Psychotherapy Research

ISSN: (Print) (Online) Journal homepage: www.tandfonline.com/journals/tpsr20

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To cite this article: Andrzej Werbart, Ulf Rådberg, Isa Holm, David Forsström & Anne H. Berman (2024) The meaning and feeling of the time and space between psychotherapy sessions and everyday life: Client experiences of transitions, Psychotherapy Research, 34:7, 899-912, DOI: 10.1080/10503307.2023.2274061

To link to this article: https://doi.org/10.1080/10503307.2023.2274061

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Psychotherapy Research, 2024
Vol. 34, No. 7, 899–912, https://doi.org/10.1080/10503307.2023.2274061

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RESEARCH ARTICLE

The meaning and feeling of the time and space between psychotherapy sessions and everyday life: Client experiences of transitions

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(Received 29 May 2023; revised 16 October 2023; accepted 17 October 2023)

Abstract
Objective To explore how clients in psychodynamic or psychoanalytic psychotherapy, conducted in the traditional in-person setting, experience the transitions in time and space between psychotherapy sessions and everyday life.
Method Twelve semi-structured interviews were analyzed with inductive experiential thematic analysis, focusing on how the participants experience and make sense of the phenomenon in focus.
Results The participants described therapy as a sheltered space where they could be open, vulnerable, receptive, and present. Approaching and leaving psychotherapy sessions, the participants established different behavioral patterns and routines dealing with their anxieties and resistances. In this in-between area, the participants could handle interconnections and differences between therapy and everyday life. Participants stressed the clinical impact of transitions: transitions affect both therapy and everyday life; disturbed transitions have an adverse impact; transitions are insufficiently addressed in therapy.
Conclusion Transitions between therapy and life appear to be an essential but seldom recognized part of the therapy process beyond the borders of therapy sessions. Implications of these findings for psychotherapy training and practice are discussed, and a tentative transtheoretical framework for further research is proposed.

Keywords: transitions; in-between area; psychotherapy frames; psychotherapy process; psychodynamic/psychoanalytic therapy; qualitative study

Clinical or methodological significance of this article: The transitions and the area in-between therapy and the outside world are important for both the psychotherapy process and daily functioning but are usually not sufficiently addressed in therapy. A better understanding of this phenomenon may allow therapists to be more sensitive to their clients' experiences on the threshold between therapy and daily life, and to promote the clients' integration of the therapeutic progress in their life. This knowledge needs to be incorporated in training programs and supervision, and more research is required when remote therapy is an increasingly used alternative to conventional treatment settings.

Introduction

Psychotherapy traditionally takes place in a physical space, a room, where the client shares their inner world with the therapist. Within this room, the client expects, and is expected, to share their innermost thoughts, frequently unvoiced, and sometimes uttered in words that surprise both client and therapist, when the "unthought known" emerges (Bollas,

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2018). When the client exits the therapy room, a transitional interval occurs, where the client passes from the intimate space of therapy to the outside world and its onslaught of impressions, emotions, thoughts, and bodily sensations. A similar transitional interval occurs when the client re-enters the therapy room for their next visit, opening up for renewed expression of emotions and thoughts accumulated in the time in-between the previous session and the new one. The therapy room is also both a geographical position and a space for social processes, relationships, and meaning (Rodgers, 2002). The therapy itself is surrounded by various traditions and rituals that contribute to giving the therapy a unique intrinsic value. The borderland between therapy sessions and everyday life is still an underexplored phenomenon. Crossing the usually invisible borders between being within the session and outside of the session seems to be made visible "only when they are missing, are blocked, or ceased to exist" (Bleger, 1967, p. 512). The incitements for the present study were experiences of this loss due to the forced shift to remote therapy setting during the COVID-19 pandemic. The boundaries between therapy and everyday life collapsed, and important rituals surrounding the therapy no longer took place (Ahlström et al., 2022; Isaacs Russell, 2021; Jackson-Wolf, 2021; Lokai et al., 2021; Rizq, 2020; von Below et al., 2023; Werbart et al., 2022; Wiener, 2021). This loss evoked a need to directly explore the significance of passages into and out of therapy in conventional in-person settings and of the temporal and spatial area between therapy and ordinary life.

In all forms of psychotherapy, therapeutic sessions are protected by various rules and boundaries, demarcating the treatment situation from the ordinary life, and opening for a spatial and temporal secure base to arise within sessions (Bondi & Fewell, 2003; Levy, 2021). This framework represents treatment continuity and stability (Punzi & Singer, 2018), and enables a safe haven from which the client can explore their own self (Levy, 2021). The space that arises within the boundaries of therapy is thus not only physical, but also imaginary and symbolic, and the surrounding boundaries are both spatial and personal (Bondi & Fewell, 2003). Indeed, the therapy room can be described as having a two-sided nature, as both a "laboratory" in which the client's material is observed and analyzed from the outside, and as a "field" that the client enters, where a unique relationship between client and therapist arises in its own affective landscape (Craciun, 2019).

According to Bleger (1967), the psychoanalytic frame functions as a "deposit" of the primitive psychic modes, a container actively maintained by the psychoanalyst as invariant, however allowing some flexibility, different for each patient-therapist dyad. Quinodoz (1992) regarded the psychoanalytic setting as an active container that interacts dynamically with the process, and Modell (1989) described the psychoanalytic setting as a container of multiple levels of reality and of both real and illusory/transferential relationships. Following the intersubjective tradition, Bass (2007) regarded the mutual co-construction of the psychoanalytic frame as an integral part of the treatment process.

Within the therapy space, an encoding of new ways of approaching and interpreting memories emerges, in the process of reconsolidation of memory that arguably takes place within a wide variety of psychotherapeutic modalities (Lane et al., 2015). The emotional arousal associated with the reconsolidation process stimulates new experiential learning, in the best of cases educing new ways of being that can be felt physically, emotionally, and cognitively (Thwaites et al., 2015). Although the therapy room and the client's everyday life can be described as separate places and contexts, an overall purpose of therapy is that the work that takes place within the therapy expands into the client's social everyday environment (Fonagy et al., 2019). Clients who were satisfied with their therapy described how they reached both increased insight and a sense of increased agency, and how this change spread to other areas of life (Nilsson et al., 2007).

To better understand how therapeutic experiences affect the clients' lives outside of therapy, psychotherapy research has sought to understand the processes that occur between therapy sessions, termed intersession processes (Quirk et al., 2018). Several studies have focused on how both clients and therapists continue to work with the therapeutic material between sessions. For clients, this process can either be intentional through different types of prescribed homework, or unintentional when reflected in spontaneous experiences between sessions, termed intersession experiences (Stewart & Schröder, 2015). Therapists, too, describe how they enter and leave the sessions themselves, and emphasize the importance of having their own personal therapy room, as it protects the essential breaks that occur between sessions (Punzi & Singer, 2018). Furthermore, both therapists and clients describe different kinds of intersessional experiences (James et al., 2022; Stewart & Schröder, 2015). One reported phenomenon is that both clients and therapists recreate conversations from the therapy, as a way of dealing with anxiety-filled situations (Stewart & Schröder, 2015). For therapists, this activity can be part of preparation for upcoming sessions (James et al., 2022). The imaginary conversations a therapist has between sessions

can be seen as a way to approach unconscious negative emotions, or process countertransference reactions (Arnd-Caddigan, 2013). Therapists have also emphasized the importance of the gaps and breaks that occur between sessions both to rest and to prepare for coming sessions (Punzi & Singer, 2018). Clients have also reported experiencing therapy sessions as more effective when therapists carried out an exercise in present moment awareness at the start of therapy sessions (Dunn et al., 2013). According to a recent scoping review (Gablonski et al., 2023), intersession experiences can be seen as internalized mental representations of therapy or therapist that are of central importance for therapeutic progress. However, there is still a large gap of knowledge in this area. This gap is even larger with regard to the client's experiences of approaching and leaving psychotherapy sessions and of the borderland in time and space between the sessions and everyday life.

Objective

The aim of the present study was to explore how clients in psychodynamic or psychoanalytic psychotherapy, conducted in the traditional in-person setting, experience and use the transitions in time and space between therapy sessions and everyday life. The selection of psychodynamic therapy (PDT) was dictated by an assumption that the phenomenon in focus is particularly salient in therapies with a less structured and more explorative approach. In psychoanalytic/psychodynamic theory and practice there is a strong focus on establishing and maintaining the therapeutic frame and setting, regarded as a protective container and a precondition for in-depth exploration of unconscious intrapsychic and interpersonal processes (Bass, 2007; Bleger, 1967; Busch, 1995; Modell, 1989; Quinodoz, 1992). Accordingly, the gap between ways of being in therapy session and in ordinary life might be assumed to be larger in PDT than in more structured and psychoeducational therapeutic modalities.

Method

Procedure

Recruitment was carried out by advertising on social media, by posters on the Uppsala University campus, and by spreading information to people who had experience as clients in psychotherapy. Consequently, snowball sampling (Naderifar et al., 2017; Sedgwick, 2013) was used. Potential participants signed up via an online link in an encrypted format where consent was given digitally. Subsequently, the participants were contacted via e-mail or phone to schedule an interview. Fourteen persons signed up, of which one could not be reached for further contact, and one declined participation. The recruitment process thus resulted in 12 participants.

Inclusion Criteria

The study had the following inclusion criteria: (1) having attended psychotherapy as a client for at least 10 sessions, at least once a week; (2) psychodynamic or psychoanalytic orientation in the therapy; (3) the therapy was conducted in a conventional in-person setting by a licensed psychologist or licensed psychotherapist; (4) the therapy was ongoing or was terminated less than two years ago; and (5) participants were 18 years of age or older when the therapy began. One participant was unsure of the type of therapy they had experienced. The interviewer explored this issue more closely during the interview and concluded that the participant had undergone psychodynamic psychotherapy.

Participants

Six women, four men, and two non-binary individuals were interviewed. The mean age of the participants was 40 years (range 23–64; $Mdn = 39.5$). Six of the respondents, all clients in psychotherapy, were psychology students, psychologists, or psychotherapists. Five of the participants spontaneously compared their experiences of transitions in in-person and remote therapy, and two participants made such a comparison between their experiences in PDT and CBT.

Interviews

In order to reach participants across the country, potential participants were offered the choice of in-person or remote interview. Eleven participants optioned for interviews via the Zoom platform and one preferred in-person interview. A semi-structured interview guide was tested in advance, resulting in minor revisions (see online supplementary material for the interview protocol). New follow-up questions were added along the way as the already conducted interviews raised the need for additional exploration. The audio-recorded interviews started with questions related to the participant's experiences of therapy, general questions about the relationship between therapy and everyday life, as well as more specific questions regarding the time before and after therapy sessions. The participants were invited to elaborate their answers and give concrete

examples. Participants who spontaneously described previous experiences of remote sessions were asked additional questions: How were the experiences of time and space between everyday life and therapy influenced by experiences of remote therapy? The second and third authors (UR and IH) conducted six interviews each. The mean length of the interviews was 68 min (range 32–105; *Mdn* = 55).

Qualitative Analysis

Data were analyzed applying Braun and Clarke's (2006, 2019) six-step procedure for inductive experiential thematic analysis, focusing on how the participants experience and make sense of the phenomenon in focus. This involved identifying and interpreting patterns in the participants' accounts and organizing these into themes. The first step involved transcribing the interviews ad verbatim. Each interviewer transcribed their own interviews. In step two, the interviewers exchanged their transcripts with each other and carried out initial coding of text passages. After coding half of the data material, the interviewers had a joint consensus meeting and discussed salient patterns and potential themes. Following this meeting, they coded the remaining six interviews. In step three, both interviewers worked together to gather together similar codes, thereby forming a thematic skeleton of several potential themes. These were in turn evaluated and merged into fewer more overarching themes. In step four, the emerging themes were scrutinized against the initial codes as well as the transcripts, and the themes were further delineated against each other. In step five, the themes were given comprehensive definitions and descriptive headings capturing the essence and boundaries of each theme. Step six involved the selection of illustrative quotes and writing presentation of the results. In reality, the analysis was a cyclical process back and forth between data, emerging themes, and accounting for results, involving repeated consensus meetings. Frequency of participants represented in each theme was categorized following the principles of Hill et al. (2005). Themes to which all or all but one participant contributed were labeled as *general*, themes to which at least half of the participants contributed were labeled as *typical*, and themes to which at least two participants contributed were labeled as *variant*.

Reflexivity

The researchers aimed at "reflexivity" (Braun & Clarke, 2019; Finlay, 2021), i.e., striving for critical self-awareness, revisiting the data analysis and the developing understanding, while paying attention to their preconceptions, preferences, and values. The interviews and preliminary data analysis were conducted by the second and third authors (UR and IH) as part of their master's thesis in a five-year psychology program (psychodynamic orientation), under supervision by the remaining authors who had a psychodynamic, psychoanalytic and/or existential orientation. Epistemologically, the present study is situated within the hermeneutic-phenomenological tradition (Ho et al., 2017) focusing on how people make sense of their lived world. At the same time, our position is that of critical realism (Bhaskar, 2008; Braun & Clarke, 2022), as we wanted to describe a phenomenon that was assumed to exist independently of the participants' or the researchers' knowledge of it. The incentive to this study came from clients' and therapists' reported experiences of loss of previously not noticed time and space between therapy sessions and everyday life. We expected that a study directly focusing on this phenomenon would reveal its significance for the clients, but also differences in how this could be used. We wanted to start without pre-determined definition of the object of our study and instead allow the participants to interpret the phenomenon in their own ways to allow a diversity of aspects to emerge. Both in the interviews and data analysis we tried to "bracket" our own understanding and preconceptions, striving for an attitude resembling that of a curious social anthropologist. Accordingly, the search for relevant literature on the borders of psychotherapy sessions and on intersession experiences was conducted first after finalizing the preliminary report.

The emerging themes were developed inductively, following data familiarization with an explorative approach, not guided by prior research or theory. The thematic analysis was conducted by two co-authors who exchanged materials with each other, reviewed each other's coding, and discussed the emerging themes in consensus meetings. To further increase the trustworthiness of the qualitative analysis and interpretation, three authors (AW, DF, and AHB) continuously audited the progress of the work. An essential part of these audits was questioning how our previous knowledge and ideas could influence data collection and analysis. However, following the "double hermeneutics" of human sciences (Giddens, 1987), the attitude of "not knowing" and adequate reflective distance to the study setting could only partially be achieved.

Results

The thematic analysis resulted in four overarching themes with 14 associated subthemes (Table I). All

overarching themes were represented by all participants and categorized as general. The participants described how they experienced therapy and everyday life as different realities. Furthermore, the temporal and spatial area between everyday life and therapy was described as important because it facilitates and enables the psychological movement in and out of therapy—the transitions. At the same time, the participants experienced that these transitions were not given enough attention by their therapists.

Table I. Themes, subthemes, frequencies of occurrence, and labels.

Theme	Frequency *N*	Frequency (%)	Label
1. The contexts of therapy and everyday life are both different and intertwined	12	100	General
1.1. Open and vulnerable—the client's changed role in therapy	9	75	Typical
1.2. Receptive and present—a particular psychological state	7	58	Typical
1.3. Therapy as a particular physical room demarcated from everyday life	7	58	Typical
1.4. Reciprocity between therapy and everyday life as interwoven contexts	9	75	Typical
2. Transitions enclose therapy sessions	12	100	General
2.1. Overlapping processes of approaching and leaving therapy sessions	12	100	General
2.2. Developing specific behaviors and routines surrounding the transitions	10	83	Typical
2.3. Anxiety and resistance connected with the emotionally and cognitively demanding process	8	66	Typical
2.4. The experience of transitions varies over time and situations	12	100	General
3. The in-between area in time and space	12	100	General
3.1. The in-between area facilitates the transitions	12	100	General
3.2. Transitions are not bound to temporal and spatial borders	6	50	Variant
3.3. The client regulates time and space	9	75	Typical
4. Clinical impact of transitions	12	100	General
4.1. Transitions affect both therapy and everyday life	10	83	Typical
4.2. Disturbed transitions have an adverse impact	9	75	Typical
4.3. Transitions are insufficiently addressed in therapy	8	66	Typical

Note. Frequencies of participants in each theme and subtheme (labeled following Hill et al., 2005): General = 11–12; Typical = 7–10; Variant = 2–6.

1. The Contexts of Therapy and Everyday Life are Both Different and Intertwined

All participants experienced that therapy differs from everyday life contexts. They described how they entered a particular state of mind and a role with specific rules and expectations—a different "way of being." The therapy room was experienced as more than just a room, as a "different world" and "dimension," characterized by specific frames with symbolic meaning which create regularity and a sense of security in therapy. Therapy and everyday life were also described as intertwined contexts where changes in the therapy had spillover effect on well-being as well as relationships.

1.1. Open and vulnerable—the client's changed role in therapy

Typically, the participants experienced how they step into a different role in therapy, characterized by being open, vulnerable, and being cared for, not having to pay attention to social conventions. They received undivided attention from the therapist and there was space to freely explore and share their inner life. The therapy relationship was perceived as a hierarchical distribution of power with the client giving up some control and the therapist being an authority or a parental figure.

> My experience is that the focus is on my experiences, thoughts, and feelings. There's an opportunity to associate, to think freely in a different way … But also to open up in a way that you can't do in ordinary situations. Usually I'm quite reticent, so for me it becomes a safety valve that doesn't exist in meetings with other people.

1.2. Receptive and present—a particular psychological state

Typically, the participants experienced how they entered a particular state of mind in therapy where they could shut out the rest of the world and reach a different kind of consciousness. They felt more receptive and present, motivated and responsible to face their difficulties. The psychological state was described as a "bubble" and ending the sessions could be experienced as awakening from "a dream": "In that room, there is so much happening to you, in some way … and it really like you sometimes wonder 'has it happened?' when you leave."

1.3. Therapy as a particular physical room demarcated from everyday life

Typically, the therapy room as a physical place was perceived as having both practical and symbolic meaning and as framing the experience of going in

therapy. The clear demarcation from everyday contexts facilitated a receptive state of mind. The regularity of visiting the same place with specific boundaries that someone else is responsible for contributed to the sense of security.

> When I entered the room, I shut out the outside world. I was really deep into the conversation, into my thoughts. It became a familiar, demarcated space. The same place, the same time, the same environment, the same person, where it felt so natural after a number of times to sit down in the chair.

1.4 Reciprocity between therapy and everyday life as interwoven contexts

Typically, participants experienced that therapy and everyday life were interwoven contexts where the therapeutic work and one's behaviors and relationships outside of therapy influenced each other. Therapy became a place for introspection, whereas the therapeutic work continued in everyday life. The insights they had gained in therapy affected their emotional state "in real life." After the sessions, the participants could experience being more focused and present but also more tired and vulnerable.

> I think it is generally easier to be in the world and to live when you are able both to relate to others and to stand out and set boundaries, "turn your back," as my psychotherapist said.

2. Transitions Enclose Therapy Sessions

The shift from everyday life to the particular "way of being" in therapy, and vice versa, was generally described as a kind of psychological transition necessary to enclose therapy sessions. The transitions were experienced as having an organic progression with a certain rhythm and intensity, influenced by multiple therapy and client factors, and as occurring on both conscious and unconscious levels. Behaviors and routines were developed to deal with the transitions. At the same time, the transitions were associated with resistance and anxiety.

2.1. Overlapping processes of approaching and leaving therapy sessions

Generally, the psychological movement between therapy and everyday life was experienced as a changeable and complex phenomenon, having an organic progression with a certain rhythm and intensity, and with boundaries less clear than the external physical boundaries surrounding therapy. According to the participants, the transitions consisted of overlapping processes of approaching and leaving therapy sessions, but also integrating the content of both frameworks. The participants described how they tried to put themselves in a certain mood before therapy and to prepare themselves on a cognitive level. After the sessions, they continued to process the content of the therapy and their insights, as well as give themselves space and time "to land" emotionally. While separating from the therapist as a physical person, they could carry the therapist within themselves as an internal object.

> Maybe the big difference is to somehow spread out and gather together, on the way in and on the way out, also opening up and closing down … begin to think in a casual way, but then there's something with the therapist and the dialogue continuing inside … at the same time but on different levels of consciousness.

2.2. Developing specific behaviors and routines surrounding the transitions

Typically, participants described how they developed different behaviors and routines surrounding the transitions. On a practical level, it is a matter of how to travel to the therapist's office, for example avoiding public transportation in order to be left alone, to have room for introspection and not to have to inhibit emotional expressions for social reasons. Different routines could also have symbolic meaning. For example, walking could symbolize leaving the therapy work behind, and music could deepen or facilitate emotional experiences. As time went on, these routines and rituals became important for the transitions, creating a familiarity and safety around the therapy.

> While I've been doing other things, I've come back to reality, so to speak. Just doing something else, putting my body in motion … and then I can go back to my everyday life. So it's like a part of the process for me.

2.3. Anxiety and resistance connected with the emotionally and cognitively demanding process

Typically, the participants experienced the transitions as associated with resistance and anxiety. Switching between different "ways of being" in therapy and everyday life was an exhausting and emotionally and cognitively demanding process. Transitions could also be associated with feelings of loneliness and vulnerability. Tolerance for this discomfort varied, and the participants coped with their anxieties in different ways. Some could approach and depart from the therapy psychologically despite anxiety whereas others actively

avoided this by not leaving time for transitions or by distracting themselves, which could have an inhibiting effect on their receptivity in therapy.

> Switching between being professional, skilled, and focused on the work you do, and then being a patient, it is difficult. And I think especially on the way to the therapy, there has been a lot of resistance and irritation.

2.4. The experience of transitions varies over time and situations

Generally, the participants described transitions as a complex phenomenon varying over time and situation as well as within and between individuals. How comfortable and time-consuming the transitions were experienced could depend on the participant's daily mood, the phase of therapy, or how challenging the therapy session had been. The therapists' behaviors and attitude, such as how they related to the client in the waiting room and how they started end-ended therapy sessions, could have disturbing or facilitating effects on the transitions. Therapy orientation seems to affect the contrast between the experienced "way of being" in therapy and in everyday life as well as the course of the transition. The two participants with experience of both CBT and PDT found the gaps between therapy sessions and everyday life to be smaller in CBT than in PDT; PDT sessions could leave the participant in what they described as a "deeper" psychological state.

> Let's say I've been working, then it's afternoon and I'm going to psychoanalysis. Then I have the whole working day and all sorts of things that have happened to me in my head. Once I get there, into the room and start talking, it can take a while before I am really there.

3. The In-Between Area in Time and Space

All participants described how a natural area in time and space emerged in between the contexts of therapy and everyday life. This in-between area provided room and time for the transitions and boundaries that marked differences between therapy and everyday life. At the same time, transitions were not bound to the temporospatial boundaries of the in-between area and could take place both in the participant's everyday context and in the therapy session. The in-between area was flexible and the participants themselves regulate it according to their needs.

3.1 The in-between area facilitates the transitions

Generally, the participants described how the physical journey to the therapy created a natural intersection in time and space between the therapy and everyday life. In this in-between area the participants could prepare themselves for and process afterwards the therapy sessions and take an observational position from which it is possible to reflect and focus on one's inner life. The physical journey to the therapy was experienced as a sequence of events—leaving one's daily occupation, traveling, the time in the waiting room, and entering the therapy room —and vice versa after the session.

> I felt that the transition was made easier by the fact that I got this time right after the sessions. If I had had to continue with my daily activities immediately afterwards, or do something else right up until the therapy session, this transition would have been much more difficult … Just that it is a movement, that I leave it behind me, physically. Then I leave it behind me in time, as well.

3.2. Transitions are not bound to temporal and spatial borders

As a variant, the participants experienced the psychological transitions as not limited to the external boundaries of time and space in the in-between area. The course of transition could begin and end outside the in-between area, when life was going on. The participants could start thinking about the therapy already in the morning, several hours before the therapy, or the opposite, they could get into a receptive state of mind only after some time into the therapy session. The transitions could also end within the limits of the in-between area, for example during the walk home after a therapy session.

> … it is in my mind really from the time I've done my morning routine. After that, I start to think "oh yeah, today is the therapy." … And when life resumes, so to speak, after the therapy, well, it takes a little longer, maybe a couple of hours or so.

3.3. The client regulates time and space

Typically, the participants described how the in-between area was flexible and how they regulated its temporal and spatial borders according to their needs, for example by taking a longer route home or walking more slowly to give themselves more time. They could choose to walk in a scenic and less crowded areas, stay a while in the waiting room or visit the guest toilet after the session.

> I like to take like an hour or so afterwards without anything planned. And sometimes if it has been very sorrowful or in other ways upsetting, or with a lot of anxiety, I can sit in the waiting room for maybe 10-15 minutes to cool down a bit … And it's like a break before going out into the world again.

4. Clinical Impact of Transitions

All participants experienced the transitions as important and contributing to more effective therapy work as well as everyday well-being. Disturbed transitions were experienced as painful in the moment, but also negative for both the therapy and everyday life in the long run. At the same time, the participants wanted the therapists to pay more attention to what was going on before and after sessions.

4.1. Transitions affect both therapy and everyday life

Typically, transitions were experienced as affecting effectiveness of therapy and everyday functioning. The participants experienced that having space to prepare for and process the therapy session increased their in-session receptivity and allowed them to consolidate important progress afterwards. Transitions gave them also room to deal with anxieties and resistances that might arise around the therapy, and to recover and separate themselves from the therapy session, enabling them to function again in everyday context.

> … you can be so skinless in therapy … I can't walk around and be red-eyed and crying, in town after therapy, or if I'm going to meet someone … You have to be able to do certain things too. That you have to work, for example, afterwards. Putting on the "work mask".

4.2. Disturbed transitions have an adverse impact

Typically, participants described how transitions could be disturbed and hindered, either by temporal and spatial limits or by blurring the boundaries of transitions. This could make transitions rapid or delayed, interrupted and fragmented, and therapy and everyday life less separated. Disturbed transitions were experienced as painful, anxiety-inducing, hindering receptivity in therapy sessions, and negatively affecting the participants' mood and everyday functioning. The therapist's lack of clarity about when therapy sessions began and ended was hindering transitions as well as the therapy work. In remote sessions, the in-between area shrunk, and the transitions became indistinct.

> I think it's catching up to me regardless. But it won't be as good transition, it will come out in other ways. It may catch up with me in the evening, or when I go to bed, that I think about certain things then instead.

4.3. Transitions are insufficiently addressed in therapy

Typically, the participants experienced that their therapists insufficiently addressed the transitions. They wished that the therapists would involve the transitions more in the therapy work, both by asking more about their experiences and by actively supporting continuing therapeutic work prior to and after the sessions. The participants also described how the therapist's office could have been designed differently to better facilitate transitions. Sterile-designed waiting rooms were perceived to be in sharp contrast with the participants' inner emotional state, increasing anxiety in transitions.

> Maybe my therapist could ask me … "how do you think it will feel to leave here" or "something you think you will think about during the week" … So that time doesn't just run out and that's it, I have to leave … That would have been helpful, I think. That there won't be this abrupt ending if there is something we have talked about that I am very ashamed of, maybe to help me regulate my shame a bit before I leave the room.

Discussion

According to the participants' experiences, the contexts of therapy and everyday life are both separate as different worlds and intertwined by reciprocal influences. They experienced their ways of being in psychodynamic therapy and in everyday life as different in terms of roles, psychological state, and physical location, as also indicated in previous qualitative studies (Göstas et al., 2013; Rodgers, 2002). Clients in psychodynamic psychotherapy usually describe the uniqueness of having a special place and a special kind of relationship (Lilliengren & Werbart, 2005). The clients' experiences of the differences and interconnections between the contexts of therapy and ordinary life seem to correspond to the psychoanalytic theory of the frame and setting (Bass, 2007; Bleger, 1967; Modell, 1989; Quinodoz, 1992). Unique for the present study was the finding of the importance and functions of the borderland between psychotherapy and daily routine, as reflected in the clients' subjective experiences. The transitions in time and space between psychotherapy sessions and everyday life appear to be an essential but seldom recognized part of the therapy process. Moving between these positions was described as often overwhelming and challenging, associated with a sense of loss of control. The participants described how therapy sessions could affect their state of mind and behavior in everyday life, creating preoccupation with the therapy, which could also include negative emotions. At the same time, these transitions were experienced as a precondition for the therapy work. The particular physical consulting room was described as providing a sense of security

and having a symbolic value for the participants, enabling to enter the particular state of mind necessary in therapy, and facilitating difficult conversations. Accordingly, a study of clinical psychologists' experiences of the consulting room revealed its meaning as a welcoming place for relational encounters and as important for their capacity to be attentive to their clients (Punzi & Singer, 2018). The facilitating and holding function of the consulting room was lost both for the clients and their therapists when shifting to remote sessions during the COVID-19 pandemic (Ahlström et al., 2022; Isaacs Russell, 2021; von Below et al., 2023; Werbart et al., 2022). This forced alternation of therapy setting highlighted the often-overlooked meaning and feeling of the time before and after psychotherapy sessions for the clients (Jackson-Wolf, 2021; Lokai et al., 2021; Rizq, 2020; Wiener, 2021).

The present study of the area in-between therapy and everyday life demonstrates differences and similarities between this phenomenon and the intersession experiences, which is a much wider notion. The transitions are primarily related to crossing the borders between therapy and everyday life when starting and ending therapy sessions, and do not include all therapy-related between-session experiences described by Quirk et al. (2018). On the other hand, both experiences of transitions and intersession processes may include the client's preparing for upcoming therapy session and managing lingering post-session affects and anxieties, as described in systematic reviews of therapists' and patients' intersession experiences (James et al., 2022; Stewart & Schröder, 2015), and in a scoping review of internalized representations of psychotherapy (Gablonski et al., 2023). The partial overlap between experiences of passing the borderline between therapy sessions and ordinary life—and the intersession experiences indicates that the transitions between therapy sessions and everyday life may be important not only in PDT but also in more structured therapeutic modalities, such as CBT. One participant in the present study expressed that the transitions "made the therapy more alive in everyday life." Hypothetically, positive experiences of transitions create better preconditions for continuing therapy work in everyday life, independently of the therapeutic approach, whereas disturbed transitions may have adverse impact on the intersession experiences.

The present study showed that the clients experienced transitions into and out of therapy as different, and that these experiences varied between individuals. The participants adapted transitions to their needs, for example of preparation for the therapy session and post-processing. They experienced the transitions as less challenging after a longer period in therapy or more frequent sessions. This can be an effect of habituation or of therapeutic progress, as the client becomes more able to cope with difficulties both in life and in treatment. Two of the participants with previous experiences of CBT expressed that the difference between the context and ways of being in therapy and in everyday life was larger in PDT. According to one of them, transference processes in PDT make the therapy relationship more different from everyday relationships. Their observations must be approached with caution, as we still lack empirical studies of the in-between area in different therapeutic approaches.

The present study supports conclusions from previous research that the area between therapy and everyday life facilitates the transitions for clients in PDT, whereas the absence of this in-between area makes transitions more difficult. From the clients' perspective, transitions are not bound to temporal and spatial borders, and they themselves regulate the time and space of the in-between area. Previously, Craciun (2019) described how markers in time and space, created by psychoanalytic therapists, both delimit and connect the place of therapy and everyday life. Our study supported the notion that the therapists had an important role in the transitions and the in-between area. For example, the therapist who welcomes the patient in the waiting room was described as being responsible for initiating the conversation. The relational dynamics was also experienced as changed at the end of therapy session when it was time to book a new appointment or to say goodbye. Accordingly, therapists have responsibility for facilitating transitions to and from therapy for their clients. It may be important for therapists to be aware of and to actively explore the role of the in-between area for their clients. Possibly this could reduce the feelings of being abandoned and left alone with their experiences after therapy sessions, occasionally reported by the participants in our study.

Another finding from our study was that the transitions affect both therapy and everyday life. Sufficient psychological preparation before the therapy session could contribute to a more focused therapy. Processing the session afterwards could help to consolidate insights from the therapy. Leaving the therapy session behind was experienced as necessary for well-being and functioning in everyday life. The transitions could be disturbed in various ways, negatively affecting both therapy and daily life. This risk was reduced when there were clear therapeutic boundaries, creating greater predictability around the start and end of each session. The participants expressed a wish that therapists would give more

attention to the transitions and related issues, to better support their clients when starting and ending therapy sessions and thus facilitating transitions. Accordingly, a need may arise to consider how the consulting room can be arranged to facilitate the clients' experiences of transitions.

Five of the participants with experience of teletherapy described how the blurred boundaries between therapy and everyday life made the transitions indistinct. Remote therapy is nowadays becoming an important alternative in healthcare. Our study raises questions about how far outside the therapeutic frames the therapist's responsibility extends in remote therapy. In principle, clients in remote therapy should be able to protect themselves the boundaries of therapy sessions and safeguard the in-between area. If the client is not physically traveling to the consulting room and there is no natural in-between area, it may be necessary to create their own markers around the time and room of remote sessions. This may include consciously putting work or studies aside for a while before the session, taking a break, and arranging a protected place at home or work. In our view, it is the therapist's responsibility to raise this issue with their clients in order to promote psychotherapy.

Tentative Transtheoretical Framework

The tradition of the exceptional meaning of passages between different "worlds" and ways of being is deeply rooted in the history of mankind. Janus was the two-faced Roman god of beginnings and endings, transitions, passages in time and space, entrances and exits, gates, doorways and thresholds, frames, and duality. His function was to protect the borders, and the passage of the borders, between the private sphere of the family home and the public sphere of the outer world, between what has already been, and what is to come, etc. The passages of significant thresholds are traditionally connected with specific rituals. The two faces of the therapeutic setting can be regarded as successors of the sheltered frames and passage rituals surrounding magical cures. Frank and Frank's (1991) study of commonalities for magical healing and contemporary psychotherapies indicates that the phenomenon of passing the borderland between therapy and daily life is common for all therapy modalities. However, the meaning and feeling of the time and space between psychotherapy sessions and everyday life may vary depending on the therapeutic approach. The tentative theoretical framework, presented here, is aimed at capturing characteristic features of the transitions, common to multiple therapeutic approaches.

Regardless of theoretical orientation, all therapeutic encounters do not arise in a vacuum but is surrounded by the client's coming and going, again and again. At the same time, the client also leaves and returns to the everyday context of life, again and again (Figure 1). The *transitions* are the psychological movement between different ways of being in therapy and everyday life and are performed by the clients themselves in a spatial and temporal context. Moving from one context to another includes rapprochement and a demarcation. At the same time, there is a kind of integration where the client carries content from one context to the other to some extent. The transitional process also has a certain tempo and intensity, which can differ between the transitions into and out of therapy as well as between individuals and therapeutic approaches. The *in-between area* encompasses the time and space between the borders of therapy session and the daily chores. In conventional in-person therapy, there is a natural in-between area during the journey to and from the therapy. In remote therapy, most of this natural in-between area is lost. The client can then arrange an in-between area by creating time and space on their own. The psychological transitions are facilitated by the in-between area and its markers but are not bound by its boundaries. In the in-between area, the client can be engaged in different *transitional behaviors* and rituals in order to facilitate the psychological transitions. These

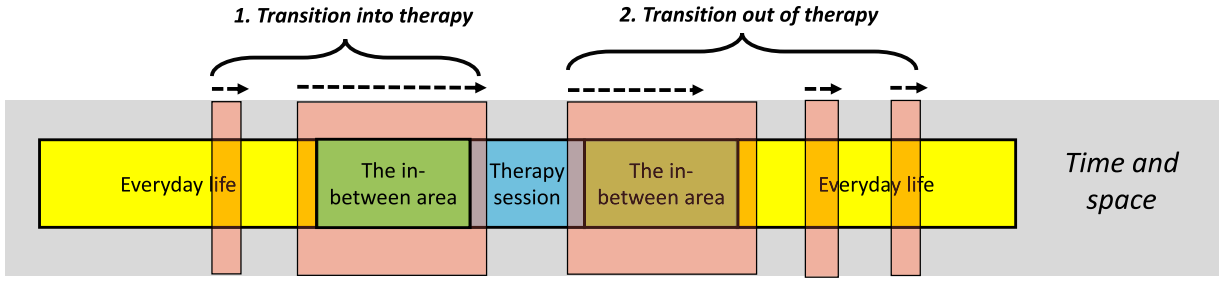

Figure 1. Tentative model of transitions into and out of therapy and the in-between area.

behaviors have different functions: they can be used to regulate time and space, to create more room and clearer boundaries between therapy and everyday life; but they are also linked to the clients' different ways of both preparing for and processing the therapy sessions. The in-between area can include distinct phases, for example, different stages of the journey to the consulting room or staying on the way at a café. These can act as physical or symbolic *transitional markers* that facilitate the transition by separating therapy from everyday life. Such markers can create a predictability and regularity and contribute to feeling secure during the therapy session. Our study revealed the clients' *transitional needs* of time, space, and clarity around transitions. When these needs are frustrated in different ways, it can be a painful experience negatively affecting both therapy and everyday life. Such events can be referred to as *transitional ruptures*, analogous to the concept of alliance ruptures. The transitions are associated with a natural resistance to making the psychological effort of shifting between everyday life and therapy that can be frightening and unpleasant in different ways. This *transitional resistance* can be regarded as an extension of resistances in therapy.

Implications

Our study makes visible the meaning and feeling for psychotherapy clients of passages between the spheres of therapy and daily life. According to the participants, the transitions affect both their therapies and everyday life, but they are not given enough attention in therapies. Knowledge of these phenomena has great relevance for therapeutic practice. The therapeutic frames, as well as the waiting and consulting rooms can be adapted to facilitate the transitions. In remote therapy, the therapist can encourage the client to arrange an in-between area with clear boundaries in time and space. The client's ways of managing the transitions can inform the therapist of the client's needs and difficulties, as well as progress and stalemates in therapy. Therapeutic work around the transitions can contribute to working through of the client's anxieties, shame, and feelings of vulnerability and abandonment. It can be argued that therapists have a responsibility not only for the therapeutic boundaries but also for the transitions of these boundaries. Knowledge of the transitions surrounding therapy sessions and of the functions of the in-between area needs to be included in psychotherapy training programs, continuing education, and supervision, regardless of the theoretical orientation.

Strengths, Limitations, and Further Research

The main strength of this study is an unprejudic and systematic exploration of the clients' experiences of a seldom acknowledged phenomenon on the threshold between therapy and daily life. The data collection and inductive thematic analysis followed specific steps taken to ensure reflexivity and openness to data, as described in the Method section. Still, the coding, forming of themes and presentation of results could inevitably be colored by our previous knowledge and theoretical framework. The sample size and the stepwise inclusion of new interviews allowed us to reach a point of saturation when no new themes emerged in the material. However, it is probable that not all facets of the phenomenon in focus could be captured (Hennink et al., 2017). Half of the participants were psychology students, psychologists, or psychotherapists, reporting on their own experiences of being psychotherapy clients. Thus, their accounts might be influenced by their experiences with their own clients. This could be a potential source of bias, but also enrich the understanding of the phenomenon in focus, following the two-way relationship, described by Giddens (1987) as "the double hermeneutics," when the findings of human sciences "enter constitutively into the world they describe" (p. 20). Still, due to the limited and skewed sample, the results should be interpreted with caution as an initial description of the phenomenon.

The study revealed that clients may experience anxiety and resistance in the transitions. In future research, it is clinically relevant to investigate how transitional resistance relates to resistance during the therapy sessions, how the transitions can be disrupted and how it affects the therapy work. The participants tended to experience the transitions as relational events of connecting to and separating from their therapist. One hypothesis for further research is that the transitions and in-between areas can have different meanings and be used differently depending on the client's personality characteristics and attachment style. Another area for further research is how the clients' experiences and use of transitions vary between different therapeutic approaches. The participants in our study reported that their therapists seldom addressed what happens on the threshold to and from therapy session. A study of how therapists approach their clients' experiences of the time and space between the sessions and daily life may contribute to development of therapeutic skills. As therapists too are starting and ending sessions and have access to an area in-between professional work and private life, their

experiences of this phenomenon may be a further research topic. Participants with previous experiences of remote therapy reported how the area in-between therapy and everyday life could be lost, hindering the transitions. As remote therapy and telemental health is an increasingly used alternative to conventional treatment settings (Lipschitz et al., 2022), there is a need for studying how the in-between area can be protected and the transitions made more distinct and easier to manage when using communication technology.

Funding

The present study is a part of the research project *Transitions to telepsychotherapy and ways back to the office, personality orientation and attachment style: Long-term effects of COVID-19 pandemic on provision of psychotherapy*, awarded by the Board of Human Science, Stockholm University, registration number SU FV-5.1.2-3314 -20, by the Fund for Psychoanalytic Research of the American Psychoanalytic Association, dated May 26, 2022, and by the International Psychoanalytical Association Research Grant, dated October 12, 2022.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

Ethics Statement

The study was approved by the Swedish Ethical Review Authority (18-02-2021, registration number 2020-06819; addendum 14-01-2022, registration number 2021-06358-02). Written informed consent was obtained from all participants. All collected material was processed confidentially in coded form. Data were handled and was stored following the European General Data Protection Regulation (GDPR).

Data Availability Statement

The interview data included in this article have not been made publicly available for ethical and privacy reasons.

Author Contributions Statement

AW was a project leader and principal investigator in the research project. AW and DF planned and designed the present study, continuously scrutinized the progress of the study, and were responsible together with AHB for the submitted manuscript. UR and IH participated in designing data collection and were responsible for recruiting the participants, acquisition of all the data included, primary analysis and interpretation of the data for the work, early drafting, and critical revision in the later stages of the work. AHB continuously scrutinized data analysis, interpretation of results, and early drafting, and contributed with critical revision in the later stages of the work. All authors have given final approval of the version to be published and agreed to be accountable for all aspects of the work.

Supplemental data

Supplemental data for this article can be accessed online at https://doi.org/10.1080/10503307.2023.2274061.

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