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Letter to the Editor
Carta al Editor

A Paradigm Change?
Entering the World of Online (Group) Therapy[1]

La introducción de la terapia (de grupo) en línea ¿estamos ante un cambio de paradigma?

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Moving from in-person to online therapy is quite a change. Now, more than ever, video-conference applications have cemented themselves as an important medium for group therapists to facilitate online groups. Transitioning from the office circle to the screen not only requires new knowledge and training for clinicians, but it also changes the way we think about therapy, self, relationships, intimacy, and human connectedness. This article highlights the main obstacles that exist when we work online with patients, especially in video communication and specifically with groups, and points out to some patients that might benefit better from this modality.

There are legal and ethical guidelines, such as not practicing across state borders in the USA (although lately, this rule has been flexed in some states) and complying with HIPPA standards, that must be first be considered. Additionally, it is important to protect the confidentially and safety of group members upon agreeing to participate in online communication and on-line groups.

Screen relations (Isaac Russell, 2015) reduces human connection from three to two dimensions. Because the therapeutic outcome depends mainly on the client-therapist relationship (the therapeutic alliance), it is important to explore whether this alliance exists online, search for what is missing in the online relationship and find ways to overcome it. Bordin (1979) analyzed three components composing the therapeutic alliance: 1. The therapist and client agree about the goals of therapy. 2. They also agree about the tasks (how to achieve these goals). 3. The quality of the relationship that develops in therapy. The first two factors (agreeing on the goals and tasks) can easily be achieved online by discussing the goals and tasks before beginning the group (usually, in the online first meeting or the intake). As for the question whether the same kind of relationships can be developed online as in-person, reviewing studies that measured therapeutic alliance in video conference meetings, Simpson and Reid (2014), found that “studies overwhelmingly supported the notion that therapeutic alliance can be developed in psychotherapy over video conference.” In a meta-analysis study Fernandez et. al (2021) concluded (p. 1535): “Substantial and significant improvement occurs from pre- to post-phases of Video Delivered Psychotherapy (VDP), this in turn differing negligibly from In-Person Psychotherapy treatment outcome. The VDP improvement is most pronounced when CBT is used, and when anxiety, depression, or PTSD are targeted, and it remains strong though attenuated by publication bias. Clinically, therapy is no less efficacious when delivered via videoconferencing than in-person.”

Ultimately, three main difficulties should be taken into consideration when shifting practice to the screen: 1. Losing control of the setting; 2. The disembodied environment; 3. The question of presence.

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LOSING CONTROL OF THE SETTING

The setting is a crucial aspect in dynamic and process-oriented therapy. The therapist's control over the setting and their consideration to how the office is decorated and set up, shows a clear message that the patients' needs are taken care of and creates a holding environment. Yet when moving to online therapy, therapists cannot take care of the environment anymore, as we do not control the environments from which the patients, or group members, connect.

To overcome this, simply instruct the group members to prepare a holding environment inducive to their concentration and privacy, such as preparing a quiet and empty room. If you meet with group members beforehand to bond, screen, and prepare them for the group (a common practice), continue doing it online, and use this meeting to clarify their responsibility for a safe environment. One possible result of shifting the responsibility to the client might be that we encourage more adult coping skills and less regression. It can be an advantage or a disadvantage depending on the point of view and the specific client.

THE DISEMBODIED ENVIRONMENT

The body-to-body interaction is important in any close relationship, including the therapeutic one. Theoreticians emphasize the importance of the body in human relationship and therapy through aspects such as brain-to-right brain communication and the unconscious influence that our bodies have on one another. Aspects such as eye-to-eye contact and smell, which are integral to the individual acknowledgement of and intimate to each group member, are lost in online therapy. So how do we regulate the other (and how do group members regulate one another) online?

Being online allows the face and facial expressions to be more easily recognizable now that we see people in close-up. Training ourselves to be attentive of group member's facial expressions allows us to gather more information than we could in our office. Actually, the body is *not* absent in online relations, since the therapist and the group members are still aware of our bodies. What's missing is the body-to-body communication. By adopting a more active approach, which is necessary in online-group therapy, encouraging the use of sensorimotor approaches amongst group members offers many creative ways to overcome the absence of body interaction in online therapy. This includes reporting body sensations and moving around the room according to the changing circumstances and needs

THE QUESTION OF PRESENCE AND IGNORING THE BACKGROUND

A therapist's presence is considered a very important therapeutic gift for a client. When applied to the therapeutic sense, it involves bringing one's whole self to the engagement with the client and being fully in the moment with and for the client, with little self-centered purpose or goal in mind (Geller & Greenberg, 2002; Craig, 1986). The therapists' presence is understood as the ultimate state of moment-by-moment receptivity and deep relational contact. It involves a *being* with the client rather than a *doing* to the client. Due to distractions and the screen barrier decreasing the therapists' presence, it is much more difficult to stay present online. However, if television presenters can pass the screen and transmit their presence through the ether, group therapists can learn to do so as well.

By using ourselves more, we can create and increase our presence with self-disclosure. The appropriate kind of self-disclosure and transparency is about the here- and-now, namely our feelings toward the group members and the group-as-a-whole. In addition, paying close attention to the facial expressions of group members can help us identify unexpressed frustration and dissatisfaction, especially about the group therapist's interventions. Taking responsibilities for mistakes and for empathic failures is another way of increasing the presence of the group therapist.

Not only must we consider the presence of therapist in junction to the group, but also outside of it as well. We tend to ignore events online that would never be ignored in our office. For example, it's almost impossible to ignore someone entering the room in which we lead our group versus when someone has passed behind one of the group members when they sit in front of the computer. No one would comment on it, including the group therapist. It is as if these background details become transparent to us. Special attention and training are needed to not ignore these events.

WHO CAN BENEFIT MORE FROM ONLINE THERAPY?

Some patients benefit MORE from remote treatment. Apparently, for patients who felt more overwhelmed when meeting the therapist and group members in the same room, the computer screen provided a barrier that makes them less anxious and allows them to make better use of therapy. In general, it seems that those patients were using an avoidant-dismissive attachment style, which helped them withdraw from being too emotionally invested in the therapeutic relationship. Patients with social anxiety disorders, some borderline personality disorders, and some who suffer from PTSD, feel more protected when we shift to online meetings. They become more self-disclosing, more communicative and less defensive online.

CONCLUSION

Leading online groups requires specific training and supervision. Just as it is not enough for a good individual therapist to become a group therapist, it is not enough for a good group therapist to become an online one.

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