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LOSS AND SURVIVAL: EXPERIENCES OF PSYCHOANALYTIC PSYCHOTHERAPISTS WORKING REMOTELY DURING THE COVID-19 PANDEMIC

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This paper presents the findings of a research project that explored the experiences of psychoanalytic psychotherapists based in the UK during the first period of lockdown in the COVID 19 pandemic. Groups of therapists met regularly to share and reflect on the impact of the sudden changes to their practice, and this paper pulls together the key themes which emerged from these discussions. The overarching preoccupations of the psychotherapists were those of loss and survival, with sub-themes of difficulty holding the frame; reduced security and safety; challenged analytic technique; and altered relationship dynamics. The groups were highly valued by participants as offering support during times of unprecedented stress, while also providing a forum to learn from and make creative use of the challenges presented by working remotely.

KEYWORDS: REMOTE WORK, COVID-19 PANDEMIC, ANALYTIC FRAME, THERAPEUTIC RELATIONSHIP

INTRODUCTION

In response to the emerging COVID-19 pandemic in 2020, members of the British Psychotherapy Foundation, a large UK psychotherapy training and membership institution, organized reflective groups, set up to provide a space for practising psychotherapists to discuss and reflect upon the experience of having to work remotely as a result of the pandemic. For many this was their first experience of working clinically using either an online platform or the telephone.

The groups served as spaces for professional discussion and peer supervision, addressing the significant impact on clinical practice of working remotely. In addition to this, the reflective group discussions served the purpose of collecting data for a research project exploring the experiences of qualified psychoanalytic psychotherapists offering remote psychotherapy during the coronavirus pandemic. The research aimed to explore how psychotherapists had to navigate individually the issues faced in adapting to the new situation and the impact on both them and their patients. The

research project received ethical approval from the University of Essex where, at the time of this project, the authors worked as academics and researchers.

Working Remotely as a Psychoanalytic Psychotherapist—Literature Review

This project focuses on the experiences of UK therapists for whom working remotely provided an abrupt change for which there was little or no preparation. While literature about working over the internet was available before the COVID-19 pandemic began, the general consensus amongst these clinicians was that this was not based on psychoanalytic work and the majority of the work was person-centred or behavioural in approach. However, Isaacs Russells' *Screen Relations* (2015) dealt in depth with the issues raised by remote psychoanalytic work, as did a later paper, Isaacs Russell and Essig (2019). Many of the issues and clinical dilemmas discussed in the reflective groups in this project are explored there, but the therapists in our groups were not familiar with this literature at the time of having to move to remote working. Moreover, while there are clear common threads, there is one major difference; earlier work derived from the experiences of therapists who deliberately chose to work online, voluntarily embracing this new expansion of their practice as it became available. This necessarily created a different environment. The attitude, mood, struggle and creativity expressed in the groups in this project were heavily influenced by the forced, unwanted and sudden nature of the move online, for both therapists and their patients, in the midst of an unprecedented and frightening health and social crisis.

The literature relating to this unwished-for switch to working remotely in the pandemic is growing fast. There are those which attempt to measure the real or perceived efficacy of online and telephone work (Smith *et al*., 2022), showing that while initial indications are that remote work can be effective there is a need for a great deal more research to ensure that results are reliable. Others have studied the effects of remote working on the therapeutic alliance (Aafjes-van Doorn, Békés & Prout, 2021) in which therapists report being able to maintain emotional connectedness with patients and that while remote work is different, it can be effective, if not felt to be as good as working in person. Others have focused on collecting information about how practice has been adapted (McBeath, Du Plock & Bager-Charleson, 2020; Boldrini *et al*., 2020) with attention to how many treatments were interrupted, what forms of remote therapy were adopted and how these were perceived by therapists from a range of orientations.

Specific features of the online setting have been highlighted, such as the impact on the experience of time boundaries (Kegerreis, 2022). Isaacs Russell (2020, 2021) and Scharff *et al*. (2021) have more broadly and deeply explored the effects on therapists of being forced to adapt quickly to an alien way of working, highlighting the emotional impact on practitioners of losing their clinical settings. Smith *et al*. (2022), Geller (2021), and McBeath, Du Plock and Bager-Charleson (2020) bring forward a number of issues which were shared by many psychoanalytic psychotherapists, such as feeling isolated and more tired than usual. What also emerges is the

need for therapists to manage their own feelings of loss and anxiety as well as a reduction in professional competence, and their varied capacity to do this. While the overall sense emerges that most therapists discovered that they could still be effective when working online, and came to a (for many surprising) realization that online work could be done well, the feelings of isolation and fatigue, professional self-doubt, and loss of confidence were widespread.

Trainees' experiences of the pandemic have been studied as a significant subset of therapists. Day and Thomas-Antilla (2021) explored the pandemic's effects on trainee confidence, highlighting some implications for training, of having suddenly to move to online work. Scharff *et al.* (2021) described the strain on trainees of having to manage their own emotional distress as a result of the pandemic, in order to empathize with their clients' difficult situations, and increased difficulties working out whose issues were whose. Trainees were seen to be struggling with the same issues as qualified therapists, along with particular sets of difficulties given their lack of clinical experience.

By definition, studies using psychotherapists from other orientations as participants were not primarily focused on elucidating unconscious dynamics, and necessarily paid less attention to the particularity of issues facing psychoanalytic psychotherapists around working with and in the transference and countertransference. While relevant and interesting, such studies do not pick up on some of the key struggles faced by those working psychoanalytically. However, there is also a growing body of work written by, for, and about psychoanalytic psychotherapists working through the pandemic. Building on the aforementioned earlier work on computer-mediated psychoanalysis and psychotherapy (Isaacs Russell, 2015) responses to questions from the *BJP* Editorial team were provided early in the pandemic (Isaacs Russell, 2020) and after the initial lockdown period had ended (Isaacs Russell, 2021). Written primarily based upon experiences of US clinicians, these captured a rich range of responses and concerns about the way in which psychoanalysts and psychotherapists have adapted their practice to online and telephone work. Sayers (2021) and Murdin (2021) have also contributed from the UK.

We have learned from these papers that while much is lost in the move from in-person to remote working, certain essential elements of psychotherapeutic work can be retained. We have all become more skilled in retrieving our professional and technical confidence over the months, restoring our ability to work in the transference and use our countertransference experiences despite the constraints placed on our work by the pandemic (Sayers, 2021; Kegerreis, 2020). We have identified certain advantages to online and telephone over in-person working. Patients who could not otherwise access therapy have found it possible to engage. Some similarities between telephone and in-person couch work have been noted, as in both, the therapist is not directly visible to the client and the relationship is almost exclusively limited to voice. (The parallel is not complete of course, as with the embodied presence of both therapist and patient there is so much more available to both parties, such as peripheral vision, shared perceptions, olfactory cues and postural shifts—which cannot be replicated on the phone.) Certain patients are able to be more spontaneous

and less inhibited under such circumstances than possible when present in person and are able to experience unconscious and infantile transference dynamics more keenly as the therapist is not seen or perhaps recognized as an embodied other.

On the other hand, Leader (2021) described how positive experiences of hope and togetherness early on in the pandemic gave way to ones that were more painful and corrosive. She emphasizes the emergence of psychotic aspects of people's minds that put 'increasing pressure on the containment provided by non-psychotic functioning'. Vivid clinical vignettes are provided, exploring her patients' experiences of lockdown which exacerbated existing anxieties, promoting more primitive and addictive defences. Emotional pain was experienced more keenly and projected more violently as patients sought someone to blame for their suffering. She talks compellingly of the different nature of silence when working online—'Silence appears to have lost its benign, vibrating potential, becoming ominous to the embodied vulnerable self' (2021, p. 9).

Most of these papers are based upon therapists' individual clinical experiences. Experiences described are supported and enriched by colleague and supervisee/supervisor stories. More rigorous research is only emerging now, which provide more objective explorations gained of how the pandemic has affected experienced psychoanalytic psychotherapists and their patients. For example, Békés *et al*. (2020) found from surveying therapists that they felt able to maintain as strong, authentic, and emotionally connected a presence online as in person. Of course, however well conducted, the depth, complexity and richness of therapists' multifaceted experiences of navigating this new way of working cannot be conveyed fully by surveys. Detailed descriptions are needed of experiences and the way in which meaning was formed through discussions in individual therapists' minds, but importantly, also over time and through their discussions together, in particular in the early part of the pandemic. This paper aims to provide such key descriptions through analysis of what emerged in the recordings of a series of discussion groups set up to explore their response to and experiences of managing such significant unplanned adaptations to their clinical work.

METHOD

At the start of the project, reflective groups were created by advertising for therapists who were members of the British Psychotherapy Foundation (BPF) to join a number of small reflective practice and discussion groups, advertised through the organization's membership via email. Psychotherapists who were interested in joining a reflective group were invited to an online meeting where the plans for holding a series of facilitated reflective groups and the aims of these groups were discussed, along with outlining and discussing the research elements of this project. Group members taking part in a reflective group were invited to consent to also take part as research participants, although this was not a requirement for participating in group discussions. Groups were informed that the group discussions would be recorded, and groups that did not want to be recorded were not included in the data.

For groups where consent to record was given, only the contributions made by group members who had consented to take part in the research were included as data for analysis, with the contributions of non-research participants omitted from the data sets.

Groups were informed that their discussions should adhere to the professional ethical guidelines of the organization, in that the identities of individual patients should be anonymized, although group membership was limited to qualified psychotherapists avoiding additional issues of confidentiality in relation to trainees. All psychotherapists expressing an interest in joining a reflective group were provided with an information sheet about the research project and a consent form. Potential participants were invited to give their signed consent either before or after the first reflective group meeting, giving them the opportunity to experience being in a group in order to fully consider their contribution as research participants.

Based upon numbers of psychotherapists who came forward, five reflective groups were formed, each with five or six members, although not all attended every meeting One member from each group acted as group coordinator and facilitator. Two of the authors, who are qualified psychotherapists, acted as group facilitators. Each group met for approximately 1.5 hours on a fairly regular basis, with time and date arranged by the respective group coordinator/facilitator in discussion with group members.

The groups met between four and six times between July 2020 and February 2021, providing a total of 25 reflective group recordings, across a total of 27 research participants (including two of the authors). Each recording was transcribed verbatim. All groups met over Zoom and all sessions were recorded. Some groups generated Zoom automated transcripts, which were edited for corrections and completeness, while other group discussions were transcribed manually. All transcripts were fully anonymized, and any defining characteristics of individual psychotherapists, patients or organizations were removed.

The transcripts were used as data for analysis using thematic analysis (Braun & Clarke, 2006). Transcripts were read and themes identified within each reflective group and across the set of transcripts. Provisional themes were then discussed by all the authors as a research team, and then shared with the facilitators of each group, who confirmed that the themes reflected the main topics discussed in their respective groups. Following this validation of themes, the themes were further refined to remove overlapping and related sub-themes.

RESULTS

Four principal themes were identified after analysis of the data, under an overarching theme of loss and survival. These principal themes were: difficulty holding the frame; reduced security and safety; challenged analytic technique; and altered relationship dynamics. Psychotherapists' experience of providing remote psychotherapy carried with it a tension between grappling with feeling the loss of the consulting room and the need to adapt customary ways of operating clinically which

required significant flexibility. This all took place in an atmosphere of threat to their professional survival. The pain of losing highly valued aspects of the psychoanalytic setting was recognized and required working through in order to ensure the survival of their clinical practice. This is reflective of the broader pandemic environment, where loss and survival pervaded everyone's experiences.

Difficulty Holding the Frame

A dominant experience and struggle for all the psychotherapists involved managing the loss of the frame. It was observed that this was no longer as clearly the responsibility of the psychotherapist, with a shift of control and responsibility for the setting onto the patient. The move from the physical reality of the consulting room to remote ways of working created considerable disruption, uncertainty and unpredictability for both psychotherapist and patient. Most of the psychotherapists commented on the speed of change and a sense of constantly playing catch-up with what was happening. As one psychotherapist said:

> 'So many issues [were] coming up thick and fast about the frame that you don't have time to stop and really analyse'.

The move to remote psychotherapy facilitated the retention of some sense of the psychotherapist as host of, for example, their online video platform account that replaced the consulting room. However, the absence of their embodied presence caused an inevitable change in the way that the psychotherapist and patient were present with one another. References were made, for example, to patients' (and psychotherapists') physical behaviour and mannerisms being hidden from view behind telephones and video cameras. The physical, geographical location of the patient (and indeed of the psychotherapist) was no longer known by the other. Bodily positions and physical movements or tensions were not always visible, and other important unknowns included the lack of an accurate sense of patients' height and size or gait, when new patients were seen, as one psychotherapist noted:

> In a room, they'd be seeing your shoes, you know everything, they'd be seeing the whole of you, and we would see what height they were, just what they were doing with their feet, we are missing all of that.

Psychotherapists also spoke about how the telephone- or computer-mediated session created a sense of portability which was unsettling. For example, patients could continue with sessions while on holiday. More generally, the psychotherapist got transported into the patient's location and world, which also brought aspects of patients' homes and environments into view. Sometimes psychotherapists were shown around the room or house, taken on walks in public parks and along beaches, or to supermarket carparks. Psychotherapists observed patients doing things they would not normally do in the consulting room, such as drinking something, eating or writing notes during sessions. It was also hard to assess or locate the meanings of forms of acting out (we will return to this below).

There was a general theme of unwanted intrusion as the physical world felt like it was 'crashing in on our internal worlds'. Frequent disturbances came from background noises and interruptions by family members, pets and knocks on the door by other people. Many experienced the necessary online technology as intrusive, from the therapist's name written on the screen when cameras are turned off and having one's own image visible to oneself throughout the session. Frequent reminders of the reliance upon technology came from repeated interruptions to telephone lines or internet connections and inadequate bandwidths. Psychotherapists felt that all this risked the introduction of a more conversational, supportive and performative, rather than psychoanalytic, stance.

> One therapist said: On screen, I just feel like it's much more of a performing element.
>
> Another therapist responded: Yeah, I agree. And when you're faced—I mean, I've tried now more to switch off my face so that I'm not self-conscious, because I check out my expression so much more than I would have … Talking to other people in this way, it's so weird to know what you look like in so much more detail … I monitored and adapted my expressions, at times, and now I get anxious, if I'm not doing that so much.

The analytic stance of anonymity, abstinence and neutrality was also compromised. Most notably via the observed casualization of the sessions, with more informal greetings at the start and checking in with a client's state of health. Demarcations between therapists' personal and professional lives became blurred by the shared experience of surviving the pandemic and all its losses. A typical comment to this effect was:

> I would also say that I couldn't separate my professional role as a psychotherapist, from what I've had to go through in lockdown which has been a great deal of loss and grief … And for most of the time I felt as if I was trying to survive.

Some psychotherapists observed how they brought themselves in more by, for example, engaging in a greeting at the start or checking in with health status. Also, some psychotherapists less familiar and confident with technical aspects of online working had to reveal their own uncertainty and rely on patients' greater facility in unprecedented ways. Some found this uncertainty and not knowing strangely liberating, perhaps the result of having to let go of some responsibility and their position as 'expert'. Psychotherapists observed how the realities of lockdown and self-isolation rules and having to repeatedly learn new ways of working put the familiar dependent psychotherapist–patient relationship 'on its head', to one that was more equal. Some commented on how patients became 'much more like adults', as some aspects of control shifted towards the patients, and greater permissiveness was accepted. For example, one psychotherapist reflected on an unusual, but beneficial, session:

> I have to say it's one of the reasons why I sort of have, maybe I'm being more permissive than some, but the session with the young woman in bed with Covid was such a therapeutic session if you like, that I wouldn't like to prohibit people from taking to their beds if that's where they need to be.

The end of the lockdown period created a new set of uncertainties. Social distancing and hygiene rules left many consulting rooms unusable, and the financial burden of renting rooms meant that some had been relinquished. Responding to rapidly changing legislation and health situations required acceptance of previously unthinkable communication between sessions. For many, the return to the consulting room, even though lockdown had ended, seemed to be suspended indefinitely with some deciding that they had now chosen to carry on working remotely.

Reduced Safety and Security

With the necessary changes to the frame, psychotherapists reported a reduced sense of security in their work, experiencing concerns over confidentiality, interruptions, and distractions outside of their control. Security was threatened by off-screen activities such as clients making notes, and the possible presence of others listening in to sessions. Sometimes patients seemed to act unthinkingly or perhaps even provocatively by multi-tasking or being in two 'places' at once, for example, by answering their front door during their telephone session. As a psychotherapist quoted below states, the boundaries of confidentiality became permeable as a result of 'floating in cyberspace', resulting in a greater need to trust patients, and patients to trust their therapists, to maintain boundaries.

> When we're just faces on our screen for our patients or clients, we haven't got a professional setting for them to kind of place us in, so they don't know what our boundaries are … We haven't offered them this room as a sort of enclosure. Then they get the idea of how permeable our confidentiality boundaries may be. It has a slightly different feel because they can't place us.

A number of patients expressed concerns over their psychotherapist being safe, frequently asking 'are you okay?'. This was interpreted by some therapists as a realistic and conscious concern for the psychotherapist's vulnerability in the context of a pandemic, while others understood it as a statement of need, as if to say, 'make sure you stick to the rules, because I need you', perhaps defending against fears and fantasies of illness and death. Concerns about risk and safety came into starker focus when it came to assessing potential new patients online. There was a sense that an assessment of psychiatric risk was much harder to do online. As one psychotherapist stated, the mediation of technology can 'distort or interfere with our capacity to kind of really get to know who we're dealing with'.

The shift post lockdown to returning into the consulting room bought issues related to safety and security into focus. For those psychotherapists who felt able and chose to return to the consulting room, adherence to new health and safety protocols made additional demands upon them that felt 'exhausting'. Strategies used to

minimize COVID-19 spread included patients bringing their own blankets and psychotherapists providing separate sheets or blankets for each patient. Often ambiguous covid-related rules left psychotherapists and patients feeling anxious about who was adhering to the rules, and what was at stake in those rules. Elements of risk and danger were brought squarely into the consulting room with rules around sanitizing and wearing face masks, providing concrete communication of the reality of being at risk in each other's presence.

> It is being in the concrete context of clinical material, I mean clinical as in medical, you know, the sanitizing, the gels, the sheets on the thing, for me it creates a dynamic I think of danger that I think is potentially, I don't know, difficult. Of course, it is the reality but for me I think it makes it concrete that you are a danger to each other, in the presence of one another. But I don't know how to—I'm still thinking it through.

Psychotherapists described how the frequently changing covid rules felt like dealing with 'inconsistent parents'. Some therapists wished to return to the consulting room, while others felt pressure from patients, and colleagues, to return, and others the pressure not to return. Psychotherapists were left unsure how to respond to concerns, tinging a sense of feeling 'like a heroine' if they returned and 'a narcissist' if they did not.

Challenged Analytic Technique

There were some reported variations in how patients responded to remote working. Some felt less free to talk online without the shared space of the consulting room, where a 'more textured togetherness' occurs and the rituals of entering and leaving consulting rooms get experienced. There was a sense that more could be shared without view of the psychotherapist's response. Other psychotherapists reported that some patients found virtual therapy more containing, perhaps in its capacity to disinhibit or to protect them from any perceived attacks.

From the psychotherapists' perspectives, there was an experience of loss of aspects of the analytic technique which were challenging to hold on to. Most notably was the experience of a loss of reverie and containment online as a result of the need to attend to other aspects in the environment (most often technology) and the risks of interruptions to the frame. As one psychotherapist states in a group discussion about another psychotherapist's experience with a patient:

> It is this thing of evenly suspended attention that allows us to have our own reverie and our own associations and to make some sense of what's going on between us and the patients. That is very hard to sustain, so, what your patient seems to say, 'you're not attending; you're not listening to my every word in the way that I want you to'. It is listening in a different way, which we would call the suspended attention. Openness to reverie and to unconscious communication; I think that it is the loss of that, that makes us perhaps feel we have to find some compensatory measure.

Working on the telephone helped some psychotherapists feel more anchored against the pull from multiple directions by more 'chaotic' patients, which gave them greater access to their reverie compared to past in-person experiences with such patients.

> I do miss seeing my patients, and actually do think that there's a benefit to doing the greeting at the beginning and end and then switching it [the camera] off. But one of the things that I found so helpful was to have that space without the visual … because I just feel it keeps my mind free. I think it's the only way that I can provide a sense of a container at times with some of my patients because they're all over in their thoughts, because I think were there to be the visuals as well, I think we'd be running around all over the place. So, I think for me that has been really helpful, although I do miss the face-to-face contact as well, but I think it's kept me anchored in a lot of ways.

The psychotherapists also found it harder to identify and observe possible acting out or acting in. For example, some reported patients calling in from their cars parked in public car parks. It was difficult to make meaningful assessments of whether this reflected the only private space the patient had access to, or whether it reflected their acting out. One psychotherapist spoke of having to deal with a patient who seemed to be simultaneously doing something else during their telephone sessions:

> I would start to hear and think that he was doing something else. And so, in the end it was hard to kind of say, you know, well 'what's happening there?', and he would just say that it was the line that cut out. And so, in the end I just, you know, say to him that, 'look I'm not sure that you really are doing what you're saying you're doing'.

The psychotherapists described how session material seemed harder for them (and the patients) to keep in mind and to recall. In particular, some psychotherapists found themselves taking more notes to help them remember session content, and others found themselves taking notes during sessions themselves, a practice they would never do in-person. While this was understood in part as an attempt to be attentive and to remember, therapists also reflected on possible emotional function to this, which was felt to be particularly important for one group, who spent some time discussing what was happening. One psychotherapist for example said:

> When you're on the phone with a patient, it feels a bit like you may be sitting in the dark with them and you might be groping around, but you might also be feeling the way through. I wondered about the process of writing these notes, that like it's a way of feeling your way through the dark.

Another psychotherapist also reflected on their notetaking:

> When I'm making notes on the phone it's because I don't think I'm offering as much as I ought to be offering. It comes from that sense of not being able to offer the whole experience. I would at least be doing something, you know

> … I think, with some patients, we might take notes to be more present. You know, to hold on more tightly to what they're telling us, and then others, it might be something quite defensive that's going on or quite protective or something.

Taking notes during online sessions was felt by some to perhaps help defend themselves against intense negative transferences and the difficult working through of attack and reparation and connecting with their countertransference feelings. For example, many of the psychotherapists reported feelings of loneliness in the absence of the physical presence of the patient. While traditionally felt to go against holding evenly suspended attention, use of reverie and listening to unconscious communications, making notes was posed as something that might helpfully be introduced.

Out of a need to keep going and to 'survive', some flexibility and creativity developed. For example, the psychotherapists found different ways of trying to keep patients attending, and innovative strategies for using the consulting room (for example, using air purifying machines and Perspex screens). Previously rigidly held views about the physical and analytical setting were challenged and loosened, surprising therapists with previously unexplored aspects of analytic technique, which open up a different possibility for both patient and therapist:

> We might now contemplate doing things that we would have thought were a bit wild, or a bit, you know, would be frowned on by our colleagues or whatever. But maybe now we've loosened up a bit. And the question is how. How loose is a 'good loose'?

However, as the above psychotherapist states, in needing to be flexible and creative, the boundary of what remained (and what was not) good analytic practice at times felt unclear and posed greater challenge to therapists' clinical practice.

Altered Relationship Dynamics

Changes to the frame, safety and security, and analytic technique had a significant impact on the analytic relationship dynamic. Lockdown and social distancing rules removed important embodied interpersonal experiences and ways of relating, recognized as important for working through intense transferences. Psychotherapists described how the loss of physical presence, eye contact, and the experience of talking to a disembodied voice mediated by technology, frequently left them feeling lonely and isolated.

The psychotherapists observed changes in the quality of the work and the psychotherapist–patient relationship dynamic. At first, there was a period of adaptation and finding ways to make things work, together. After some time, when it became apparent that the situation was not going to be temporary, there was a reported sense of life (for the psychotherapist and the patient) being 'on the shelf for a while' and 'in limbo'. Alongside this, the deadly, relentless and arduous losses, and feeling of oppression pervading the pandemic created a sense of 'a blanket of depression' descending on all, from which there seemed to be little respite.

Psychotherapists reported patients withdrawing into themselves. As one psychotherapist stated, 'mere survival feels under constant threat leaving many feeling helpless'. There was a prolonged sense of abnormality with little certainty about when there would be a full return to their 'normal' life and practice, leading in some cases to a general feeling of stuckness. One psychotherapist commented during a discussion group about their sense of despondency after a break and the prospect of entering a second period of lockdown:

> I felt a sense of a kind of despondency really; hoping the break might have offered some sort of glimpse into life as it was, and there's a sense of returning back into something, and it's not going to be like that in the next few months … So there's a sense of, a sense of despondency or stuckness that I've noticed, with some patients coming back questioning 'should I be continuing or not?'

The psychotherapists reported that over time, because of the depriving nature of lockdown, patients' negative transferences seemed to intensify. Without the therapists' physical demeanour and presence, negative transference interpretations required more careful management as they were often experienced as more persecutory.

> I find it much, much harder to bring those things [negative transferences, such as those seen in patients' acting out] into the open on the phone. I can't, with my voice and without my presence and my physical demeanour, I can't, you know, completely, most of the time this happens. Involuntarily you convey your goodwill, you convey your containing qualities, you know, saying something a bit difficult, but you're saying it on their behalf, while on the phone. You can so quickly become a fantasy persecutory object and you can't mitigate it without all the physical things that we instinctively do when we are in the room.

As the quotation above suggests, many psychotherapists felt that interpretations were difficult to provide without coming across as rejecting, critical or judgemental. Pandemic-driven physical distances between psychotherapist and patient were seen to inevitably increase the 'need to be a good object', and so there was greater difficulty working on things together, especially the negative.

The psychotherapists also reported on more explicit and complicated oedipal dynamics playing out, as one therapist reported:

> It's a very weird intrusive feeling that I've never had to bear before because … I'm in their physical space and [they're] completely uninhibited sometimes, [having their sessions wearing] their pyjamas in bed. Yeah, you know it's surreal, and strangely intimate.

Sessions took place in the presence of their families or pets, leading in some cases to intense feelings of jealousy from other people such as partners in patients' homes.

Furthermore, psychotherapists reported that normal in-person ranges of counter-transference experiences were harder to perceive and separate from transference experiences and pragmatic and necessary decisions taken in response to the pandemic and minimizing covid risk. As a result of these aspects, there was a sense of a reduced trust in the understanding and interpretation of unconscious communication and interpretation, as one psychotherapist described:

> Because we're working in the dark it's harder. It is Christopher Bollas who says 'trust the unconscious'. It feels a bit difficult to trust our unconscious to retain somehow, in our minds and bodies, the session. Maybe it's hard anyway, but maybe it's harder when you're kind of in the dark, with all these worries and being distracted by being in your own home.

Coronavirus became like a third object in the therapeutic relationship. Some psychotherapists had to grapple with opposing views and attitudes towards the virus and risk, and some described patients who seemed to deny their possible risk to infection. As one psychotherapist observed, the political 'prioritising of individual freedom over everything, including life and death' resulted in repeated denial of risk both in the broader society and with some patients. Managing and responding to such patients who denied their own COVID-19 transmission risk was something therapists very much struggled with.

CONCLUSIONS

> In every consulting-room, there ought to be two rather frightened people: the patient and the psychoanalyst. If they are not both frightened, one wonders why they are bothering to find out what everyone knows. (Bion, 1990, p. 74).

A prevailing difficulty during the pandemic was that there were indeed two frightened people, but they were frightened in a very different way than the one in Bion's mind when he spoke these words. They were both frightened of the very real external danger of the virus which at the time of the project—before vaccines and better treatment options—threatened extremely serious illness and death. They were legitimately frightened of meeting, not so much because of their capacity to disturb or wound each other emotionally, but because they could infect one another with a deadly disease. The concrete reality of the threat facing them both had a dual effect—it brought them closer together in their shared anxiety, while at the same time it rendered them less immediately available for the more unconscious and emotional work needed for psychoanalytic insight to emerge.

This project has enabled us to capture as it happened the impact of the sudden forced move to remote working for a large number of psychoanalytic psychotherapists. What has emerged is a portrait of dedicated professionals struggling to identify and hold onto the most valued and therapeutically significant aspects of psychoanalytic work, while at the same time working out how to manage without formerly valued aspects of the analytic frame. The findings from the project illustrate how deeply some of the losses were felt, and how much could be salvaged

despite the presence of such profoundly unknown futures. They also bring into focus the creativity and adaptability of the participants—many of whom were also able to identify positive elements discovered through the experiences of lockdown.

The picture that emerges from the data is unsurprisingly an extremely complex one. Working with the unconscious involves playing close attention to multiple sources of information, many of which are rendered invisible or much harder to identify when not in the same physical space. Psychotherapy is at its heart an intimate encounter, involving vulnerability for both patient and therapist, so the reduction (in many ways) in intimacy and the absence of physical vulnerability in remote working had a profound effect on the relationship. Concrete reality took a different role in the work and, particularly at the start of the pandemic, took its toll on the capacity to work with the deeper and more symbolic meaning of session material. It took time for psychotherapists to re-establish their professional confidence in the use of transference and countertransference phenomena, and to find a way back to taking up more robustly the psychoanalytic stance that is at the core of our approach.

The project had its research role but also made an important contribution to supporting therapists under unprecedented stress. At the start of the pandemic, psychotherapists were required to make quick and frequently solitary decisions, without the wider community of peers and other professionals including GPs or psychiatrists. In this sense the reflective groups themselves were experienced as an enormously helpful forum in which to share experiences, learn from each other, and not feel so alone.

Several of these reflective groups are still running. Some have transmuted into more familiar peer supervision groups, some have moved into discussions of the state of the psychotherapy profession, and some are still focusing on the issues around the impact of remote working and the return to the consulting room. That so many have continued is an indication of how highly valued they were during a time of enormous anxiety and isolation. Never has the capacity to come and think together been felt to be so precious, when reality-based fear and a drive towards concrete action had taken over our lives and threatened the unique focus on the unconscious and the transference/countertransference dynamics so central to psychoanalytic psychotherapy.

In the pandemic lockdown, many of our assumptions were challenged, and we lost a great deal, but on the other hand this huge experiment revealed what really matters in therapeutic practice, and we learned how to protect it and to restore our confidence in its value. As Isaacs Russell (2015) says, ‘every practising psychotherapist needs to decide whether and how to provide treatment at a distance, because some sort of remote treatment is here to stay, and we have to make it as useful as we can’. During the pandemic we had this forced upon us, but if we can learn from this experience, we can now make much better-informed decisions about whether, when and with whom we might still work remotely.

Psychoanalytic psychotherapy has been in many ways re-shaped by the experience of the pandemic, but its essence has survived and been strengthened by all we have discovered and explored together.

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