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COUPLE THERAPISTS' STATES OF MIND – THEMATIC ANALYSIS OF NARRATIVES OF PSYCHOANALYTICAL COUPLE THERAPISTS ON EXPERIENCES OF WORK DURING THE COVID – 19 PANDEMIC.

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online psychotherapy
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thematic analysis

Summary

Objectives: Online psychotherapy was a practiced form of treatment long before the COVID-19 pandemic outbreak. Since March 2020 it has become a common way of delivering therapy, posing challenges to all the parties engaged in the process. Therapists working in various approaches and with different groups of patients varied in their attitudes towards online psychotherapeutic practice, and so did their readiness to modify their way of working. The aim of this study was to understand the subjective experience of psychoanalytic couple therapists during the first year of the pandemic.

Methods: The study, conducted in qualitative paradigm, was held with the participation of 10 psychoanalytic couple therapists, who take part in supervision conducted by specialists from Tavistock Relationship (TR). It is based on the model of working with couples developed in TR. Ten narratives were collected. The therapists freely shared their experiences of conducting couples therapy during the first year of the pandemic. The obtained material was subjected to a thematic analysis.

Results: Through the thematic analysis procedure, 4 main topics were denominated (Changes caused by the pandemic, Working online, Patients' experiences, About the therapist). Each of them consisted of several specific topics.

Conclusions: The obtained results are partially consistent with the results of previously conducted qualitative research on experiences of therapists working in different modalities and with different groups of patients. It shows that certain experiences may be shared among professionals engaged in various psychotherapeutic contexts. It was also possible to identify topics specific to the studied group.

Online psychotherapy

Online psychotherapy has been practiced since before the COVID-19 pandemic, but until March 2020, it wasn't a common practice. According to the research conducted shortly before the pandemic, 32% of Polish psychotherapists had some previous experi-

ence in online therapy [1]. However, the prevalence of online psychotherapy wasn't much different from other countries – for example, as an Italian study shows, the results were similar – 63% of therapists had no online therapy experience [2].

The necessity to adapt to new conditions, including the working conditions of therapists caused by the epidemic constraints, resulted in significant changes in the attitude of therapists to the possibility of working online. Although 24.9% of therapists in Poland declared that they had not previously considered the possibility of conducting online therapy under any circumstances, research exploring the forms of treatment used during the pandemic showed that all respondents decided to use some form of remote work [3].

From the beginning of the COVID-19 pandemic, therapists have been looking for ways to understand the situation and find ways to fit into it. Despite little earlier experience, attempts were made to formulate recommendations regarding psychotherapeutic work in the new, complex reality [4]. Notably, the rich empirical data collected earlier, proved that remote therapy is an effective form of providing help to various groups of patients – both in individual support [5, 6] and therapy for couples and families [7].

In most cases, sudden changes in the way of working posed a severe challenge due to the lack of previous experience in remote psychotherapeutic work of most therapists and patients. Yet, at the same time, this shift ensured the possibility of continuing already started processes and maintaining the therapeutic practice.

Modalities and therapeutic techniques in online psychotherapy during the COVID-19 pandemic

Due to the different understanding of therapeutic phenomena and the applied techniques, the openness and ease of modification varied considerably depending on the therapeutic approach. In the studies carried out during the pandemic among therapists working in Italy, who had no previous experience in remote therapy, the most significant number were representatives of the psychodynamic, psychoanalytic and systemic approaches [2]. It can be assumed that for therapists working in these approaches, it might seem doubtful whether it is possible to use specific techniques in such different conditions.

The change in the context of psychotherapy directly introduced modifications in the working technique, e.g., shortening periods of silence in 39.3% of therapists, of which 50.9% were psychoanalysts and 46.2% were psychodynamic therapists [2]. Silence was perceived as more difficult, but it is questionable whether this is the difficulty associated with online therapy or adaptation to the significant change that was the transition to remote work.

The attitudes of therapists themselves to their work were also examined. A study examining the well-being and sense of effectiveness of therapists in live vs. online sessions showed significant differences in favour of live therapy. Therapists were concerned with the quality of therapeutic alliance, the feeling of being authentic, assessing one's therapeutic abilities, clearly communicating one's understanding to patients, capturing and constructively dealing

with patients' emotional reactions, as well as constructive use of one's internal reactions in response to what the patient brings. At the same time, no significant differences in the perceived effectiveness of the therapy were shown [8].

Therapists' experiences of adapting to the new work context were also studied from the perspective of the qualitative paradigm. The results of the analysis of the material obtained in the American research indicate that the experiences of therapists include such topics as trauma shared by therapists and patients, the need to adapt to new working conditions without prior preparation, adaptation to the specificity of family psychotherapy and child psychotherapy, specific work fatigue in front of the screen, lack of privacy, new challenges related to starting psychotherapy with new clients, as well as negotiating physical and relational space while building new boundaries [9]. In another qualitative study, undertaken by a team of psychotherapists from Krakow, an analysis of the narrative using the method of collective autoethnography was carried out, which resulted in the emergence of the following themes, present in the therapists' statements: "The first reaction to the information about the epidemic and related limitations," "Online psychotherapy," "We are heading towards normality" [10].

The results of the qualitative research make it possible to understand the complexity of therapists' experience while working online in the first year of the pandemic, to reflect on the ever-emerging challenges of work in a new context, and to formulate proposals for solutions for therapeutic practice.

In the face of the new reality, there were also initiatives and publications in which experiences were shared, and attempts were made to give meaning to those experiences and reflect on the change process. One of the adopted forms was the recording of interviews with therapists telling about their reflections during the pandemic (*Psychoanalysts on the couch: notes from a pandemic*) [11]. An example of a publication is an article by Zelda Gillian Knight, who creates her one-person narrative. She describes the dynamics of her experiences of COVID-19 in a professional context, emphasizing sharing the complex reality with patients, as well as showing how not only her patients but also herself could benefit from therapeutic contact by finding new, more adaptive stories about what is happening to her and her environment [12]. Exploring the therapist's perspective allows for a more personal view, giving rise to further curiosity and asking new questions.

Couple Psychotherapy during COVID-19 Pandemic

Looking at couple therapists' perspectives, we can find evidence that they considered remote therapy to be successful, although more complicated than live therapy. From their perspective, it was more difficult to create a stable therapeutic alliance with a couple and deal with the escalation of conflicts [13]. Therapists also indicated that the functions related to emotional experience were more challenging to carry out (e.g., techniques based on the therapist encouraging the partners to address each other during the session empathically).

Finally, despite a more positive attitude to online therapy due to experiences during the pandemic, the couple therapists were not enthusiastic about continuing to work online when the pandemic was over [13].

In another study however, the participants were couple therapists of different modalities. It was observed that as many as 74% of respondents were interested in conducting remote therapy after the pandemic was over [14]. Based on therapists' responses, recommendations for the practice of online treatment were proposed. It referred to covering the areas of standards, adhering to norms, conscious effort on building a structure in contact with the patients, and practical indications concerning managing the therapist's attention and presence in connection with the patients differently, comparing it to working in the office [14].

The answers provided by many therapists in the mentioned studies pointed at problems with a clear assessment of the situation and indecisiveness. Among the questions asked by researchers in the projects, the sets of similar questions were proposed, e.g., the assessment of the therapists' well-being or the self-confidence and sense of their effectiveness in therapeutic work.

Regardless of the modality or the way of working (e.g., individual therapy versus family therapy), one may expect that some specific topics will emerge in particular groups of professionals. It seems interesting and worth further investigation what those specific themes would be. We could not find publications about conducting psychoanalytic couple psychotherapy in a new, pandemic reality. We saw a need to develop a qualitative exploratory study, which would enable us to investigate this yet to be studied area.

Study design and method

Qualitative study paradigm

The study aimed to understand the individual, subjective experience of therapists working psychoanalytically with couples. Therefore it determined the research paradigm. Qualitative methods enable researchers to find the individual meanings that study participants ascribe to what happens to them. The research focus is on the subjective, personal perspective of the person invited to the study, and the researcher's task is to make an effort to understand it.

Such an approach, based on the ideas of phenomenology, existentialism, and hermeneutics, makes it possible to capture the complexity of the studied issues in the best possible way [15–17]. It is based on a phenomenological view of man as an experiential being endowed with the possibility of self-interpretation and, therefore, of giving meanings to the representation of experience. The focus, therefore, is on how reality manifests in individuals' experiences [15].

In phenomenological approaches, researchers try to identify the main components of a phenomenon or experience that make it unique or distinguishable from others. Research

based on the ideas of phenomenology is focused on how people perceive and how they talk about objects or events instead of describing the studied phenomena according to predetermined categories or concepts. Thus, it is an inductive approach in which the researcher does not relate the received content to the previously developed theory [18].

People give meaning to their experiences by creating stories [19]. The language makes it possible to distinguish and revive what happens to a human being, following de Saussure's thought stating that what is unnamed cannot exist [20]. Language, as an external system of signs, allows not only to describe reality but is also a tool of objectification – thanks to which the subjective experience of an individual becomes available to others [21].

The content and form of what we tell about ourselves and our experiences are immersed in a broader social discourse. Thus, on the one hand, language enables us to share our experiences with others, and on the other hand, it provides categories to describe our own subjective experiences [22]. So we are *homo narrans*. We constantly construct stories about what we experience, how we respond to it, and what is important to us – “the subject expresses himself in language” [23, p. 9].

The narratives, constructed by psychoanalytic couples therapists, describing how their work with patients in the first year of a pandemic was experienced, provided access to individual meanings, making it possible to understand the therapist's subjective experience.

Narrative Thematic analysis

Narrative analysis is a broad concept that encompasses many different procedures of material inquiry. In this project it was decided to use thematic analysis (TA), which allows for the identification and interpretation of the main themes recurring in the narratives. In the thematic analysis, researchers try to select topics present in the respondents' statements, following a clearly defined procedure [24]. As part of the thematic analysis, themes and subthemes can be identified in one of two ways: inductive/ atheoretical or deductive.

In the first case, analysis is carried out without prior theoretical assumptions. In the second case, the material is analysed through the prism of the chosen theory. In the presented research, due to its aim, an inductive approach to thematic analysis was taken. However, this method of data analysis may raise doubts about its reliability and the interpretive framework taken by the researchers. For this reason, it is necessary to reflect upon the researcher's context and academic setting and follow a precise procedure of analysis of the material.

Study procedure and analysis

Ten psychoanalytic couple psychotherapists were invited to participate in the study. All participants are related to The Specialist Family Clinic of Bemowo District in the Capital City of Warsaw. The Clinic is a public institution, offering free of charge, long-term psychoanalytic couple psychotherapy. The participants invited to the study are either the

Clinic staff members or therapists who work outside the institution. The theoretical background is shared in the study group, based on the psychoanalytic couple psychotherapy model developed by Stanley Ruzsyczynski and Mary Morgan in Tavistock Relationships (TR). All the participants participate in seminars and supervisions led by experts for TR, so they share the theoretical and organizational way of working with couples. In the study the therapists described their experiences of working individually with couples (therapeutic process conducted by one therapist).

Due to the necessity to protect the anonymity of participants of the study, only the critical demographic data are revealed. Six female participants took part in the survey, two aged 30 – 40, two aged 41-50, and two aged 60 – 70; and four male participants – two aged 30 – 45 and two 50 – 65 years old. The researchers are also a part of the Clinic’s staff, but only one person from the researcher’s team delivered the study material. The other person kept an entirely external position towards the experiences described in the given material, not being an active therapist.

The participants were introduced to the aim of the study, and after their consent, they were invited to give a written answer to the question:

“Tell us, how was it for you to conduct a couple psychotherapy in recent months.”

The therapists were encouraged to describe their experiences conducting psychoanalytic couple therapy as fully as possible. They were requested to email their responses to the person who was not a therapeutic team member so that the content could be anonymized. Only then did the researchers receive the material to conduct further analysis. The study started in July 2020. All the responses were delivered until December 2020. The researchers conducted the analysis following the procedure described below.

The obtained material was subjected to multi-stage analysis. At first, two researchers independently read all the narratives multiple times. This part of the analysis aimed to systematize the descriptions’ content and to pre-define the recurrent themes. We searched for the significant aspects that had the function of organizing the texts. The second step in this level of analysis was to define the themes common in different narratives. Then the results obtained independently by two researchers were compared. Finally, modifications were made if it was considered necessary. In the next step, we verified if the themes defined in the analysis correspond fully to the material’s content.

Results

Four major themes that were organizing the participants’ narratives were identified. They were “Changes caused by the pandemic,” “Working on – line,” “Patients experiences,” and “About a therapist.”

The theme “Changes caused by the pandemic” describes the therapist’s experiences of challenging changes brought by the pandemic that the therapists and patients had to adapt

to. The theme “Working on – line” refers to how the therapeutic process was organized in the new circumstances. The focus of the last two themes is on the parties engaged in the therapeutic process – “Patient’s experience” observed by therapists and the content that directly and personally describes the therapist’s reality.

In each of those central themes, several sub-themes were identified. It is illustrated in Table 1. The sub-themes will be described in the following paragraphs, along with the sample quotes. Each citation is provided in its original form with the participant’s code.

Table 1. Themes and sub-themes identified in the analysis

Theme	Sub-themes
Changes caused by the pandemic	Losses Gains What was possible for us to protect/save? Coming back
Working online	Therapeutic process Setting Boundaries
Patient’s experience	Experiences of Covid – 19 pandemic Couple Relations
About a therapist	Experiences of the therapeutic process Experiences of Covid – 19 pandemic Therapeutic container Financial safety

The theme *Changes caused by the pandemic.*

All participants described how they experienced the necessity to adapt to the changes in their therapeutic work brought about by the pandemic. The experiences were depicted in terms of loss, mainly related to the possibility of face-to-face contact with patients. It was referred to in a straight – forward way:

“Working online takes away the basic tool for a therapist, which is direct contact, being with a couple, and the climate of the session. A work like this becomes defective in a way” (P7).”

Indeed, we stay in 2D, deprived of a critical dimension of being with another person”. (P6)

A flattening effect, we become a more hologram for one another than a living, complex, emotional, and bodily person. I started to discover the significance of the physical, bodily presence/absence of patients and the therapist. Without this physicality, everything becomes more weightless.

“(P5)

or in reflection about the losses due to the therapeutic processes that had been interrupted:

“I am wondering what the reason for not continuing the therapy on – line by my patients is. Usually, they explain it by external difficulties: time/ taking care of little children/ difficult conditions. I think, however, that perhaps for them, just like for me, a contact through the computer is just a part of the experience that one might experience in the office.” (P10)

Therapists also referred to their experience of working in isolation and loss of working in a team and face-to-face contact with colleagues and everything it brings:

“The lack of in-person clinical meetings was and still is a great loss and a poignant sadness for me. I experience it as if it was the destruction of an elaborated structure, something stimulating and creative.” (P2)

At the same time, next to the reflection about loss, there were thoughts on the benefits of the new way of working. Organizational advantages were brought up (no need for the inconvenient journey to work, possibility to manage the time between the sessions in the preferred method), along with the new, exciting phenomena in the therapeutic process and relationship with the couple.

“A surprise that there is a chance for some different issues to emerge, inaccessible in the usual contact in the office. An enrichment.” (P9)

The benefits of this new way of working were found – like greater accessibility that put away the difficulties referring to the objective distance between the therapist and the couple:

“I am seeing several couples in which the partners live in different cities, not in Warsaw or even not in Poland, and due to the pandemic, they got stuck in Poland. Working online makes it possible for them to benefit from therapy”. (P2)

or is perceived as a new way of working that provides the possibility to maintain the continuity of the therapeutic process, which was considered a priority:

“I have never worked on – line before, so it was new for me. Something I had to tame, get used to, and find myself in this way of working. This aspect of working online with couples I consider positive. The sessions with those couples that had decided to go on with online therapy could be held during this time, difficult for everyone; and it was the most important thing” (P5)

At the same time, it was noticed that physical distance between the therapist and the couple, which was a part of working on – line, could also be experienced as a benefit for the process:

“Zoom meetings create a bigger distance, and because of that, they are easier, less confronting with the realm of the relationship. Therefore, it

makes it easier for some to open up and talk about the things that were too difficult to confront while in face to face contact”. (P6)

Experiencing a different way of working inevitably leads the therapists to create comparisons between the way they had worked before and the one they faced during the first year of the pandemic. Then, it seemed to be an experience of fighting for everything that was possible to protect. The theme that we have called paraphrasing one of the participants of the study (*What was possible for us to protect*) contains the reflections about what was left while in contact with the couples:

“It was possible to protect something: a continuity of the relationship. Something is still alive.” (P9)

“In my personal experience it was possible, with the patients, to save the contact between us, and together deal with those feelings and experiences.” (P1)

In the theme, another issue was reflected upon, where the therapists shared their doubts about the necessity of implementing changes that inevitably change the landscape and realm of psychoanalytic work. But, again, the experiences are different, and so are the conclusions:

“I have never worked on – line before. I was very sceptical about it, almost sure that psychoanalytic psychotherapy is impossible without its basic context, which is direct contact between a therapist and a patient. But from the perspective of time and experiences of working online, my opinion about it has changed. To my surprise, I consider that psychoanalytic work is also possible in this way.” (P4)

and

“I still have some thoughts taken from one of the articles in my head: that working online is some psychotherapy, but for sure, it is not psychoanalytic psychotherapy due to the lack of vital countertransference relationship. The conflict: virtual presence or real presence is bothering me. I am still watching/observing that difference, and I experiment in my therapeutic work.” (P2)

and also

“On the other hand, working on – line confronts you with the necessity of verifying your ways of thinking about psychoanalysis as a particular contact, inseparable from real contact between a therapist and a patient. In my opinion, it confronts us with an experience of loss – regarding resignation from previous ways of thinking about psychoanalysis as being “special” or “of exclusive character.” (P4)

The next sub-theme (*Coming back*) that emerged in participants' narratives in a central theme (*Changes caused by the pandemic*) refers to the actual or potential coming-backs to working in the face – two – face contact with patients. Therefore, it relates to moving in the opposite direction than the one described so far – from working online, at a distance – towards working in close physical contact with patients. Therapists experience it as disorientating and causing uncertainty – related to the stability of connection vs. the need for the additional change:

“This time is full of uncertainty, my own and the couple’s, how long will it be possible to keep our normal work” (P7).

and the challenges of elaborating the experience of coming back – for the therapist himself, as well as in contact with the couples:

“Coming back to the therapeutic office was marked with many “buts”. Difficult. It was not talked about enough because it was unclear how to talk about it. Seriously. This is a real problem. How to talk about it? How do you think about it when you don’t know what to think? It is easy to say, “stay in the position of not – knowing.” (P6)

Coming back was also connected to the anxiety about the reappearing intensity of contact:

“I notice that the perspective of coming back to face-two face contact evokes very ambivalent feelings in me at the moment: starting with excitement, longing for patients, hope and joy to anxiety, reluctance, a feeling of “being overwhelmed” with the perspective of developing so many relationships in actual personal contact (P4). “

Theme Working Online

A second central theme that was identified contained two sub-themes and contained experiences and reflections of the therapists upon the phenomena that emerged in the therapeutic process, considering the outside context. Again, this was very present in the study participants' narratives.

A part of the material was related to the dynamics of the therapeutic process in the new circumstances and the therapist's reflection on how to connect in their mind different realms – the internal realm of the couple, the domain of therapeutic sessions, and the outsider one – of the pandemic.

“As for the therapeutic processes that I was conducting, I had the impression that the development of this process had been maintained, although it took special forms under the new conditions. For example, some couples, having at their disposal a new way of meeting – online,

wanted to show themselves differently. Some manifested their closeness when they could show themselves on the computer camera while sitting close. They felt relieved that suddenly the problems were outside – in a pandemic” (P3).

“I have a feeling that there have been changes also in couples. Especially those who could not work through losses from their families of origin and their relationship. In the face of the new loss they could break away from the old mourning and the deficits in the face of current losses.” (P3)

The next theme, referring to the issue of therapeutic setting and therapists' attitudes toward it, was widely described and rich in the narratives. Psychoanalytic couple therapists were surprised when confronted with changes in how they were perceived:

“I was surprised that the traditional setting ceased to be as important to me as it was before, while still being an essential, missing element of therapy.” (P8)

An essential part of this theme was reflecting on the boundaries that define the setting. Working online made the therapist move mostly to virtual reality and to the space that was not achievable before – the private space of the patients. Therefore, it was perceived as violating the setting:

“After several months of online work, in the period of loosening sanitary rigors, the feelings related to crossing boundaries appeared in the countertransference. Couples took me with them on trips without children, trips on wedding anniversaries, engagements, and other anniversaries vital to them. They did not cancel the session so that they didn't lose it. I was with them in hotel rooms, plot houses, and with their animals. In such a way, the setting was violated.” (P7)

There were many doubts present about how to create a setting in pandemic on – line work, how and where to put boundaries that could define and maintain it:

“Or the setting. Who visits whom? Who comes to whom? Suddenly – if food/eating wouldn't be all right during the session, would it be the same with drinking? Or is the session in the car OK? What about a situation when someone is driving? In the office, one would not agree to work when the patient wants to do something else while in session. In these circumstances, however, it is more difficult.” (P6).

Difficulties experienced in defining a setting in new circumstances, as well as in the real and specific dimension of its organization, were a cause of therapist's concern for patients:

“My concern is the lack of contact with worse-functioning couples who feel they are on the verge of breaking up. In my opinion, the most healing

thing for them is the setting and stability, ensuring holding. Under normal circumstances, couples could attack and undermine it in various ways and observe that it withstands such pressure. That it continues to be and remains present for them. However, now, it seems it does not hold up...

(P10)

Therapists also experienced this area as personally complex, causing confusion and uncertainty. Therefore, it is not only about how the external boundaries of therapy will be defined but also about setting and the therapist's state of mind:

"What's in all this setting to hold? How to create a frame when one has fallen out of the frame?" (P6),

which becomes particularly difficult to maintain in a situation where therapists' private space also becomes a place for conducting psychoanalytic couples therapy:

"Making one room a consulting room has brought confusion to my family and me: when I am at work, when I am a therapist, and when I am a household member." (P2)

The third broad thematic category that emerged from the received texts concerned how therapists perceived their patients and what couples experienced in relation to the pandemic.

In the theme concerning the experiences of patients around the pandemic, there were statements about patients' concerns and fears directly related to the worsening epidemic situation, as well as the therapists' attempts to give them meaning and interpretation:

"The couples rarely raised the topic of the pandemic – fear or uncertainty. Compared to the experience of contact with individual patients, much less. I think the anxiety in pairs was less experienced, but there was more anger, frustration, and obsessive content." (P1)

In addition to couples' experiences directly related to the pandemic, therapists also described what patients contributed to the therapeutic relationship. Attention was paid to the different feelings that emerged towards the therapist and the therapy in the context of the pandemic.

"Successive contacts with couples and various patients' reactions to the offers of remote work: from expressions of understanding and even concern for us, the therapists, to impatience." (P9)

Therapists also wrote about how the pandemic context could influence the couple's relationship, noting that it could be a significant external stressor.

"Two of these couples were referred to me by individual therapists; therefore, I know that the consultations were helpful. All of these couples also had a lot of resources. I think they would not have ended up in the consulting room if not for the pandemic's exhaustion and tensions." (P8)

The last group of themes identified in the analysis put the therapist in the spotlight. Therapists wrote extensively about how they experienced themselves – as less competent therapists when confronted with the new work context. This relates to the content described earlier, including what therapists identified as a loss while working online. Here, however, the focus is on the person – the psychotherapist. These contents are written in the first person, relating to the subjective experiences of oneself as a psychotherapist, which justifies distinguishing them as separate topic. The theme discussed how the respondents experience changes in their essential competencies as psychotherapists:

“When I work online, I feel I am not as efficient as a therapist as I could be, under normal circumstances. I think that what happens in such a contact has an intellectual dimension and insight. However, when it comes to the emotional dimension of the experience, it is minimal.” (P10)

While working online, there were also challenges and doubts about interpreting what arises during therapy sessions with couples:

“Another problem was the difficulty of recognizing countertransference. For example, I did not know to what extent my emotions: fears, anger, and helplessness, relate to these new technical conditions, to what extent the pandemic situation affects everyone, or does it relate to the moment in the therapeutic process or to what the couple contributes, by communicating through projective identification.” (P3)

As shown in the quotation above, this change has been experienced as problematic. It involved therapists' doubts about their effectiveness. But, at the same time, it also happened that therapists found in their experience an opportunity to recognize their resources and new (or rediscovered) skills.

“I am also surprised that since March, I have met a few couples for two or three consultations and that it was enough. As if I had suddenly acquired some intervention skills [...] I was surprised I could work differently than just in the long term because I thought I had already lost this skill ☺.” (P8)

All the therapists were highly consistent in their statements about experiencing and describing difficulties related to the emotional part of psychotherapeutic work, visible in the theme that we call the *Therapeutic Container*. The therapists indicated that the containing space for patients' experiences was becoming limited or insufficient due to the context of the work:

“Couples often do not feel completely safe when talking to each other in a session due to their unstable situation, mutual hostility, and resentment. Then the therapist provides them with conditions in which they can feel that nothing unexpected will happen during this hour – no catastrophe [...]. I believe patients have a right to act out because withstanding,

understanding, and naming those acting outs is part of the therapy. However, with the contact in recent months, this container for acting outs has become, in my opinion, much weaker.” (P10)

and because the therapists themselves experienced emotionally disturbing, problematic aspects of the pandemic reality:

“It was hard to contain someone else’s anxiety when immersed in your own emotions. Overload. Abandonment. Longing. Overstimulation.” (P9)
“Another topic: my way of acting under pressure [...]. Such mundane crushing pressures. And a therapist under pressure is a special therapist, which has HORRIBLY a lot to accommodate, even though containing patients is a considerable challenge already [...]. It is a complicated and burdensome sense of responsibility for patients and insufficient capacity to provide presence and care as needed.” (P6)

The theme concerning this aspect of therapeutic work also included content describing the therapists’ experiences and activities to seek support in dealing with doubts about their competencies and resources. Therefore, it was indicated that supervision, independent search for substantive and emotional support had a special meaning:

“To deal with the new situation, I read many articles then and took part in discussions in various fora about the difference between remote and face-to-face work. As a result, I had to rethink my inner setting.” (P2)
“I hope that I will finally find myself in this new reality. I believe it might be possible. I look forward to it. I am looking for supervisory support in this process, approval of colleagues and friends, consent of friends and families, just like that, good time, order, nature, air, and movement, because I see my feelings of being lost more and more clearly and the resulting need for new searches.” (P6)

The last sub – theme that put the therapist at the centre concerned the sense of professional stability and security in this area, which became evident in the face of observations of the social and economic consequences of the pandemic.

“Well, online work saved the existence of us therapists in the face of lockdown! This is important. How many companies went bankrupt, and how many people went bankrupt due to these restrictions. And I? Switched to online, which almost all patients have agreed to. And that’s it. Substantially – continuity of work and treatment. The mundane – continuity of us, therapists’ income.” (P6)

Discussion

The themes identified in the narratives of couple therapists working in psychoanalytical approach correspond to some extent to previous descriptions of online psychotherapy experiences during the COVID-19 pandemic. For example, the challenges related to the different nature of the contact between the patient and the therapist, mediated by remote work tools, or the doubts around the boundaries and therapeutic setting, seem to relate to the everyday experiences of therapists working with different groups of patients and in other approaches [9, 13].

At the same time, there were descriptions of specific experiences related to the work context-specific for the studied group – psychoanalytic couples psychotherapy, indicating some differentiation concerning the possibility of maintaining the character and psychoanalytical properties of therapeutic work – even within the studied, homogeneous group. Undoubtedly, the everyday experience of the therapists that participated in the study, contained doubts about their competencies and effectiveness of therapeutic work in a situation where external circumstances significantly hindered – in their opinion, capacity for building what is fundamental when working in this approach – transference, and countertransference.

There were doubts about the possibility of analytical psychotherapy without experiencing the full contact between the couple and therapist. Those doubts have raised concerns about whether the offered form of work could still be called psychoanalytic therapy. Some were concerned that they were offering therapy that is not fully valuable compared to therapy conducted in person. Therapists talked about an incomplete experience of transference and the need to rely on other, sometimes perceived as less analytical, ways of working. They also expressed doubts about the quality and containing capabilities of this form of contact – when containment is considered one of the main factors of change in this therapeutic approach.

Another critical theme that emerged in the therapists' stories, that was new when compared to previous studies, was the experience of participation in the community of therapist – webinars and interviews that appeared during the pandemic, during which a joint effort was made to think and give meaning to changes caused by the pandemic. They also mentioned the importance of online supervision meetings. In the narratives we have received, the opportunity to participate in the community of therapists is often experienced as a source of resources and support. Yet, at the same time, when there are changes in the way of contact in the context professional community, therapists see them as an overwhelming loss.

The degree of reference to the therapist's personal experiences, e.g., in the context of family life, financial security, or one's own existential approach to the pandemic and its impact, was also different from previous qualitative research on psychotherapists. Among the previously published texts, the article by Zelda Gillian Knight [12] seems to be the most similar to the results obtained in the current study. The author refers in a similar way to her own experience, although in the context of individual therapy. Perhaps the context

of the study, in which participants shared their stories with a research team they knew, was an important factor in obtaining such a result.

One of the basic theoretical foundations of psychoanalytic couple psychotherapy is Mary Morgan's concept of the couple's state of mind [25]. According to M. Morgan's ideas, one of the therapist's tasks is to maintain a couple state of mind for those patients who cannot do it for themselves, either because of temporary difficulties or because of a failure, deficits that make it impossible for them to develop such an ability. The therapist's keeping the couple as a whole in his/her mind is considered to be a healing factor for couples.

One aspect of this way of thinking explicitly relates to the setting. In this case, it includes where and how the therapist and patients meet, how the therapist thinks about the couple, and what is happening in the therapy process. Our results seem to show how complex a challenge it becomes in the face of the pandemic and the changes it brought along. The collected narratives and the conducted analyses allow us to observe the internal experience of the mental states of the therapists participating in the study. We can try to understand what experiences and challenges they encountered while trying to maintain therapeutic working conditions for their patients.

Our results allow us to identify the subjective experience of therapists conducting psychoanalytic couple therapy during the first year of the pandemic. However, due to the context of the research and the methodology chosen, the study has its limitations. The obtained material was subjected to a thematic analysis by two researchers. Such a procedure of approaching an empirical material includes the perspective of those who implement it [18]. For this reason, it is crucial to describe the position of researchers while analysing the material and specific conceptual categories resulting from the researchers' context, which were essential for the conducted analysis.

Researchers shared some of their experiences with study participants – they participated in clinical meetings and group discussions about the changes the pandemic has brought. A particular conceptual framework, categories of interpreting professional reality, and the way of thinking about the therapeutic process (the role of the therapist, occurring phenomena) are also shared, which results from participating in joint training and the process of psychoanalytic supervision, directed to couple therapists.

The therapists invited to the study constituted a homogeneous group, selected on purpose, based on the way of work and shared training and supervision context. For this reason, the possibilities of relating obtained results directly to different research contexts are limited. At the same time, the themes that appear are partially consistent with the results of research carried out in other therapeutic contexts, which may indicate a certain universality of experiences of people working in the field of psychotherapy.

Conclusions

Only now, in retrospect, can we observe to what extent and how the described experience changed thinking and thus the practice of psychoanalytic couples therapy. We can see and appreciate its complexity to a greater extent. Working online or changing the setting, often previously perceived as impossible, has become necessary. Some therapists assessed the experiences of these changes as enriching, both to their thinking and to selected therapeutic processes. Others emphasized toil and cost more. It is worth observing and examining further impact of these circumstances on the experience and work of psychotherapists.

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