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Entering terra incognita: Adapting Psychotherapists to Work During the COVID-19 Pandemic

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Abstract

Sudden historical events, such as the COVID-19 pandemic, may critically change the circumstances in which psychotherapy is conducted. The objective of this study was to analyze Polish psychodynamic psychotherapists' experiences of working with patients at the onset of the pandemic and hence to understand the process of their coping with the external reality challenges. 183 Polish psychotherapists (160 women and 23 men) aged 26-66 years (average 38) completed a survey about their therapeutic work during the COVID-19 pandemic. Data were analyzed in accordance with Braun and Clarke's thematic analysis framework. Five general themes were identified: (1) Facing a taboo; (2) One must work well (despite having doubts); (3) COVID-19 as the "Third"; (4) Who am I, what am I doing; and (5) Who is the author of the therapeutic principles? The themes show dilemmas that emerged in a psychotherapeutic community that explored a previously non-practiced form of work in the context of the pandemic. These experiences can reflect more general phenomena of the therapists' adapting to unexpected yet critical external circumstances. Both a personal willingness to seek solutions flexibly and to remain in a dialogue with the professional community is an integral part of this process.

Keywords

psychodynamic psychotherapy, COVID-19, remote psychotherapy, psychotherapy adaptation, thematic analysis

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Entering *terra incognita*: Adapting Psychotherapists to Work During the COVID-19 Pandemic

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Sudden historical events, such as the COVID-19 pandemic, may critically change the circumstances in which psychotherapy is conducted. The objective of this study was to analyze Polish psychodynamic psychotherapists' experiences of working with patients at the onset of the pandemic and hence to understand the process of their coping with the external reality challenges. 183 Polish psychotherapists (160 women and 23 men) aged 26-66 years (average 38) completed a survey about their therapeutic work during the COVID-19 pandemic. Data were analyzed in accordance with Braun and Clarke's thematic analysis framework. Five general themes were identified: (1) Facing a taboo; (2) One must work well (despite having doubts); (3) COVID-19 as the "Third"; (4) Who am I, what am I doing; and (5) Who is the author of the therapeutic principles? The themes show dilemmas that emerged in a psychotherapeutic community that explored a previously non-practiced form of work in the context of the pandemic. These experiences can reflect more general phenomena of the therapists' adapting to unexpected yet critical external circumstances. Both a personal willingness to seek solutions flexibly and to remain in a dialogue with the professional community is an integral part of this process.

Keywords: psychodynamic psychotherapy, COVID-19, remote psychotherapy, psychotherapy adaptation, thematic analysis

Introduction

The history of change and development in psychotherapy has shown that external conditions influenced the emergence of new thoughts or new approaches. Psychotherapy is involved in the broader context of real life, that is, of the personal lives of those involved in the therapeutic process and the everyday life taking place in more general social, economic, and political terms (Shadbolt, 2021). The change in the way psychotherapy was offered during the COVID-19 pandemic may be a recent example. It is worth reflecting on its processes, in particular, personal experiences of those facing the need to alter their work to the new conditions.

The following years brought further changes - the military invasion in Ukraine a year ago and, consequently, a political and economic crisis. Both the pandemic, the war and their subsequent effects have shaken the sense of security and influenced many people's daily lives. Psychotherapists have not been spared from this impact. First, they faced working in new and often unstable conditions. External circumstances required many of them to take up a type of work not previously practiced, that is, online during the COVID-19 pandemic. Secondly, they were faced with working with people who, in addition to their previous complains, were subject

to stress related to the current external circumstances. Additionally, they themselves were subject to the same circumstances.

In the light of these changes, it seemed important to explore how psychotherapists cope with sudden unforeseen external situations affecting their work. This manuscript is based on research we conducted among Polish psychodynamic psychotherapists in April 2020 - at the very beginning of the COVID-19 pandemic. We outline the social context of the situation of Polish psychotherapists at that time. Then, based on the thematic analysis results, we present the experiences of psychotherapists in adapting to it. We believe that these analyses can have a broader meaning and help understand how psychotherapists cope with various challenges of the external context.

Psychodynamic Psychotherapy at the Beginning of COVID-19 Pandemic in Poland

Poland was an example of a country to react quickly and decisively when the COVID-19 pandemic appeared within its borders (Górniak et al., 2020). Approximately ten days after the first cases of COVID-19 infections were reported, a strict sanitary regime was introduced: traveling for purposes other than work was strictly prohibited, and people were permitted to leave their homes only when very basic needs of daily life had to be met. Children under 18 were not allowed in public spaces without adult guardian supervision.

Several days after these strict rules were imposed, national consultants in psychiatry and clinical psychology, as well as local psychotherapeutic societies, began introducing policies about how therapeutic work should be conducted. The need to adapt to the current sanitary rules and to continue the delivery of psychotherapy to patients in a poor mental state was declared. For the first time, the concept of therapeutic work mediated via the Internet and telephone was so widely addressed. The Polish National Health Fund started financing psychological and therapeutic counseling via telephone or the Internet for the first time.

Polish mental health professionals had to find an appropriate solution to working with their patients, as in a brief time, these patients' access to existing therapeutic help was significantly reduced. Although, at that time, Poles assessed the pandemic itself as less severe than in other European countries or worldwide, high levels of anxiety and feelings of threat were nevertheless reported (Szuster et al., 2021). The number of people struggling with depression, anxiety, traumatic stress, and adjustment disorders increased rapidly (Dragan et al., 2021; Gambin et al., 2021). Disturbances in functioning were observed in adults, children, and adolescents (Kmita et al., 2021).

The change in how therapeutic help would be delivered raised numerous organizational, ethical, and clinical dilemmas for psychodynamic psychotherapists. On the one hand, the restrictive policies announced in Poland pointed to the validity of a remote form of delivering therapeutic services under pandemic conditions. On the other hand, the value of psychotherapeutic work other than based on personal contact was questioned. Polish psychotherapeutic societies addressed these dilemmas in different ways relying on detailed assumptions of their modalities (Polskie Towarzystwo Psychoterapii Gestalt, 2020; Polskie Towarzystwo Terapii Behawioralnej i Poznawczej, 2020; Zarząd, Rada i Komisja Etyczna Polskiego Towarzystwa Psychoterapii Psychoanalitycznej, 2020). The societies in which the legitimacy of remote work had been already recognized expressed a more favorable attitude, while others discussed the possibility of providing valuable psychotherapeutic work in conditions other than personal contact conditionally or critically. The Polish Society for Psychodynamic Psychotherapy (Polskie Towarzystwo Psychoterapii Psychodynamicznej, PTPPd) expressed the latter opinion.

On March 13, 2020, Polskie Towarzystwo Psychoterapii Psychodynamicznej (2020a) stated, "only personal contact between the psychotherapist and the patient, in both the

diagnostic and the therapeutic phases, fully accomplishes the canon of good clinical practice." They also stated that the current pandemic situation at that time did not justify the transition to an online therapy modality. In its following formal statement (Polskie Towarzystwo Psychoterapii Psychodynamicznej, 2020b), the Society's position on the psychodynamic method's effectiveness solely in face-to-face contact was upheld. However, some areas of possible switching to remote therapy were described (maintaining the therapeutic relationship and supportive interventions in times of crisis). This position was lively discussed in the community of psychodynamic psychotherapists, including on social media. Simultaneously, Polish psychodynamic therapists started working remotely with their patients, like their colleagues working in other psychotherapeutic paradigms (Frąckowiak-Sochańska & Hermanowski, 2020). The Society provided its members with further recommendations regarding remote work throughout the pandemic, for example, a list of conditions that had to be respected when providing remote psychotherapy (Polskie Towarzystwo Psychoterapii Psychodynamicznej, 2020c).

Our research aimed to investigate the experiences psychotherapists had during this initial phase of the COVID-19 pandemic, that is, at the very beginning of the adaptation to an entirely new and unpredictable situation. We were particularly interested in investigating the experiences of these therapists as they transitioned to remote work, without prior preparation, and within the context of the initial controversies surrounding remote psychodynamic psychotherapy.

While conducting the study, we felt a commonality with the participants in many ways – as practicing psychotherapists we too made our first attempts to work online with patients at the time; we were reaching out to collegial and supervision sources of support; we shared concerns about the health of patients, our loved ones and our own; and we were aware of often opposing positions on the validity of online work. In addition, the study itself and the main analysis of the results were conducted entirely by remote contact, mediated by synchronous (video messaging, chat) and non-synchronous (emails, shared files) forms of communication, because our work at the university was too done remotely at the time. Our motivation to get involved in the study came from a personal need to understand our and our colleagues' struggles, and from a desire to work for the benefit of the psychotherapeutic community with which we identify. Being aware of the significance of this involvement for the study results we tried to reflect on it as much as possible, both during the preparation of the study and the development of its results, as well as now, when we describe it in this manuscript from a distance, two years after the onset of the pandemic.

Method

Design

This study is part of a larger longitudinal project exploring psychotherapists' experiences in offering online psychotherapy to patients in Poland under the circumstances described above. In the current round of the survey, we collected both qualitative (written statements analyzed here) and quantitative (self-report about attitudes toward psychological online intervention and survey about prevalence of basic aspects of psychotherapeutic work). The results presented in this manuscript relate to the experience of the beginning of the epidemic in Poland and the associated sanitary restrictions. This was the beginning of determining the organization of further work with patients. We adopted the constructivist approach (Bhati et al., 2014; Savin-Baden & Major, 2013) and a reflective thematic analysis framework to deal with the rich verbal data set collected (Braun & Clarke, 2006; Clarke & Braun, 2016). The constructivist philosophical approach proved to be suitable for capturing the

process of meaning-making in the experiences of psychotherapists. Simultaneously, it enabled us to describe and comprehend the study participants' interpretation of the onset of the COVID-19 pandemic amid conflicting perspectives on conducting psychotherapy sessions. Facing a situation of uncertainty, psychotherapists had to navigate the challenges by engaging cognitive processes of assimilation and adaptation. Employing thematic analysis, a flexible technique allowing for constructivist epistemological choices, we identified the key aspects of their adaptation as they ventured into uncharted territory.

Procedure

The study was prepared and conducted at Adam Mickiewicz University in Poznań, in cooperation with the Board of the Polish Society for Psychodynamic Psychotherapy (PTPPd), who revised the study procedure. Surveys are not required to be revised by ethical boards in Poland, however we wanted to be sure that the procedure followed the principles stated in the Declaration of Helsinki (World Medical Assembly, 1964), especially regarding the right of participants to protect their wellbeing and integrity, privacy and autonomy, taking into consideration the critical context of collecting data at the onset of pandemic. The invitation to participate in the study was addressed to individuals who identified themselves as psychodynamic psychotherapists and were working with patients in this therapeutic approach at that time. This invitation was sent by the PTPPd's office via e-mail to 1740 PTPPd members and was also published on PTPPd's official Facebook profile (the profile is a public forum observed by over 6000 users) (The Invitation to the study is available in the Appendix). Of this number of invitees, 183 psychotherapists chose to send us their answers.

Individuals interested in taking part in the study could sign up via a link in the invitation, in which details of how the study was organized (conditions of participation, manner of data collection and storage) were described.

After providing electronic informed consent, participants were able to respond to survey questions. We asked participants about their education, experience in psychotherapy and conducting remote psychotherapy, changes in how their work was organized due to the COVID-19 pandemic, and, finally, the main open-ended question (for the interview questions, see Appendix):

> The current situation connected with the COVID-19 pandemic and social distancing has created a novel and unique conditions for how psychodynamic psychotherapists can work. One of these aspects is the potential health risks connected with a face-to-face visit between therapist and patient at the therapist's office. Thus, many therapists have decided to work on a remote basis.
> Please tell us about your psychotherapeutic work in the context of possibly switching to working online. We would like to find out more about your actual experiences and reflections. We would like to understand these experiences in the appropriate context; thus, we encourage you to elaborate on the topic. We ask that you provide no names so that this response may remain anonymous.

Participants could decide whether to answer all the questions or to decline some. They could also get back to previous answers if they wanted or stop participating in the survey at any point with no consequences. Answers were sent to researchers at the end of online form with usage of "sent" button, so after going through the whole procedure participants decided whether to do so or not. They could also contact research team on the project if they wished. They got no incentives for participation. According to our assumptions, it should have taken

about 20-30 minutes to participate in the survey, but we are unable to determine whether this was the case.

The responses were collected between April 2-15, 2020. This period coincided with the beginning of the COVID-19 outbreak in Poland and with the introduction of significant restrictive measures. This was also the beginning of establishing policies on how providing further therapy to patients would be organized. Since we wanted to capture therapists' experiences at this very specific and limited time, we opted out of conducting a pilot study.

Participants

The group of 183 psychodynamic psychotherapists who participated in this study, all of whom answered the open-ended question, comprised 160 women (87.43%) and 23 men (12.57%); aged between 26 and 66 years (M = 38.21, SD = 7.023). The group consisted of 14 (7.65%) supervisors, 132 (72.13%) psychotherapists, and 37 trainees (20.22%). A total of 46 psychotherapists (25.14%) also specialized in approaches other than the psychodynamic one, for example, addiction treatment. Nearly half of the psychotherapists worked in a city with more than 500 thousand inhabitants (N = 91, 49.73%), 37 (20.22%) in medium-sized towns, 38 (20.77%) in smaller towns with 50-200 thousand inhabitants, and 17 (9.29%) in the smallest towns.

The written responses to the open-ended question quoted above contained, on average, 96.41 words (M = 78; SD = 93.88, min = 2, max = 770). Some psychotherapists also provided additional responses at the end of the survey (M = 27.96; SD = 47.53; min = 0; max = 300 words). The mean total number of words each psychotherapist used to describe his/her experiences was 124.5 words (SD = 111.4).

Process of Thematic Analysis

Thematic analysis (TA) was conducted according to the framework presented by Braun and Clarke (2006). The steps of analysis that we applied according to Braun et al. (2015) framework were as follows: (1) familiarizing oneself with the data; (2) generating initial codes (done manually, i.e., without any specific software aid); (3) searching for themes; 4) reviewing themes (iterative cycles of analysis, for example, from features of maps to codes, themes to codes; coding the data that had been missed during earlier stages of the analysis); (5) final re-arrangement of the themes. Our thematic analysis was grounded in a constructivist approach and conducted at the semantic and latent levels of analysis; codes were developed in an inductive, data-driven manner (Braun & Clarke, 2006). During the analysis, we intentionally had no access to any data on each psychotherapist’s background besides what he/she had stated in the responses.

In order to streamline the analysis and consider the entirety of the material from 183 individuals, we divided it into three parts, each containing approximately 60 statements.

Each of us individually performed steps 1 and 2 of the analysis with respect to the allocated material. Subsequently, we held a meeting to compare our coding approaches, drawing from select cases within our respective datasets. Confirming the consistency in our coding methods allowed us to complete step 2 and proceed to step 3, which involved identifying themes. Again, we initially conducted this step individually and then convened to compare our findings. Through discussion, we generated “theme candidates” representing an initial version of the themes. Independently, we each revised the extracted themes by examining their relationship with the previously assigned codes (step 4). Following that, we held a meeting to address codes that seemed to transcend the designated themes. This led to a reorganization of the existing themes, and a revision of their names. Subsequently, in a

collective discussion (stage 5), we achieved a final consensus on the formulation, content, and alignment of the themes with the data.

The following strategies were adopted in order to enhance the analysis' trustworthiness (Nowell et al., 2017): prolonged engagement with the data in order to familiarize with them (step 1, lasting ca. three weeks, while we were reading the material many times), extensive documenting of theoretical and reflective thoughts during all stages (individual notes during 1 and 2 steps, documentation of the researchers' meetings and flow of the team discussions), audit trail of code generation and theme development, testing for referential adequacy by returning to raw data, and reporting on reasons for theoretical, methodological and analytical choices throughout the entire study.

For one of us (ES), the study was another project using the thematic analysis method, but it was the first one involving working on different, that is, segmented, material. For the remaining two (MZJ, AI), conducting a thematic analysis was the first such research experience, albeit another with qualitative data. Working as a team, we relied on the literature studies on thematic analysis by Braun and Clarke (2006) and Braun et al. (2015) at the beginning, then prepared the plan for the following steps in our analysis (which would be done both individually and collectively) and made notes during all our analyses. We felt that the individual voices of each of us in discussions helped us to regain distance from the analyzed statements and ground our conclusions in the data. Working as part of a team evened out emphases determined by our personal perspectives and ensured that any of them did not dominate the analysis.

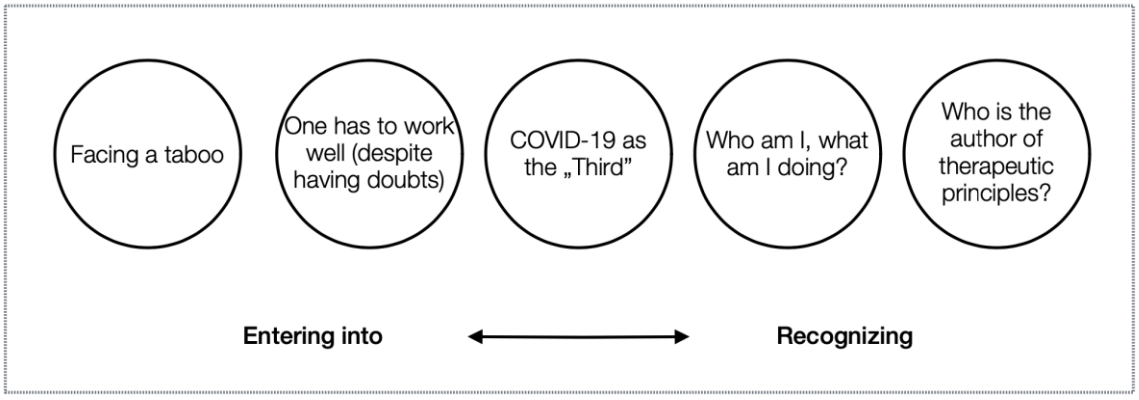
Through the researchers' triangulation, we reached the credibility of the analysis (by reducing the potential biases and subjective interpretations of a single researcher), promoting diverse insights and reflexivity (by juxtaposing our coding and then ideas about themes, we gradually became aware of our stance toward data and research project in general and, in result, multiple independent perspectives support our findings).

Findings

Five major themes were identified in the psychotherapists' responses describing their actual experiences, namely: (1) facing a taboo; (2) one must work well (despite having doubts); (3) COVID-19 as the "Third"; (4) Who am I, what am I doing, and (5) Who is the author of the therapeutic principles?

Figure 1

The Organizing Themes Reflect Aspects of the Psychotherapists' Processes of Adapting to Providing Remote Therapeutic Help



The themes are presented in an order that reflects the dynamic and processual nature of the therapists' responses, entering remote psychotherapy and recognizing it, along with the diverse thoughts and feelings associated.

Theme 1. Facing a Taboo

The first theme dealt with the psychotherapists' sense of being banned from conducting remote forms of therapeutic work with patients and the ways they felt toward this ban. The novel and evolving nature of the pandemic and strict social distancing requirements made it necessary to confront the "forbidden." Some psychotherapists explicitly quoted the negative assessments of working online formulated by institutional authorities (e.g., the PTPPd) and stated that these assessments had impacted their own choice: Previously, I would not have considered IPPI (psychotherapeutic intervention via the Internet – author's note) because of the PTPPd's policies (114).

Many psychotherapists pointed to external factors that had impacted their choice to take up what was previously considered a "forbidden" type of work. They expressed that it felt alien to them and was "not entirely their own" decision, stressing their personal distance from it. They mentioned feeling pressured via various sources, for example, the National Health Service (NFZ) requirements, employer procedures, and patient expectations. The psychotherapists also stated that they consulted what other professional peers were doing and their supervisors' and teachers' opinions.

Therapists who described their transition to providing remote therapy cited various difficulties, reluctance, or even feeling that they were sacrificing themselves to their patients:

> I started working online without the feeling of internalizing this form of work, and at the same time, I felt pressure coming from various societies, a therapist, a supervisor, and other therapists that meeting face-to-face with the patient was irresponsible and unprotective. (5)

Even though some of the therapists felt that they had positive experiences at work (e.g., a sense of continuity in the therapeutic process, the chance to gain a better understanding of their patients under new working conditions), they expressed this positive attitude in a restrained, conditional manner:

> I am surprised by the effects that such contact has brought – patients willingly take part in online and telephone sessions and are very grateful for the chance to do so. However, I think this is impacted by the current circumstances of panic and anxiety resulting from the epidemic and that these are exceptional conditions, and online work would look different under other circumstances. (107)

Facing a taboo thus occur within the context of various emotional responses - ranging from strong negative arousal to experiencing internal dilemmas and engaging in strong rationalizations. However, option for remote working emerged as a catalyst for unveiling prior prohibitions or restrictions.

Theme 2. One must Work Well (Despite Having Doubts)

Another meaning that the psychotherapists gave to their therapeutic work was a sense of having to adapt to providing psychotherapy services under challenging conditions despite

experiencing the uncertainties that this entailed. Their adaptation was strongly motivated by the imperative of working *for* patients.

The therapists described feeling a sense of temporariness in these newly adopted solutions, having to alter them to a dynamically changing situation, and feeling mobilized to overcome problems. One psychotherapist stated: "I feel mobilized; they (patients – author's note) feel mobilized. We will see what happens next" (145).

The psychotherapists focused on the specifics of online work and noted the nuances related to such virtual sessions, (e.g.: "non-verbal speech is harder to observe, and I have to rely more on what the patient is verbally confirming or denying" [145]) and interventions, (e.g., "it is much easier for me to think in patterns [...] and I often make an interpretation, although in the office I would wait for an emotionally significant moment" [145]).

In exploring how to work effectively, some psychotherapists noticed some barriers on their part: "It seems to me that the fear of insight work is on my part. I guess I need time to adapt to such work and to feel more comfortable as a therapist" (73).

An essential aspect of adaptation was that the psychotherapists experienced an internal conflict between the negative attitude toward the online modality and a sense that resigning from it might expose their patients to feelings of abandonment and traumatization and might be a sign of irresponsibility on the psychotherapist's part: "Leaving patients unsupported by not offering to sustain their treatment would, in my opinion, be unethical behavior. And compromising their health or lives is also unethical" (23).

On the other hand, some therapists experienced pride in their flexibility, and they even appealed to other professional peers to be more flexible in the transition:

> The pandemic seems to be allowing therapists to explore forms of contact they had previously avoided. Therefore, it is a chance to find out more, collect valuable new experiences, and overcome one's fears associated with the development of online forms of communication. (25)

Theme 3. COVID as the "Third"

The idea of the "Third" is taken from the psychoanalytic literature (for the detailed analysis of the issue see: Diamond, 2007) and refers to an additional, beyond the therapist and patient, part of therapy sessions. Usually, the "Third" is indicated as the common space of discourse, fantasy, and conceptualization produced by the mind of the therapist and the patient. It is a field unique to each patient-therapist dyad, created as a result of the interaction of their minds, thus also including the influence of theory, supervision, as well as external circumstances whose presence is mediated by the minds of therapist and patient.

The COVID as the "Third" theme expresses viewing COVID-19 as a significant factor in the situational context in which the therapist sees the patient and its impact on each side's state of mind. COVID-19 was an essential reference: "the context we are in now is insanely important!" (111).

Two dominant pathways of COVID-19's influence as the "Third" emerged in the responses. The first was related to a sense of belonging to a broader social system, in which other people facing the same situation also had to function. The second pathway was related to a general sense of threat on both the therapists' and the patients' part. This was related to health (risk of COVID infection), financial losses, and psychological well-being:

> What also caught my attention, however, was that it is much more difficult to remain neutral in this current situation. And even more so in the office, when I wonder whether the patient is posing a health threat to me, whether he or she is

> being socially responsible, and whether his or her behavior is moral in these new circumstances. In the past, when a patient came to me with a runny nose, it did not make much of a difference in the therapeutic process. Now, many more variables are involved. And patient hostility can take on a new dimension. It is probably also more difficult to distinguish whether my feelings are a reality, a reaction to a crisis, or they stem from countertransference. (63)

The therapists described how COVID-19 modified the psychotherapy process: indirectly by impacting how sessions were being arranged and directly by influencing the topic of these sessions. In the case of providing therapy online, the very space of the meeting between the therapist and patient changed, as now the "Third" had moved into the "online space*"* (101). These experiences connected with the pandemic and how appointments had to be arranged or how technological issues were solved appeared as the content of therapist-patient virtual meetings. Moreover, because the pandemic concerned both the therapist and the patient, it in various ways equated their positions.

Theme 4. Who am I, What am I doing?

The psychotherapists' experiences also reflected the dilemma as to what extent the isolation precautions introduced during the pandemic still allowed them to remain within their psychodynamic approach. The therapists addressed this issue mainly by comparing the remote modality of psychotherapy to working in office settings that acted as a model for their psychodynamic work.

Some therapists felt that they were no longer offering psychodynamic therapy. They regarded the services they provided online as "not therapy" but merely temporary, supportive contact (e.g., "I think this is the lesser of the two evils" [62]; "such contact is better than none at all" [77]). Some therapists saw the provision of virtual help as "defective" psychodynamic therapy, which they linked both to the specificity of the imposed remote forms of contact with the patient and the unpreparedness they felt, that of their patients, and of the method itself:

> Online work is associated with numerous limitations regarding the possibility of analyzing transfer, counter-transfer, and resistance. It encourages supportive techniques, and attention should be paid to the possibility of shortening the distance – both on the patient's and the therapist's part. (112)

In contrast, other therapists claimed that remote forms of therapy offered new data sources, for example, the way the patient positioned the camera. These therapists found, often to their surprise, that many processes and phenomena taking place online converged with their therapeutic work in the office (e.g., "Hitherto hidden aspects of therapeutic dyads are also activated*"* [62]). They also described the possibility of implementing techniques they had already been using "at the office": a psychologization of the content that emerged in their contact with the patient, subjecting it to a process of interpretation, the usefulness of the psychodynamic theory, interventions based on countertransference, and the patient's readiness to work in this manner.

Theme 5. Who is the Author of the Therapeutic Principles?

Another issue, the therapists expressed, concerned the authorship of the interventions and solutions applied in the work with patients.

They referred to this in various ways: they described experiences of seeking guidance from authority figures, but also working out solutions independently, on their own. Some therapists stated that they had adopted the guidelines of other teachers or supervisors: "My attitude towards online work is positive, based on my belief in the practicality of this form of contact with patients by therapists at the Personality Disorders Institute Weill Medical College of Cornell University (USA)." (142).

Following the recommendations that teachers proposed brought about feelings of loss and disappointment in some therapists. Such experiences, often very intense, were expressed when given recommendations were seen as conflicting or unhelpful:

> I am in the second half of my training program, and I obviously did not expect to have such an experience from the start. One Society's recommendation to work online came straight away. The other Society's came within two weeks with contradicting guidelines. First, there is no reason to work online, and a moment later, it is entirely natural and is the experience of colleagues in Western countries. My supervisors see no reason to work remotely, and the counseling center only allows for this form of work. So, what do I do with patients who clearly want to contact me during this difficult time? Fortunately, the willingness to work remotely is growing, so I am getting used to it. (176)

Some psychotherapists described the above situation differently, that is, they reported evaluating peer information and their ability to make an independent decision about how they would continue providing therapy. They did not consider these sources of information and recommendations as obligatory or ready-made solutions:

> In making my decision, I considered the recommendations of four societies (Psychological, Psychodynamic Psychotherapy, Psychoanalytic, Psychiatric). During the first week, when we went over the phone, I permitted myself to make decisions on the fly, I did not cancel any visits. I listened to the audios, I read the psychoanalytic texts, I followed the directives. (94)

For some therapists, the decision to commence and organize meetings online was also based on their previous pre-pandemic experiences. Therapists with such experiences tended to reinforce them rather than create new solutions in the current situation.

Those therapists who described making their own choices of how they would work also expressed other concerns that came up, for example, concerning consultations:

> Of course, the question is whether we, psychodynamic psychotherapists, should carry them out [consultations of new patients in crisis - author's note]. And here I think everyone should answer this question themselves. [...] There are many dilemmas in our work, and now we have even more. (111)

Discussion

The data we gathered narrate the experience of entering a *terra incognita* by the psychodynamic psychotherapists challenged with the COVID-19 pandemic in Poland. The pandemic significantly changed how they worked with the patients at the time. The number of their patients had declined significantly, that is, from an average of ca. 17 to slightly over 10 a week. Moreover, many psychotherapists stated conducting psychotherapy online despite having no previous experience (6% had done it before the pandemic, 75% - at the time of the

study). The frequency of engaging in other online professional activities, for example, supervision, also increased. The psychotherapists declared a reservedly positive attitude toward such remote forms of therapeutic work (Zielona-Jenek et al., 2021), which was in general in line with the stance of psychotherapists in other countries. For example, Békés and Doorn (2020) collected quantitative data on attitudes toward online therapy during the COVID-19 pandemic from psychotherapists from North America and Europe. The findings revealed that, despite being compelled to switch to online therapy due to the pandemic, most psychotherapists displayed a somewhat positive outlook towards this form of treatment.

At a direct level, the narratives we found refer to the challenges Polish psychodynamic psychotherapists faced at the beginning of the pandemic. At an indirect one, we believe that they reflect a universal process of the therapists' adaptation to the challenges of external reality and point to the factors associated with this process.

First, many therapists indicated that they undertook an online form of work in new circumstances that they probably would not have even considered otherwise. Despite their reluctance and doubts, they showed an effort to adapt to a new format of working with patients. In this case, an essential aspect of the experience was a sense of entering a taboo space which may indicate the strong and internalized disapproval of psychotherapy other than direct personal contact.

On the other hand, this reluctant attitude might also be related to a more general viewpoint typical of the psychodynamic stream, that is, skepticism towards sudden turns in the way of working, which raise suspicions about acting out of unreflected impulses. This implies a proclivity for engaging in delayed action rooted in a reflection. However, during crisis situations that demand immediate action, this inclination may become an impediment. The therapists' responses suggested a vital emotional component of their attitude. Their explanations often referred to external factors as if they experienced a sense of guilt and fear of the negative consequences of undertaking prohibited activities. Therapists not only had not undertaken remote work before but had not even thought about it as an option.

At the same time, the therapists also expressed a strong sense of obligation to continue to help their patients. They experienced a specific ethical conflict. Evans et al. (2020) have described it as a disjunction between the desire to protect the therapists' own and their patient's health and lives and not leave the patients without any help by interrupting therapy. Interestingly, for the therapists we interviewed, this adaptation seemed to have a dual nature, that is, it was additionally accompanied by adaptation to moving into a previously taboo area.

The pandemic-related change in work introduced new elements into the therapeutic relationship, that is, discussing technological issues or supportive interventions (e.g., demonstrating understanding for a late call or interruptions due to domestic circumstances). Thus, the contact with patients was filled with less exploratory and interpretative work than before. Such shifts can be understood as the therapists' determination in being able to improvise and willingness to adapt their actions to the current circumstances. This flexibility can favor the effectiveness of therapy (Owen & Hilsenroth, 2014). Also, it would be an expression of seeing the therapeutic dyad not only as patient and therapist but as two persons subject to the action of the current situation (Bernhardt et al., 2019; Shadbolt, 2021).

On the other hand, the moving away from neutrality to a supportive focus on an external reality may also represent the countertransference reaction associated with transgressing taboos. The feelings of anxiety and guilt may lead to a desire to be directly helpful and caring while also resisting the exploratory work of understanding the motives of the patient’s difficult emotions. The co-occurrence of these two motives may reflect the multifaceted nature of the adaptation process.

Working in a new situation and struggling to adapt to its conditions triggered the therapists’ reflections on their paradigm. Did this remote work still constitute psychodynamic

psychotherapy? Moreover, the dilemmas concerning the status and value of remote work were accompanied by questions regarding the authorship of the principles governing therapeutic work.

The therapists considered the PTPPd's initial negative stance on working remotely unsuitable for new circumstances. At the same time, the PTPPd's subsequent softening of this stance seemed to disappoint other therapists, as it was undermining the stability of the therapeutic framework.

The above triggered more general questions about the value of the introduced rules and their durability and validity at the time of change. The concerns were expressed about whether it is currently necessary to rely solely on the guidelines of the PTPPd's board or whether solutions to dilemmas can be sought beyond the PTPPd's guidelines, for example, in discussions with colleagues or the literature.

The area within which the therapists looked for sources to resolve emerging dilemmas has thus been modified, that is, the former importance of the PTPPd's board, although still very vivid, seemed to give way in part to discussions among professional peer groups and one's reflections. These observations correspond with the findings of Békés and Doorn (2020), who noted that the therapists prepared themselves and their patients for remote work using support from professional peers or supervisors. The significance of being included in professional community has been also identified by Pasyk et al. (2022).

We believe that our findings show how the external crisis brought out therapists' experience of themselves and their work as part of wider communities, that is, people in general, the community of a particular area, or their community of professional peers. Thus, although the beginning of the COVID-19 pandemic was a difficult time for psychotherapists in the professional sense, the initial confusion seemed to be followed by recovery for the capacity to reflect and develop.

Our study was concerned exclusively with psychodynamic psychotherapists and psychotherapists associated with a specific organization, that is, the Polish Society for Psychodynamic Psychotherapy. However, we feel that this may be an asset for psychotherapists as a professional group. It is an immanent feature of therapeutic work to look for solutions to difficulties, often crises, and to believe in the possibility of overcoming one's limitations. Considering our study's results, the role of professional authorities and psychotherapy societies in stimulating this dialogue, creating an appropriate space for it, and hoping that the professional environment will become a "containing," that is safe and accepting, object also becomes apparent (Bobrzyński, 2021).

We feel that the value of the therapists' experiences of navigating in a *terra incognita,* as expressed in this study, goes beyond the pandemic situation. The results may be relevant to the new challenges occurring in humanity and as one of the consequences affecting psychotherapy.

Now, therapists in eastern Europe have been confronted with the necessity to work with patients in the context of the military invasion in Ukraine and the humanitarian and economic crisis related to it. This historical and political event has brought about new dilemmas, such as how to work with refugees, their war-related trauma, with limited language skills – the challenges utterly new for most therapists in this region.

In addition, the global climate crisis currently affecting humanity suggests that several social challenges might occur soon. We hope that our study provides new insight into the process of therapists' adaptation to the new. The history of change and development in psychotherapy has shown how external conditions influenced the emergence of new thoughts or new approaches.

In doing so, we agree with Shadbolt's (2021) hypothesis that psychotherapy as a form of treatment taking place in an interpersonal relationship is part of the broader context of real

life, that is, of the personal lives of those involved as well as of the everyday life that is taking place in more general social, economic and political terms. As Shadbolt argues, the task of psychotherapy is to acknowledge and accept these influences without losing the sovereignty of the therapeutic relationship and without it collapsing in the face of the pressure of events.

Limitations

The specificities of both the study's participants and the PTPPd must be considered while analyzing the study results. First, psychodynamic psychotherapists' experiences and dilemmas may not reflect those of other therapists with more positive initial attitudes towards Internet- or phone-mediated work. Second, in our study group, young therapists were over-represented. Their personal and professional development may have influenced the content of their experiences in working with patients (e.g., via their digital literacy or dependence on professional authorities).

Another limitation of this study was also its online, written form. However, it corresponded to the dominant form of communication at the time of the pandemic, it might have discouraged some therapists from participating in the study and affected the productivity of the survey responses. An indicator of the latter were less detailed survey responses of those therapists who rated their digital competence as lower.

Finally, it is essential to reiterate the relevance of this study's results with our characteristics as the researchers and authors of this manuscript. Our personal experiences of adapting to working under COVID-19 pandemic conditions and the psychodynamic orientation we identify with could have undoubtedly influenced how we processed the results and prepared this manuscript.

Conclusions

The themes identified in the participants' experiences exhibited a distinctive pattern, characterized by embracing the new and recognizing its meaning. We interpreted it as reflecting the dynamics of the process of adaptation to the problematic situations: finding oneself within the *terra incognita.* The therapists went from feeling that they were entering a taboo space to initial reflections on the importance of actions undertaken and their meaning in the context of the main assumptions of psychodynamic paradigm. Our results indicate that the psychodynamic therapists in this study were able to adapt in a situation that could be considered particularly challenging. Both a personal willingness to seek solutions flexibly and to remain in dialogue with the professional community is an integral part of this process.

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Appendix A

Invitation to the Study

Dear Sirs and Madams,

we would like to invite you to participate in a study conducted by a team from the Faculty of Psychology and Cognitive Sciences at Adam Mickiewicz University in Poznań, Poland.
The study aims to analyze the experiences of therapists struggling with the challenge that the COVID-19 pandemic and social distancing situation brought to their work with patients. We would like to focus on the dilemmas of therapeutic work at this particular time and the ways of dealing with them, including - the issue of undertaking work via the Internet. We would also like to see if therapists' experiences will change with the duration of this special situation for everyone.

We invite people who identify themselves as psychodynamic therapists - whether certified psychotherapists, those in a psychotherapy course, or supervising psychotherapeutic processes - and who are working with patients based on the tenets of this paradigm at the time of the study.

Detailed information about the study and access to it can be found at: [website address active at the time]

We believe that the study of the process and phenomena of dynamic psychotherapy at the present special time is a scientifically and practically important activity. We are also convinced that a joint effort - therapists and academics in this matter will allow to deepen the knowledge useful for the effectiveness and ethics of work with patients.

With best regards,
Monika Zielona-Jenek
Agnieszka Izdebska
Emilia Soroko

If you have any questions, please contact us by e-mail: monika.zielona-jenek@amu.edu.pl

Appendix B

The Metric

1. Nickname (please remember it) *(space for an answer)*
2. Age *(space for an answer)*
3. Gender *(space for an answer)*
4. Education
    a. Student
    b. Higher education
5. Psychotherapy education
    a. Completed 5 years of training
    b. Completed less than 5 years of training
    c. Undergoing training
6. Postgraduate education – other
    a. Yes
    b. No
7. Status as a psychodynamic psychotherapist
    a. Trainee
    b. Uncertified psychotherapist
    c. Certified psychotherapist
    d. Training supervisor
    e. Certified supervisor
8. Participation in supervisions
    a. Group
    b. Individual
    c. Collegial
    d. No
9. Participation in supervisions
    a. More than once a month
    b. 1 time per month
    c. Less than once a month
    d. I do not use supervision
10. Place of work
    a. Rural
    b. City up to 50,000
    c. City 50,000 – 200,000
    d. City 200,000 – 500,000
    e. City of over 500,000
11. Place of work
    a. Outpatient Mental Health Centre
    b. Psychiatric ward
    c. Other wards
    d. Private facility
    e. Private practice
    f. NGO
    g. Other
12. Number of patients before March 2020 *(space for an answer)*
13. Type of psychotherapy offered before March 2020

a. Individual for adults
b. Individual for children and adolescents
c. Group for adults
d. Group for children and adolescents
e. Couples
f. TFP
g. Other (Please, specify – *space for an answer*)

Part: Experience of therapeutic work during the Covid-19 pandemic and social distancing

The current situation connected with the COVID-19 pandemic and social distancing has created a novel and unique conditions for how psychodynamic psychotherapists can work. One of these aspects is the potential health risks connected with a face-to-face visit between therapist and patient at the therapist's office. Thus, many therapists have decided to work on a remote basis.
Please tell us about your psychotherapeutic work in the context of possibly switching to working online. We would like to find out more about your actual experiences and reflections. We would like to understand these experiences in the appropriate context; thus, we encourage you to elaborate on the topic. We ask that you provide no names so that this response may remain anonymous.
(Space for a long answer)

Part: Experience of psychotherapeutic work via the Internet

Some psychotherapists offer help not only face-to-face in the office but also via the Internet. Below is a list of forms of online help and psychotherapy. Please refer to the questions according to your experience.
It is possible that we do not ask about everything that is important. We leave space at the end of the entire survey for additional insights and opinions.

1. How would you rate your level of computer literacy?
    a. High
    b. Medium
    c. Low
2. Number of patients in the process of therapy currently *(space for an answer)*
3. Before March 2020, did you perform any online forms of work?
    a. Online psychotherapy
    b. Online counseling
    c. Online supervision
    d. No previous experience
4. In the wake of the COVID-19 pandemic, have you chosen to do psychotherapy work online?
    a. None face-to-face contact
    b. Partially (both forms)
    c. I continue in direct contact
    d. I have suspended all processes
5. Are you undertaking any of the following forms of online work at the current time (as of March 2020)?
    a. Online psychotherapy

b. Online counseling
c. Online supervision
d. Other

The ending

Thank you for participating in the survey. We will be contacting you again in about 6 weeks inviting you to participate in the next round.

There is space below for additional insights and opinions. We encourage you to share them with us.
(space for a long answer)

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