heard this proposal, that he would want to cease the analysis. In fact, I think this is a primary issue faced by many people; it is an inner difficulty for them, that they find it hard to get along with a real person, so they choose to do therapy on the internet. If they do not realize this point, they will barely fix their problems in their lives. T2

Online psychotherapy differs from face-to-face therapy in terms of setting, which impacts both the client and therapist on an unconscious level. These changes in setting may unconsciously affect the client, particularly in relation to his or her personal issues, such as upbringing interruptions or a sense of insecurity. The therapist must be sensitive and aware of these impacts during therapy.

The reality is, for some patients, it was absolutely ok as long as I was sitting there. However, there is one patient of mine who has a special issue with online therapy. As the analysis progressed, when it came to discussing the relationship between us, he said, "Actually, I have always wondered from the very beginning of our analysis; I cannot stop myself from thinking about this, that is, where are you? What is behind you or around you? Do they [your surroundings] have something to do with our work? Or what do they mean to me? Sometimes I even imagine if someone will suddenly come into the room, or would there be someone eavesdropping our conversation? You know, I have these thoughts because I have no idea about the room you are sitting in, no full picture of it in my mind, because on the screen, I can only see a tiny part of your room; this is making me so anxious." T9

Another patient expressed an unpleasant experience with face-to-face counseling:

I've been doing psychodynamic psychotherapy on the internet with my therapist for a couple of years. I felt relaxed when I was doing online analysis; I could express whatever I want to say. Finally, I had a chance to meet him [the therapist] in person and do face-to-face analysis. However, I could not even find the address when I went to the therapist's clinic for the first time. I was two hours late! Moreover, it made me feel uneasy when I walk into his therapy room. During that session, I didn't know what to say. It was very embarrassing. P1

On the one hand, patients choose online analysis in many cases for practical reasons, such as living too far to meet with a therapist regularly. On the other hand, patients may choose online analysis because of difficulties with interpersonal relationships. Obviously, these are issues that need to be reflected on and discussed in the analysis.

The generation of unique therapeutic content in the online context

The characteristics of online analysis make its analytic situation unique. In the online analysis context, specific relationships, emotions, thoughts and behaviors can be presented in particular ways. Thus, particular fantasies, internal conflicts and patterns may be revealed in online analysis. Nevertheless, some content may not emerge in the online environment, just as each of us presents specific parts of ourselves in different contexts.

> *What I can think of is that when you express aggression to a therapist, it is easier to do it in an online analysis rather than a face-to-face analysis where you have to try harder to deal with interpersonal stress. Also, aggression is more difficult to express when the therapist is just sitting in front of you. I mean, negative emotions, negative transference, and so on are much more difficult to express in face-to-face analysis. There is a metaphor that comes to my mind in terms of this issue. For instance, when you scold a person face to face, that person may strike you at once. But, if it is on screen, there is no way that he can hit you! T8*

Compared to face-to-face analysis, online analysis has less of a sense of presence, which may undermine the capacity for emotion. Sometimes, this characteristic of analysis can interact with the personal issues of the patient and provoke transference or acting out, which makes the analysis particularly complex.

> *As a therapist, there is another thing that needs to be considered; that is, if you are unable to get online and meet the patient on time, then he will get very anxious. It is a totally different situation for the patient according to my experience. The actual therapy room is like a container and can help the patient restrain his emotional impulses. Because that is a familiar place for them [patients]; everything is just in a certain place, which will help them contain their emotions when the therapist is unable to attend the therapy due to some unexpected incident. The patient will just sit there and wait for you without panic.*
> *On the contrary, my patient who I am working with online once told me that he felt very anxious when I was unable to attend on time, and he couldn't help himself from refreshing the online status of the live chat application. All the things in his mind were making him wonder if I had forgotten the session or if I would not show up. He said, after this incident, he would even start refreshing the online status before the appointed time in the following sessions. I think it is normal that the patient feels anxious if the therapist does not show up at the right time; however, in online analysis, this feeling will be amplified. T9*

A patient expressed that, compared to face-to-face analysis, online analysis has some inherent limitations that may have a specific impact on the content reported by the patient:

I think face-to-face analysis and online analysis work with different parts of the patient. I am doing analysis with a therapist both online and onsite. I talk more in the online environment, just talk, whereas sitting in her therapy room brought me completely different feelings. I could see her sitting there, notice the smell of her therapy room, and feel her presence. I think maybe my free association is quite related to my feelings in the room. However, the feelings generated from nonverbal sources are totally different from online analysis. The limitation of online analysis confined my free association, I mean. P2

On the one hand, online analysis provides a good space to talk freely; due to the limitations of online analysis, the content of patients' talk may vary based on their backgrounds.

Convenience and availability of online analysis

With the development of technology, information and data transfer is becoming easier and faster. The quality of online analysis continues to progress.

The new technology allows me to meet my patients anytime. I don't have to go to my office to get online; now I can work at home as well. Because some of my patients are in a different time zone, they can only attend analysis at the time when I am home, such as at 10 PM or after 11 PM. In fact, I am a night owl; I prefer work at night, and it doesn't make me feel tired much. Now, I use live chat apps such as WeChat and Skype to do analysis; they are very easy and convenient to use, you know.

I don't have to suspend my analysis when I travel to different cities or go abroad to do group supervisions or give presentations. I don't have to take my laptop with me anymore. Nowadays, I can meet with my patients with my cellphone any time. Ah, the laptop is too heavy to carry around. Moreover, I can choose a convenient sitting posture when I do analysis with my cellphone, I don't have to mind about whether it is good to be seen by the patient, since he or she can only see my face on the screen rather than my whole body. It is more relaxed to work online, I think. I like it. T3

A patient expressed similar views:

I don't have to spend time traveling back and forth. Even though we are in the same city, it takes hours to meet my therapist by subway. P7. Another patient mentioned that online analysis provides him with more choice in choosing a therapist:

Talking about the advantage of online analysis, what comes to my mind is that it enables people to access more resources, in other words, to find a good therapist even if they

are living in rural areas or remote towns. They can have great analysis online rather than being forced to choose locally. In some cases, I think that although there are certain limitations in finding an online analysis, it is better than nothing. P5

The internet has creatively integrated resources from all over the world, enabling people who live in places with limited choices to have access to rich therapy resources. In addition, online analysis provides a convenient option to those who live a fast-paced urban life. It also provided an approach to access therapy in the time when social distance was in need, such as when the participant had physical disability or difficulty going out due to sickness. This feature of online psychodynamic psychotherapy manifested its particular value during the COVID-19 outbreak.

Legal and ethical issues

Undoubtedly, online analysis has brought people from around the world closer. However, it also generates some legal and moral issues that have not been discussed.

Sometimes, I have some worries. For example, I have a Chinese psychotherapist license. Am I legalized to do therapy with my patient in China when I go to the United States for vacation or study? Or, my therapist is an American. She does not have a Chinese therapist license. Is it legal if she does analysis with me while I am in China? I have been confused about these questions for a long time. T4

Another therapist expressed similar concerns:

I wonder what I should do if something unexpected happens with my patient because the analysis is online rather than conducted in my therapy room. Let's say a patient tells you that he wants to end his life. After telling you this in the session, he turns off the cellphone after he leaves; what should I do? If it is a face-to-face therapy in a therapy room, at least we can have him stay and discuss his suicidal intention; we can see if we are going to refer him to some other institute or even accompany him to go to a hospital……Sometimes, I wonder, is it legal to do psychodynamic psychotherapy on the internet? I mean, my clinic is a registered institute; it is legal. But, if I do therapy online but not face-to-face analysis, I am still very unsettled about if my patient were to have some accident, even if my analysis is good, because there are no relevant laws or regulations that provide an explanation of the responsibilities of each party in this circumstance. T10

To date, there are still no specific systematic laws or regulations for online analysis or therapy in China. This is an urgent problem that needs to be addressed in the context of a rapidly developing world.

Discussion

Our current study explores seven features of online psychodynamic psychotherapy that include both pros and cons of online therapy: the setting, the generation of unique therapeutic content in the online context, missing information, the choice of cyber-therapy as an indication of one's own personal issues, the convenience and availability of online therapy, and the legal and ethical issues related to online therapy.

Compared to in-person psychotherapy, online psychotherapy is creative because it offers accessibility for clients from different geographical, sociocultural, and economic backgrounds (Finfgeld, 1999). As mentioned by previous research, any creative approach has its own pros and cons. With the rapid modernization and globalization in China, online psychotherapy provides a unique opportunity to reach people who are unable to visit psychotherapists due to geographical, physical, economic, and other practical reasons.

Creative discoveries can make psychodynamic psychotherapy more available and provide complementary mental health services to resource-limited individuals, areas, and populations with limited resources and constraints imposed by social life events such as the COVID-19 outbreak (Jesser et al., 2021).

During the COVID-19 pandemic, online psychotherapy has become the choice of many patients and therapists due to its convenience and accessibility. It can break the limit of distance, so its unique value has been highlighted. Especially in the epidemic context, online psychotherapy allows patients who have to stay at home due to quarantine measures or have been infected to access psychotherapy services, which breaks the shackling of traditional face-to-face psychotherapy (Cantone et al., 2021). However, despite the advantages and innovations, we also need to understand the limitations of online psychotherapy.

Psychoanalytic theory clearly views the setting as a primary component of the therapy itself. The fixed nature of the setting can allow the analytic process to occur (Green, 1975).

When the setting changes or is different, it becomes part of the analytic process and may provide a different source of analytic material that may otherwise have gone unnoticed (Gabbard, 2017). However, cyberspace is not a concrete therapeutic room that has a concrete physical environment and clear boundaries. Thus, the therapist must build a safe, consistent setting with the patient. In terms of understanding the cyberspace context as part of the setting, the therapist and patient should create stability within the context of cyberspace.

When a variation in frame or disruption of boundaries occurs, the therapist and patient need to work together to understand the deviations as material for therapeutic exploration. A reliable, predictable setting or frame supports the analytic process. Forgetting or neglecting the importance of the setting and framework may cause irreparable or nonanalyzable damage. Pile (2013) highlights the intricacy and richness of space, real and imagined, and the metaphorical and symbolic aspects of space (Pile, 2013). We also need to clearly understand the fantasy, desire, and physical experience in the Internet space, and most importantly, we need to recognize that internet-based psychodynamic psychotherapy space is both the medium and the essence of communication between the therapist and the patient.

Researchers have also claimed that there are legal and ethical issues in online psychotherapy. Opponents of online psychotherapy have argued that the therapeutic relationship heals. The present study also determined that cyber-therapy has some limitations compared to in-person therapy. Some of the participants reported certain concerns that online psychodynamic psychotherapy should be carefully evaluated for its applicability with individuals with severe psychopathology, such as patients with suicidal tendencies, severe personality disorder, and psychosis. The therapist should be sensitive about the limitations of internet-delivered treatments because the therapeutic processes involved are relatively unknown.

Many participants mentioned that the development of modern technology has made online psychotherapy possible. The participants also mentioned the limitations of sophisticated sensory communication technology to support timely, accurate and comprehensive communication services. Multiple sensory cues can provide comprehensive and valuable information for the therapist and patient to understand each other in therapeutic settings.

Missing information can hinder the therapist from providing a comprehensive evaluation, recommendations, and interventions. As discussed by previous researchers, the therapeutic presence may be powerful and more supportive than the online context for some clients (Rochlen et al., 2004). Because some sensory cues are lost in online psychotherapy, online psychotherapy can provide only partial visual information and auditory information, and missing information from other sensory channels may limit the transmission of information and hinder the sense of therapeutic presence.

For some clients, in-person therapy is threatening due to their own personal issues or intimacy difficulties. Online psychotherapy may be an important step in building interpersonal relationships. However, this issue needs to be discussed further in therapeutic encounters. Some therapists who support fully sensorial, present, interpersonal encounters and who pay close attention to body language and sensory characteristics may find online psychodynamic psychotherapy to be very limiting. Other research has suggested that the therapeutic alliance is developed not through physical presence but by entering into another personal's mental constructs, which can also be accomplished in online psychotherapy (Fletcher-Tomenius & Vossler, 2009).

From a practical standing point, it is impossible to capture all the information in a therapeutic encounter. It is unreasonable to say that online psychodynamic psychotherapy can generate sincere information. However, online psychodynamic psychotherapy offers an alternative approach in doing psychotherapy, which has unique advantages in some specific aspects, such as under the impact of COVID-19, when it is inconvenient to do face-to-face therapy, or the patient is living in a place where the accessibility to psychodynamic therapist is limited. On the other hand, the therapist should think creatively and dynamically about the factors of cyberspace affecting his or her therapeutic encounters. The cyberspace context should be considered like any other issue in psychodynamic psychotherapy.

The current research has shown that there are largely differing concerns regarding internet-delivered psychodynamic interventions related to demographics, psychopathology, and certain personalities. Previous researchers have discussed the suitability of individuals for online psychotherapy and suggested that clients who pose a danger to themselves and others

may not be good candidates for online psychotherapy, as the patient's distance from the therapist may prevent the therapist from responding to risky situations in a timely manner (Mallen et al., 2005). Delivering counseling services to someone from a distance creates new challenges for counseling psychologists, as it may be difficult to assess and intervene in an emergency. Sometimes, online psychodynamics can also provide a timely response to risky situations when in-person support is not available. More research needs to be conducted in this field.

However, in online psychodynamic psychotherapy, while the therapist is not in the same room as the patient, the patient and therapist are in a therapeutic space together. It is obvious that the therapeutic space and setting are different from in-person therapy. Because the settings are different, the dynamics may be different. As mentioned by some participants, individuals may discuss different content in different settings. There may be some issues or topics that are missing in cyberspace because sensory information is different from in-person therapy. Therefore, free association, relationship dynamics and fantasy are different in online therapy than in in-person therapy. Psychodynamic psychotherapy is interested in the unconscious of patients. Transference and countertransference may be triggered differently by online psychodynamic psychotherapy than by in-person therapy, which needs to be discussed or observed with patients in online psychodynamic psychotherapy.

Importantly, doing psychodynamic psychotherapy online may intrinsically involve sophisticated dynamics. For instance, when a client said that he chose to do therapy online because of the distance factor, the therapist needs to consider the objective realities on the one hand and, on the other hand, should think carefully about the dynamics underlying the client's choice of online therapy, such as personality and pathological issues. The therapist needs to consider the internal reality and the external reality of the client simultaneously. In addition, the therapist needs to openly inform the client of the possible risks of privacy leaking in performing online psychotherapy. If the client and therapist jointly choose to perform psychodynamic psychotherapy on the Internet, they need to work on the basis of acknowledging security risks, talking about the client's fantasies and feelings about the potential risks of leaking personal privacy (Churcher, 2018).

It is an enduring debate on whether new technologies foster connectivity or contribute to a sense of isolation. What we need to pay attention to is the foundation of both online and face-to-face psychodynamic psychotherapy, which are about respecting and understanding our clients. The purpose of adopting online psychodynamic psychotherapy is to maximize the benefit to our clients. We need to consciously consider the impacts of new technologies on our daily lives and then pick and choose what we want to adopt, rather than simply accepting technologies without reflection (Arnd-Caddigan, 2015). Online psychodynamic psychotherapy provides a way to connect people. However, whether this approach creates reflecting space, connection, and transference/countertransference just as traditional face-to-face therapy does needs further study.

It is possible that as cyberspace technology advances, the limitations of cyber-therapy may be mitigated or change. However, the critical findings about online psychodynamic psychotherapy generated in our research should be carefully evaluated and interpreted in future therapeutic encounters to generate the best benefits for patients.

The limitation of our paper is that we did not explore in depth the difference between on-line psychodynamic psychotherapy and face-to-face psychodynamic psychotherapy in terms of transference experiences, therapeutic process, and defense mechanism psychodynamic psychotherapy. There might also be significant differences between experiences with online psychodynamic psychotherapy, online psychoanalytic psychotherapy, and other online psychotherapy approaches. The current study is a pilot study that begins examining the whole picture. More studies are needed to gain a deeper and holistic view of online psychodynamic psychotherapy.

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