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Connections between brief psychoanalytic psychotherapy and online psychotherapy

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Abstract

Clinical psychologists have struggled to keep up, within the scope of the provision of psychological services, with the advances that technology has promoted in the daily life of society. In this sense, this theoretical study, carried out through consultation with authors of clinical psychology linked to the legislation and recent national and international literature, presents theoretical and procedural principles of Brief Psychotherapy of Psychoanalytic Orientation (BPPO), reflecting on its application in online psychotherapy. Characteristics of the PBOP were pointed out (focus, limited objectives and time) and also indications (such as specifying the crisis situation that requires treatment). As for the BPPO interfaces and online psychotherapy, the latter has advantages as a clinical action: convenience, time saving and ease of service in transit. This study enabled the development of theoretical contribution of BPPO, expanding its constructs and the practice of online psychotherapy in a consistent manner and not just as an occasional option.

Keywords: online therapy; brief psychotherapy; psychoanalytic psychotherapy; psychology clinical; information technology.

CONEXÕES ENTRE PSICOTERAPIA BREVE PSICANALÍTICA E PSICOTERAPIA ON-LINE

Resumo

Psicólogos clínicos têm se esforçado para acompanhar, no âmbito da prestação de serviços psicológicos, os avanços que a tecnologia tem promovido no cotidiano da vida em sociedade. Nesse sentido, este estudo teórico, realizado por meio da consulta a autores da psicologia clínica articulados à legislação e à literatura nacional e internacional recente, apresenta princípios teóricos e procedimentais da Psicoterapia Breve de Orientação Psicanalítica (PBOP), refletindo sobre sua aplicação na psicoterapia *on-line*. Aponta-se características da PBOP (foco, objetivos e tempo limitados) e indicações (como a especificação da situação de crise que requer tratamento). Quanto às interfaces PBOP e psicoterapia *on-line*, esta última apresenta vantagens como ação clínica: comodidade, economia de tempo e facilidade de atendimento em trânsito. Assim, este estudo possibilitou o desenvolvimento do aporte teórico da PBOP, expandindo seus construtos e a prática da psicoterapia *on-line* de maneira consistente e não apenas como opção ocasional.

Palavras-chave: terapia on-line; psicoterapia breve; psicoterapia psicanalítica; psicologia clínica; tecnologia da informação e comunicação.

CONEXIONES ENTRE LA PSICOTERAPIA BREVE PSICOANALÍTICA Y LA PSICOTERAPIA EN LÍNEA

Resumen

Los psicólogos clínicos han monitoreado, dentro del alcance de la prestación de servicios psicológicos, los avances que la tecnología ha promovido en la vida cotidiana de la sociedad. Este estudio teórico realizado a través de consultas con autores de psicología clínica articulados con la legislación y la literatura reciente nacional y internacional, presenta los principios teóricos y de procedimiento de la Psicoterapia breve psicoanalítica (PBP), reflexionando sobre su aplicación en la psicoterapia en línea. Se señalaron las características de PBP (enfoque, objetivos y tiempo limitados) y indicaciones (como especificar la situación de crisis que requiere tratamiento). En cuanto a las interfaces, la psicoterapia en línea tiene ventajas como acción clínica: conveniencia, ahorro de tiempo y facilidad de servicio en tránsito. Este estudio permitió el desarrollo de la contribución teórica de PBP, expandiendo sus construcciones y la práctica de la psicoterapia en línea de manera consistente y no solo como una opción ocasional.

Palabras clave: terapia en línea; psicoterapia breve; psicoterapia psicoanalítica; psicología clínica; tecnología de la información.

1. Introduction

Since the regulation of the profession of psychologist in Brazil on August 27, 1962, the clinical area has been recognized as a significant field of professional knowledge and practice that aims to meet the needs of the population, at individual and collective levels, for greater well-being and mental health, which has been affected by various social transformations, requiring action from professionals who work in this field. Within these crossovers, it is necessary to question how the clinical psychologist can intervene in contemporary times based on the advances that technology has promoted in society's day-to-day life.

Considering Federal Council of Psychology Resolution nº 11/2018 (in Portuguese, *Conselho Federal de Psicologia* – CFP, 2018), which replaced CFP Resolution nº 11/2012 (CFP, 2012), with regard to the regulation and guidelines on the provision of psychological services online, that is, through Information and Communication Technologies (ICTs),we can see that Psychology has been striving to follow the demands of contemporary society, creating clinical care devices that meet social transformations, such as access to ICTs by the general population. In this sense, in

view of its effective character and the positive results obtained with online treatment (Pieta & Gomes, 2014), it has been observed that online psychotherapy, which until November 2018 was only allowed in the form of research, ceased to be object of study and gained legitimacy from the CFP (2018).

Furthermore, it has also been noted that the performance of Psychology with online care has been a promising alternative in times of crisis in collective health. An example is the pandemic of SARS-COV-2 corona virus, causing the Covid-19 disease – a new type of human corona virus (SARS-Cov-2) identified in 2019 in China, spreading to Brazil in 2020 – when psychologists were called to reinvent themselves, strengthen Psychology, and justify the need for this modality of psychological care to the general population. Thus, there is a temporary modification from face-to-face care to patients online, the beginning of care of new patients who are in social distancing or in isolation due to public health security measures to contain the spread of the virus, or even attention to health professionals and other areas that remain in circulation at the frontline of actions considered legally essential to preserve life. In order to regulate professional performance at this time, the CFP (2020) itself, through CFP Resolution No. 4, of March 26, 2020, encouraged this technological resource to be used in order to bring Psychology professionals closer to the real needs of people under any condition, considering the power of care and the therapeutic relationship through ICTs with clear regulations for such use.

Thus, it is understood that, with the updating and clarification of the ethical, scientific, and legal issues advocated by Psychology as a science and profession, several impasses were minimized regarding the feasibility of the practice of psychoterapy online and its benefits to patients (Pieta & Gomes, 2014; CFP, 2018). However, with regard to the performance of clinical psychologists based on a psychoanalytic perspective, one can question how professionals can ensure that the pillars of their clinical practice are maintained through the modality of online care.

This article aims to present the theoretical and procedural principles of Brief Psychoanalytic Psychotherapy Orientation (BPPO), reflecting on the possibility of its application in the context of online psychotherapy. This is a theoretical study, undertaken through consultation with expert authors of the BPPO, articulated with the legislation and the recent national and international literature in the area of online psychotherapy.

2. Brief Psychoanalytic Psychotherapy Orientation: characteristics and indications

BPPO is a technical modality dating from the beginning of the twentieth century, with the first influence coming from Sándor Ferenczi (1873-1933), a psychoanalyst and contemporary disciple of Sigmund Freud (1856-1939). The creation of such a treatment modality was based on the search for an active technique with direct intervention by the analyst in agreement with the analyzed subject (Gilliéron, 1986).

Together with Ferenczi, the main representatives who perfected Brief Psychotherapy (BP) were: Franz Alexander, Leopold Bellak and Leonard Small, Kurt Lewin, Habib DaVanloo, Peter Sifneos, David Malan, Michael Balint, J. Mann, Edmond Gilliéron, Lester Luborsky and Hans Herrmanstrupp (Gilliéron 1986; Hegenberg, 2010). Regarding the proposals of such professionals, Gilliéron (1986) points out that Bellak and Small chose a well-designed problem, that is, they focused on a demand to be worked on, considering the possibilities of achieving such goals in the treatment. Therefore, the therapist, guided by active interventions, that is, direct interventions in the treatment, initially conducted the treatment, considering affectivities and body language; and, after advances in the process, the patient also undertook the direction of treatment. Lewin presented a particular perspective on the etiology of neurotic disorders, with process planning and active performance of the therapist. Davanloo proposed a short-term psychodynamic psychotherapy with expanded focus and an extremely active posture of the therapist, confronting the patient's resistance. Malan pointed to selective attention on the part of the therapist, with the idea of a "focal psychotherapy" carried out the face to face. Sifneos prioritized the selection of patients for psychotherapy, : of short duration, but with no fixed date for termination and a more active therapist's posture. Lastly, Mann, developed an intervention model that had two or three 12-hour-long investigation interviews distributed according to the patient's problem, with a precise and, set end date, thus, working with the question of separation-individuation. In contrast, Lousanne's technique starts from initial interviews, after which an exact time length of treatment is set, carried out face-to-face, but through the rule of free association (Gilliéron, 1986).

As it can be seen, the paths to brief psychotherapy based on a psychoanalytic perspective are different, ranging from more active positions on the part of the

therapist, even confronting the patient and provoking hostile feelings, to the maintenance of the rule of free association, with attention to understanding the problem presented by the patient. On the other hand, we note that all of them contributed to the establishment of the central characteristics of BPPO based on their practices in different institutions, such as hospitals and university services in the area of health, highlighting the following aspects: establishment of focus (focal demand), treatment and objectives (limited and possible) that should be feasible in a given time foreseen for treatment allied to institutional issues.

By analyzing the socio-historical context of the emergence of BPPO, we noticed that changes in the provision of services to promote mental health influenced several psychoanalysts and psychoanalytic psychologists to question their actions and seek the (re) invention of strategies that meet institutional demands, aiming to reduce the waiting list for university and health services, such as polyclinics, and also to adjust the time for users' care. In addition, there was a need to adapt to economic possibilities in light of the lack of investment in health and in the expansion of psychotherapeutic care to the largest possible number of people with specific demands, such as neurological disorders and the abuse of alcohol and other drugs (Hegenberg, 2010).

At the same time, the profile of the public that has had access to psychological services has also changed, reaching the current reality that points to people who seek help at specific times or who do not always have an interest in long-term treatment. Therefore, it is important to highlight that BPPO "does not need to meet the social demand for superficiality; it can be brief in time and profound in its purposes" (Hegenberg, 2010, p. 79). This note is corroborated by the study by Chavooshi, Mohammadkhani, and Dolatshahi (2017), through which they proposed a short-term intensive psychodynamic psychotherapy treatment – with 16 sessions – and observed efficacy in reducing pain intensity, depression, and levels of anxiety and stress.

Regarding therapeutic indication, Hegenberg (2010) argues that the psychotherapist assigns subjective criteria, which are crossed by the peculiarities of their training, when performing an indication for BPPO or any other modality of psychotherapeutic care. To identify the indication to BPPO, it is important that the psychotherapist specifies the type and situation of the psychological crisis in order to identify the demand for treatment of the case.

It is thought that psychological crisis refers to a rupture in the process of subjectivation. Thus, according to Freud (2010), the subject begins to present significant weaknesses in the mechanisms of defense of the self, since, when this psychic instance suffers from intrapsychic conflicts, the human being becomes ill and what is unconscious, is recalculated and emerges as a symptom.

Regarding the types of psychological crises, Sá, Werlang, and Paranhos (2008) indicate that these can be accidental or circumstantial (marriage, unemployment or promotion at work, the loss or death of someone, a serious illness, situations of violence, catastrophic emergencies and/or natural disasters) or evolutionary (referring to growth, development and transition of life phases – pregnancy, childbirth, life cycles, menopause, sterility). Regarding the situation of the crisis, the subjects may: be in crisis and this "requires more time of psychotherapy because he will be questioning various aspects of his life" (Hegenberg, 2010, p. 83); be on the verge of a crisis, so "it is up to the therapist-patient pair to evaluate the client's possibilities to cross it or seek a return to previous equilibrium" (p. 83); or be out of the crisis, in this case "the focus revolves around the personality characteristics [...] linked to the conflict that motivates the consultation" (p. 83).

Thus, after taking all these aspects into consideration, the psychotherapist is able to focus on what will be worked on, that is, the current conflict. This process enables the subject to get an insight into the knowledge of his symptom, helps him to direct the treatment and prevent repetitive contents from acting as hoaxes, making it impossible to access the unconscious and making the therapeutic intervention impossible (Gilliéron, 1986).

Hegenberg (2010) points out that one of the psychotherapist's tasks during the initial interviews is to decide with the patient about the continuity or not of the brief psychotherapeutic process. To carry out this analysis, it is expected that the patient will be able to: understand the reason for his or her symptom, and decide whether or not he or she wants to start a long therapy, a brief therapy or to stop the therapy. In turn, the professional must have as criteria for analysis: the crisis (type and situation), the possibility of overcoming the crisis, focusing on the issue to be worked on, and to delimit the demand for analysis.

It is worth noting that demand differs from complaint, since the complaint concerns what the self feels and expresses through symptoms, becoming possible do identify it, since it takes on a more somatic character. On the other hand, the

demand is related to desire and anguish, so "to demand is to ask for something that one does not have, it is to demand or make a claim for something that we do not have" (Pisetta, 2008, p. 174). Threfore, it involves another subject, the psychotherapist, in the subject's process of seeking satisfaction and appeals to him for the resolution of his suffering.

> So, the patient comes to complain, protest about his castration, often even, identifying it in others, whom he sees as causing his problems. As we understand, this is a first moment of demand, a moment in which something must be given to the professional there, who is looked upon as the person who will be able to restore an old state of pleasure, where the conflict was appeased by the symptom (Pisetta, 2008, p. 174).

Thus, in order for the psychotherapist of brief interventions to identify the demand for analysis of the case, he/she must have a solid knowledge about personality in order to elaborate a psychoanalytic diagnosis that guides him/her in conducting the planning, execution and completion of the BPPO process.

Based on these considerations, it is considered that the BPPO, developed according to the proposals of Gilliéron (1986) and Hegenberg (2010), shares the psychoanalytic vertex - transference, interpretation, free association of the patient and the neutrality of the psychotherapist – maintaining the theoretical reference and treatment method, modifying only the framework. In this sense, BPPO excels by face-to-face interaction and temporal limitation in order to minimize the resistance and regression process, which favors the organization of the psyche (Hegenberg, 2010).

Thus, it is thought that such vertices are considered the pillars that support the psychoanalytic practice and can remain even in BPPO. On the other hand, it is understood that the psychotherapeutic process itself is an eminently collaborative clinical practice and, therefore, requires from the psychotherapist a more active posture in the therapeutic relationship than in the exercising of Psychoanalysis, as signaled by several classical authors of the BPPO (Gilliéron, 1986). In addition, the BPPO aims to strengthen the self, that is, the egoic functions, performing transferential interpretations for adaptive purposes and facilitating the understanding of the subject's life history, not centering on overcoming the subject's resistances

in order to deeply explore the unconscious, which differs from Psychoanalysis (Hegenberg, 2010).

With regard to indications for BPPO, it is noted that this type of clinical intervention is interesting in situations in which there is a limit in chronological time (change of city or country, performing a surgical procedure, an evaluation process – exam or contest), decisions that cannot be put off –(marriage or divorce, work proposal –), diagnosis of terminal disease, proximity to death, in the care of a couple or family or when there is disinterest in psychotherapy of an indeterminate duration. However, it is not indicated for patients who are presenting changes in the judgment of reality (Hegenberg, 2010).

Regarding the limited duration of the intervention, it is understood that the element that interlines and aligns the entire BPPO process is precisely temporality, considering the limit, management, termination and possible return of the patient after the completion of the BPPO process. About the time limit for treatment, it is usually considered to be one year. Hegenberg (2010, p. 30) recalls "that not all (incidentally, there are few) authors of BP propose a pre-established deadline at the beginning of therapy. Most let the time run, and are just aware that the duration of therapy will not be long", with the frequency, number of sessions and months being variable.

Following the assumptions of BPPO, Hegenberg (2010) considers it important to manage time throughout the process of planning and execution of treatment, and it is prudent to remind the patient when the end date approaches and to work on the theme of separation supported in the established transferential relationship. In addition, it warns that the psychotherapist should seek to abdicate from his narcissism in order not to compromise the termination of treatment because they have not yet achieved the desired therapeutic goals, as well as because they "need to believe in the patient's ability to elaborate after the end of therapy" (Hegenberg, 2010, p. 29) and its resonances in the subject's life.

This is because "[...] a clinical discharge does not only affect the patient, but, to the same extent, the therapist. This also revives primitive struggles and a loss is suffered, not only of an object invested in countertransferentially, but also of the real person, which is the patient" (Iankilevich, Lima, &Szobot, 2008, p. 146). However, the psychotherapist needs to consider whether there was success in the treatment and, therefore, the termination of the treatment is a discharge in

common agreement between the therapy duo; or if there is interference of internal factors (resistance, lack of establishment of a therapeutic bond, among others) and/or external factors (death of the psychotherapist or patient, financial, institutional, timetable problems, among others), so that he/she can evaluate the indicators of improvement of the clinical status of the subject.

Still, according to Iankilevich et al. (2008), it is possible that the patient returns after a previously agreed period to conduct follow up interviews, which aim to assess the maintenance of the changes obtained with the therapeutic process, which can occur in intervals, varying every three months. During this period, the patient evaluates the possibilities not only of completion, but of referral, such as making a new BPPO process or going through a long-term psychotherapeutic process.

3. Interfaces between brief psychotherapy and online psychotherapy

Having presented the main aspects that permeate the practice of PB, we begin to reflect on online psychotherapy and draw possible parallels between those practices. Thus, faced with the incorporation of some technologies in everyday life and the advent of ICTs, the population has increasingly sought the ease of access to psychological services in the comfort of their home. Rodrigues (2014) highlights that, from his research developed on therapeutic alliance in online BP, most of the users in therapy reported convenience, practicality, saving time and money, and ease of ongoing therapy (such as during trips), advantages of this modality of service. Convergent statements can also be made when considering the international context (Proudfoot et al., 2011). In addition, Belo (2020) highlights the advantage of being able to follow people up in situations of illness and in cases of social distancing, as has been his experience during the Covid-19 pandemic.

Magalhães, Bazoni, and Pereira (2019) also conducted a survey with psychotherapists who provide online services – who, at the time of the research, were restricted to online psychological guidance – and add that this modality of care is also advantageous to the psychotherapist himself, since the participants perceive less absences on the part of patients that were already receiving care in person and there is a change of city (either from the patient or from the therapist), for instance. In addition, the psychologist-participants highlighted that anonymity allows the patient to keep the information they divulge when they have psychotherapy

in secret, which is a way of dealing with the feeling of shame and the comfort of not being consulted by professionals from the same city – when they lived in small towns – avoiding speculation of third parties, such as family members and friends, understanding such a factor as something beneficial to patients.

However, the occurrence of problems or failures in the connection during the session interrupts or generates loss of observation of unconscious elements and restrictions in care in some cases, and are pointed out as disadvantages of this practice (Rodrigues, 2014; Chavooshi et al., 2017). Regarding the restrictions, it should be noted that, with the CFP Resolution number 11/2018, this scenario has already been modified and, thus, online psychotherapy without a limited number of sessions is now permitted, although it is a forbidden practice for the care of people and groups in emergencies and disasters and in situations of violation of rights or violence (CFP, 2018). Thus, it is worth reflecting on what the indications for online psychotherapy would be and it is believed that, in part, they comparable with the cases that Hegenberg (2010) signals as situations in which people could benefit from brief psychotherapy.

Still on the disadvantages of online psychotherapy, Magalhães et al. (2019) and Chavooshi et al. (2017) add as hindrances: the lack of touch (body contact), limitations of non-verbal communication in the apprehension of some aspects due to the limit of visual contact through the screen, difficulties of the therapeutic duo in terms of communication, such as the issuance of accurate or profound messages and manifestation of feelings, and fear that patients will not present their real identities. In this sense, with regard to the therapeutic process, it is noticed that, despite the physical distance, the psychotherapist can enter the intimacy of the subject even in the modalities of online care, especially when the process occurs through videoconferencing due to the ease of non-verbal communication in the relationship mediated by the internet.

On the theme, Rodrigues (2014, p. 88) states that "in affective terms, online attendance causes the same emotions, sensations and aspirations, similar fears and even frustrations similar to those of face-to-face care"; an element confirmed by Chavooshi et al.(2017), who conducted comparative research between a control group (face-to-face) and an experimental group (on-line modality).They developed short-term treatments once a week in the mode of individual psychotherapy via Skype with a duration of one hour, focusing on the emotional responses that emerged

during the process. This research showed that there is good reliability and validity in establishing a therapeutic bond and that there is no difference compared to face-to-face treatment. Furthermore, it showed that the dropout rate is negligible, when comparing face-to-face and on-line treatments, since both modalities include the risk of loss of contact with patients. Regarding the efficacy of brief psychodynamic psychotherapy through virtual means, Siqueira (2016) highlights the lack of randomized national and international studies that assess its scope. However, the author also points out the difference between the absence of evidence of efficacy with evidence of non-efficacy, and the latter does not exist in the literature either. The lack of consensus in the definitions, as well as the methodological heterogeneity of the studies conducted, have hindered the elaboration of a greater understanding of the subject both in the international context (Proudfoot et al., 2011) and in the national context (Pieta & Gomes, 2014; Siqueira, 2016).

Regarding the context of online psychotherapy, it is noteworthy that the articulations performed in this text are considering the type of virtual communication of a synchronous nature, since it is an interaction that occurs in real time, that is, without lapse in temporality, as it happens via telephone, chat or video call through platforms such as Google Meet, Skype, WhatsApp, among others. Therefore, it excludes asynchronous communication (exchange of emails, text messages or audios) because it considers that the temporal lapse existing in the latter has specific implications in the establishment of the framework, modifying the conditions of the therapeutic relationship and the clinical management to be adopted (Belo, 2020; Magalhães et al., 2019; Pieta & Gomes, 2014). Thus, in synchronous communication, there is real-time image and sound conduction, maintaining the quality of communication between the sender and the receiver of information and allowing the use of therapeutic resources essential to the therapeutic process, such as speech, dreams, failed acts, among others.

It is thought, therefore, that in online psychotherapy, there is a possibility of establishing the frame and the transferential relationship. For this, the psychotherapist would need to make use of clinical management, sustaining his/her function despite the patient's transgressions by assigning him/her other roles, such as mother or father and a friend, in order to maintain the invisible and unspeakable limits that bypass the therapeutic relationship, since "in the intersubjective relationship, the transference appears as a kind of transgression of

the framework, as an attempt to transform into a 'real relationship' a game relationship" (Gilliéron, 1986, p. 68). In addition, when reflecting on establishing a setting, it is necessary to consider that, in the online universe, there is the interference of an e-third.

> The e-third would be understood as an electronic object that could influence the relationship between the therapist and patient duo [...] the e-third is different from the concept of the analytic third (which aims to be conceptualized as an intersubjective space created by the duo), because although it can provide a space for reflection and observe the affective states of the patient, he/she can also promote fragmented and superficial interactions (Feijó, Silva, & Benetti, 2018, p. 251).

Therefore, it is up to the professional to sustain the framework in order to differentiate the intersubjective relationship between the subject and the psychotherapist from their other relationships and, consecutively, to enable the treatment from the access to the intrapsychic dynamics of the subject in question and the management of the rules that delimit the intersection between the virtual environment and the interactions that take place in that space. Such aspects are arranged transversally by the therapeutic contract, which:

> [...] refers to the conditions under which the Psychologist's service will be carried out. It represents, then, what the parties involved, by common agreement, have established and accepted, implying the definition of the objective, type of work to be performed, conditions for performing the service offered, and the agreement of the fees (Regional Council of Psychology of Paraná, 2018, pp. 77–78).

Regarding predictions in the therapeutic contract when offering an online psychological service, the Federal Council of Psychology, the Regional Councils of Psychology and the Working Group for Revision of Resolution number 11/2018 (Psychological Services Mediated by ICTs) (2018) recommend that this be done in writing and, when applicable to care offered to children and adolescents, treatment should be performed only by collecting the signature of at least one of the legal

guardians in an authorization document for the provision of the psychological service online. It is recommended that, in cases of litigation, the signatures of both persons responsible be collected.

Regarding the elaboration of the contract and the conduct of the therapeutic process, it is emphasized that, historically, the guiding aspects of BPPO helped psychoanalytic psychotherapists to conduct their practices when offering online psychological orientations. Since the previous legislation, –CFP Resolution No. 11/2012–, the continuity of services provided was limited to up to 20 virtual meetings and online psychotherapy was allowed only within the scope of scientific research. Thus, this question pointed to the need for professionals to increase their knowledge in order to adapt their practice to this type of service.

With the change in CFP Resolution No. 11/2018,which allows the practice of online psychotherapy without specifying a limit in the number of sessions, the panorama became favorable, since it was under the ethical and technical responsibility of the professional to make their therapeutic indication (whether BP or not) and to substantiate their practice in order to conduct the case for the appropriate mode. Thus, the psychologist gains autonomy to technically and therapeutically evaluate and plan the aspects linked to the termination of the interventional process, without having as a sole or sovereign criterion a limit of the duration of the process set by institutional regulations. However, it is noteworthy that the modification in the current legislation was based on the scientific advancement developed from research that proved the effectiveness and benefits of psychotherapy through the ICTs (Pieta & Gomes, 2014; Rodrigues, 2014; Feijó et al., 2018).

In this direction, several professionals are (re)considering their practice in order to incorporate ICTs into their work. For this to happen, knowledge and skills in the use of ICTs should be known, so that it does not create a negative impact on the patient (such as the promotion of resistance), leading to the treatment ending by abandonment, "as well as safeguarding the maintenance in their professional practice of the 'psychoanalytic tripod': personal analysis, theoretical seminars, and supervision of clinical cases" (Feijó et al., 2018, p. 251).

It is imperative to highlight that it is also permissible to carry out supervision virtually with more experienced professionals in the practice of virtual care (CFP, 2018). Belo (2020) is based on his practice on this point of view and states that it is possible to conduct teleanalysis and supervision, as well as to follow training

seminars through virtual platforms, such as YouTube. However, Feijó et al. (2018) states that psychologists who were participants in their research stated that they had not received professional training. Therefore, they point out that there is a lack of theoretical-technical hands-on experience in dealing with the implications of ICTs in their practices, when seeing a patient on-line or when using social networks as part of their daily life, for example: patients request "friendship" on Facebook or send messages via WhatsApp way too much.

Thus, it is noticed that professionals lack training on the management of ICTs in their clinical practice. In this sense, Pires (2015) also states that there is a shortage of articles with clinical reports of this practice mediated by ICTs and little access to similar data. Therefore, from his bibliographic research carried out in databases, he reiterates the call to the scientific community that develops this practice to disseminate its knowledge, answering a series of questions about the use of psychoanalytic techniques in treatments performed online. In order to do so, every category of psychologist should reflect on the quality of the presence of the psychotherapist that is provided, either in face-to-face or online modes, according to what Magalhães et al. (2019) proposes.

Therefore, this theoretical study sought to approximate the assumptions of BPPO to the online psychotherapeutic practice, presenting this crossover as a feasible and scientifically recognized form of treatment. This study corroborates that:

> It is important to emphasize that it is not prudent to demonize, nor idealize, the so-called "distance treatments". Attacking what is new, or adhering to novelty, simply because it is something new, means giving up a scientific attitude towards a mentally narrow stance based on prejudice (Pires, 2015, p. 20).

Finally, to understand and present the modality of BPPO as a clinical and health device is to address the "old" and the "new", it is to approach these environments temporally in a dialectical process of constant transformation that promotes adaptations; and the subject transforms and is transformed from physical, virtual, clinical and scientific encounters.

4. Final considerations

Psychology's trajectory was permeated by several fields of action that required the profession to be exercised with social commitment. With the advancement of technology and its incorporation into the day-to-day social life, the different forms of sociability, links, and exchanges have become significantly transformed, imposing the need to redefine the limits and possibilities of face-to-face and virtual relationships, something that extends to the field of psychotherapy in its online modality.

In order to offer effective services, it is considered that BPPO may present itself as a promising modality of effective clinical practice and adequate to the framework that is necessary for the virtual context. It is understood that BPPO demands the prior planning and performance of the psychotherapist in common agreement with the patient who seeks a modality of psychotherapeutic care of psychoanalytic orientation mediated by ICTs.

Thus, through this study, it was possible to trace the development of the theoretical contribution of BPPO, expanding and fine-tuning its constructs, articulating them to the practice of online psychotherapy in a consistent way, based on the notes of the advantages of this as a modality of clinical action, which, in our analysis, outweighs the disadvantages compared to face-to-face psychotherapy.

Therefore, it is suggested that research be carried out that contemplates peculiar and innovative psychotherapeutic practice, given CFP Resolution No. 11/2018, which allows the online psychotherapeutic practice and no longer just specific activities of psychological orientation. In addition, there is a lack of reflection on the adaptations in the professional practice arising from Covid-19 that demanded the change of framework from face-to-face psychotherapy to an online service. Thus, it is believed that an approximation of the set scenario is necessary, since there is no way to reject the implications of contemporaneity.

References

Belo, F. (2020). *Clínica psicanalítica on-line: Breves apontamentos sobre atendimento virtual*. São Paulo: Zagodoni.

Chavooshi, B., Mohammadkhani, P., & Dolatshahi, B. (2017). Telemedicine vs. in-person delivery of intensive short-term dynamic psychotherapy for patients with medically

unexplained pain: A 12-month randomized, controlled trial. *Journal of Telemedicine and Telecare*, *23*(1), 133–141. doi:10.1177/1357633X15627382

Conselho Federal de Psicologia (2012). Resolução nº 11, de 21 de junho de 2012. Brasília: CFP. Retrieved from https://site.cfp.org.br/wp-content/uploads/2012/07/Resoluxo_CFP_nx_011-12.pdf

Conselho Federal de Psicologia (2018). Resolução nº 11, de 11 de maio de 2018. Brasília: CFP. Retrieved from https://site.cfp.org.br/wp-content/uploads/2018/05/RESOLU%C3%87%C3%83O-N%C2%BA-11-DE-11-DE-MAIO-DE-2018.pdf

Conselho Federal de Psicologia (2020). Resolução nº 4, de 26 de março de 2020. Dispõe sobre a regulamentação de serviços psicológicos prestados por meio de Tecnologia da Informação e da Comunicação durante a pandemia do Covid-19. Brasília: CFP. Retrievedfromhttp://www.in.gov.br/en/web/dou/-/resolucao-n-4-de-26-de-marco-de-2020-250189333

Conselho Federal de Psicologia, Conselhos Regionais de Psicologia, & Grupo de Trabalho para Revisão da Resolução nº 11/2018 (Serviços Psicológicos Mediados por TICs) (2018). Resolução CFP 11/2018 comentada: Orientações sobre a prestação de serviços psicológicos por meio de tecnologia de informação e comunicação. Brasília: CFP. Retrieved from https://e-psi.cfp.org.br/wp-content/uploads/2018/11/Resolu%C3%A7%C3%A3o-Comentada-Documento-Final.pdf

Conselho Regional de Psicologia do Paraná (2018). *Caderno de orientações* (7a ed.). Curitiba: CRP-PR.

Feijó, L. P., Silva, N. B., & Benetti, S. P. da C. (2018). Experiência e formação profissional de psicoterapeutas psicanalíticos na utilização das tecnologias de informação e comunicação. *Psicologia: Ciência e Profissão*, *38*(2), 249–261. doi: 10.1590/1982-3703003032017

Freud, S. (2010). Mal-estar na civilização. In S. Freud, *O mal-estar na civilização, novas conferências introdutórias e outros textos (1930-1936)* (Obras psicológicas completas, Vol. 18). São Paulo: Companhia das letras. (Obra original publicada em 1930).

Gilliéron, E. (1986). *As psicoterapias breves*. Rio de Janeiro: Jorge Zahar.

Hegenberg, M. (2010). *Psicoterapia breve* (2a ed.). São Paulo: Casa do Psicólogo.

Iankilevich, E., Lima, A. F. B. S., & Szobot, C. M. (2008). Alta em psicoterapia de orientação psicodinâmica. In A. V. Cordioli (Org.), *Psicoterapias: Abordagens atuais* (3a ed, pp. 1381–148). Porto Alegre: Artmed.

Magalhães, L. T., Bazoni, A. C., & Pereira, F. N. (2019). Impressões de psicólogos clínicos acerca da orientação psicológica *online*. *Revista Brasileira de Psicoterapia*, *21*(1), 53–69. doi:10.5935/2318-0404.20190009

Pieta, M. A. M., & Gomes, W. B. (2014). Psicoterapia pela internet: Viável ou inviável? *Psicologia: Ciência e Profissão*, *34*(1), 18–31. doi: 10.1590/S1414-98932014000100003

Pires, A. C. J. (2015). Sobre os "tratamentos à distância" em psicoterapia de orientação analítica. *Revista Brasileira de Psicoterapia*, *17*(2), 11–21. Retrieved from http://rbp.celg.org.br/detalhe_artigo.asp?id=174

Pisetta, M. A. A. M. (2008). Angústia e demanda de análise: Reflexões sobre a psicanálise no hospital. *Boletim de Psicologia*, *58*(129), 171–183. Retrieved from http://pepsic.bvsalud.org/pdf/bolpsi/v58n129/v58n129a05.pdf

Proudfoot, J., Klein, B., Barak, A., Carlbring, P., Cuijpers, P., Lange, A., Ritterband, L., & Andersson, G. (2011). Establishing guidelines for executing and reporting internet intervention research. *Cognitive Behaviour Therapy*, *40*(2), 82–97. doi:10.1080/16506073.2011.573807

Rodrigues, C. G. (2014). *Aliança terapêutica na psicoterapia breve* online (Dissertação de mestrado, Universidade de Brasília, Brasília, DF, Brasil).

Sá, S. D., Werlang, B. S. G., & Paranhos, M. E. (2008). Intervenção em crise. *Revista Brasileira de Terapias Cognitivas*, *4*(1), 243–259. doi:10.5433/2236-6407.2019v10n3p243

Siqueira, C. C. A. (2016). *Eficácia das psicoterapias breves psicodinâmicas pela internet, por meio de videoconferência, no tratamento de adultos com transtorno depressivo maior: Revisão sistemática segundo modelo da Colaboração Cochrane* (Tese de doutorado, Universidade de São Paulo, São Paulo, SP, Brasil). Retrieved from https://teses.usp.br/teses/disponiveis/47/47133/tde-20032017-122017/publico/siqueira_do.pdf

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