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RESEARCH ARTICLE

Experience of self-discovery and change in a psychodynamic internet delivered programme for university students experiencing low mood

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Abstract
Objective: Psychodynamic "talking" therapies have been adapted to be delivered over the internet, with remote guidance from a therapist. The aim of this study is to explore participants' experiences of change during an internet-delivered psychodynamic psychotherapy (iPDT), with findings discussed in the light of psychodynamic theory.
Method: Interviews were conducted with fifteen university students who had taken part in a 10-week therapist-supported iPDT programme for low mood. Data was analysed using Reflexive Thematic Analysis.
Results: Participants described several experiences which fit closely with the hypothesized change mechanisms for iPDT, including: increased capacity for self-observation, learning to directly feel and accept difficult emotions, coming to recognize and change maladaptive defences, making sense of how early experiences had contributed to the development of these defences, and experimenting with new ways of relating to others and self.
Conclusion: Overall, participants' experiences of change and self-discovery align with psychodynamic theory. This journey was described by many as an empowering yet challenging process.
  Trial registration: ClinicalTrials.gov identifier: NCT06133582.

Keywords: psychodynamic; internet intervention; depression; anxiety; mechanisms of change

Clinical or methodological significance of this article: This study sheds light on the change process in therapist-supported internet-delivered psychodynamic therapy (iPDT), identifying both mechanisms of change and barriers to change. These insights are valuable for therapists delivering iPDT programmes and may enable them to better support clients to bring about change. The findings also identify areas where the programme material could be improved.

Internet-Delivered Mental Health Interventions

The treatment of mental health difficulties is undergoing significant changes in the context of the development of internet technologies. Many models of "talking" therapy have been adapted to be delivered via the internet. "Internet-delivered interventions" (IDIs) are therapeutic programmes that are delivered

via a website or app (Johansson et al., 2013). IDIs often include webpages featuring text and videos providing psychoeducation content, as well as interactive reflective exercises or questionnaires. These programmes can be self-guided or therapist-guided. In therapist-guided IDIs, the therapist's role ranges from sending brief supportive messages via text or email, to providing detailed written feedback on

clients' reflective exercises or speaking with clients via telephone or video-call.

Whilst most IDIs are founded on Cognitive Behavioural Therapy (CBT) principles, there are interventions that take other approaches, including psychodynamic orientations (Lindegaard et al., 2020). Most psychodynamic IDIs are therapist-guided (Lindegaard et al., 2020). The evidence for specifically psychodynamic internet-delivered treatments (iPDT) suggests that they are effective, especially for the treatment of depression (Lindegaard et al., 2020) in both adult and adolescent populations (Mechler et al., 2022). However, despite growing evidence of the efficacy of iPDT programmes, there has been some debate about the extent to which psychodynamic therapy can "translate" to an internet-delivered format (Midgley et al., 2023; Papadima, 2023), and whether iPDT interventions operate through the same mechanisms as face-to-face psychodynamic therapy.

Barber and Sharpless (2015) highlight five key mechanisms which are thought to bring about change in psychodynamic therapy: gaining insight, increasing adaptive defences, decreasing rigidity, improving the quality of object relations, and increasing reflective functioning. These change processes are thought to facilitate "structural change" – change to the stable organizations of personality and habitual patterns that patients employ when dealing with problem areas (Juan et al., 2023). The therapist techniques generally thought to facilitate this process of change include: the analytic "attitude", transference focus, focus on affect, use of free association, exploration of wishes and phantasies, analysis of defences and resistance, interpretation and use of countertransference (Lemma, 2015). Similar change mechanisms are hypothesized to apply in brief psychodynamic therapies (Margison, 2021).

Whilst some of these change processes translate relatively easily to an internet-delivered format, others are more complicated. For example, a key component of psychodynamic therapy is the use of live and dynamic interactions between therapist and client in the room in order to work with transference and countertransference, yet this is less obviously possible in an internet-delivered format, when client and therapist never meet in person.

However, a number of studies have examined text-based interactions between therapists and clients in iPDT programmes, in order to identify psychodynamic change processes. Johansson et al. (2013) illustrates how therapists in iPDT use questions and interpretations – shared via asynchronous written messages – to help participants restructure defences, regulate anxiety, and fully experience their feelings. Maroti et al. (2022) described an iPDT intervention for somatic symptoms, in which clients complete an expressive writing exercise on the therapy platform. In a clinical vignette, Maroti illustrates how the therapist responds to the client's expressive writing exercise, encouraging the client to experience the impulses and physical sensations brought up by the exercise. In doing so, Maroti seeks to demonstrate how iPDT brings about change through deep emotional processing.

A small number of studies have used quantitative measures to identify mechanisms of change in iPDT through the statistical analysis of mediators or predictors (Leibovich et al., 2022; Lindqvist et al., 2023; Maroti et al., 2021; Mechler et al., 2020). A recent systematic review identified emotion regulation, emotion processing, and therapeutic alliance as potentially significant change mechanisms in therapist-guided iPDT (Mortimer et al., 2024). One study included in the review found that therapists' self-reported use of psychodynamic techniques during instant-messaging conversations with participants predicted reductions in depression symptoms the following week (Leibovich et al., 2022). This suggests that when the therapists supported participants to e.g. make connections between current feelings and past experiences, or talk about emotions they previously avoided, participants tended to feel less depressed.

Despite these interesting findings, identifying mechanisms of change via quantitative studies poses practical and methodological challenges, since large sample sizes and sophisticated statistical techniques are required (Mortimer et al., 2024). Furthermore, in quantitative studies potential change mechanisms must be identified a-priori in order that measures of the relevant variables are incorporated within the study design. This means that the studies cannot identify mechanisms that were not already hypothesized to be significant. This limits the opportunity to identify unexpected change mechanisms, or mechanisms that cannot easily be captured by quantitative measures.

In summary, whilst there is growing evidence that iPDT programmes are effective in the treatment of mental health difficulties, less is known about the processes through which iPDT creates change, and the extent to which these processes align with the theorized mechanisms of change in face-to-face psychodynamic therapy. To date, studies have attempted to examine change in iPDT through quantitative analysis of mediators or predictors of outcome, or through examining written communication between clients and therapists during iPDT programmes. Whilst interview studies have explored clients' general experience of iPDT programmes (Lindqvist et al., 2024; MacKean et al., 2023) we are not aware of any qualitative study that has specifically explored participants' experiences of change, seeking to understand how clients

experience and understand the change process, and the mechanisms they identify as important. This is a significant gap in the literature, since qualitative research has the potential to bring to light rich and complex narratives about change, and to identify unexpected change mechanisms which had not been anticipated.

Methods

The aim of this study is to explore participants' experiences of change during an iPDT programme, with findings then discussed in the light of theorised mechanisms of change.

This qualitative study was conducted as part of a wider mixed-methods study called "Mood Awareness: Psychotherapy Support" (MAPS). The MAPS study examined the acceptability and feasibility of an iPDT programme for university students experiencing symptoms of low mood. The findings of the MAPS study are in preparation for publication (Clinical-Trials.gov ID: NCT06133582). The present paper reports on interviews which were conducted with participants who took part in the intervention.

Ethical approval was granted by University College London Ethics Committee, ID: 26049/001. All participants provided written informed consent when enrolling in MAPS, and additional verbal consent was sought at the start of each interview.

The iPDT Programme

The iPDT programme is an adapted version of a treatment designed by Mechler and Lindqvist, which has been described in several publications, and evaluated for adolescent depression and adults with anxiety disorders (e.g. Lindqvist et al., 2020; Mechler et al., 2022, 2024a, 2024b). The reader is referred to these publications for a more detailed summary of the intervention.

The treatment is an affect-focused psychodynamic intervention organized around the central concept of Malan's Triangle of Conflict (1979). In this intervention, depressive symptoms are thought to occur due to maladaptive processing of mixed emotions in the context of important relationships. The overall aim is to decrease emotional avoidance and to increase awareness, experience, and adaptive expression of emotions (Mechler et al., 2024a).

It is a 10-week online programme, with 8 "modules", including psychoeducational content, interactive worksheets, and reflective exercises. The psychoeducational content explains Malan's Triangle of Conflict (in the programme, called "The Triangle of Feelings"), introduces common defences, and explains how maladaptive relational patterns from early life can be repeated. Interactive worksheets involve various exercises – for example, participants write about an emotionally difficult experience, and are supported to process difficult emotions associated with this memory which may have been outside of conscious awareness. The webpages provide lists of common defences and participants are encouraged to "tick" those they recognize in their own life; they are then supported to think about how these defences may have developed in response to lessons learned about emotions early in childhood. Further, there are exercises which prompt participants to recognize attachment patterns in close relationships, and again to connect these to early experiences with caregivers.

Each participant is assigned a therapeutic support worker (hereafter referred to as "TSW") who views their completed worksheets and reflective exercises, and sends them messages. The participant can also send messages to their TSW. In the present study, the participant and TSW communicate asynchronously through the intervention website, and no video calls or telephone calls take place between them.

In this study, TSWs were 8 female postgraduate students in their final year of study on a psychodynamic-oriented programme in the UK. None of the TSWs were clinically qualified, but all had experience of working clinically in mental health services in the UK. TSWs attended a one-day training with the intervention developers, and then took a test in which they practised responding to the kinds of messages that participants might send them during the intervention. All TSWs had to pass this test to be able to work on the study. TSWs received weekly group supervision throughout the intervention delivery.

Participants

Participants were university students recruited to the iPDT programme in November and December 2023, and treatment began in January 2024. Participants responded to recruitment emails which were distributed via university mailing lists, and to posters displayed within university buildings. No incentives were offered to participants, though they accessed the treatment programme free of charge.

In total, 46 participants took part in the pilot study, of whom 3 dropped out, leaving 43. At the time of screening, all participants scored 10 or above on the Quick Inventory of Depressive Symptomatology (QIDS) (Rush et al., 2003), indicating at least moderate symptoms of low mood. Participants were not required to have a formal diagnosis of depression.

At the end of the 10-week intervention, all 43 participants were invited to participate in an interview via a message sent to them on the therapy website

Table I. Participant demographic information.

Demographic characteristic	Interview participants, n = 15	Total sample of participants, n = 43
Gender	Female: 14 (93%) Male: 1 (7%)	Female: 35 (81%) Male: 6 (14%) Nonbinary: 2 (5%)
Age group	18–25: 8 (53%) 26–30: 3 (20%) 31+: 4 (27%)	18–25: 25 (63%) 26–30: 10 (23%) 31+: 8 (17%)
Ethnicity	Asian/Asian British: 5 (33%) White British/ English/Scottish/ Irish: 6 (40%) Other White Background: 3 (20%) Other Mixed or Multiple Ethnic Background: 1 (7%)	Asian/Asian British: 14 (33%) White British/ English/Scottish/ Irish: 16 (37%) Other White Background: 10 (23%) Other Mixed or Multiple Ethnic Background: 2 (5%) Other Ethnic Background: 1 (2%)

[see supplementary material]. 18 participants responded to this message; of these, 3 then stopped responding so it was not possible to arrange the interview. The remaining 15 completed an interview. This represents approximately one third of the total number of participants. Demographic information for the 15 participants who completed an interview is displayed in Table I, alongside demographic data for the total sample of 43 participants who took part in the iPDT intervention. The interview group is broadly representative of the total group on most demographic variables. However, only one male participant, and no non-binary participants, were interviewed. Furthermore, all participants who were interviewed experienced a reduction in depression symptoms between baseline and follow-up, as measured by the QIDS. This suggests that the sample may over-represent participants who experienced overall improvement.

Interview Process

Interviews took place in April 2024, using Microsoft Teams video conferencing platform. Interview duration was between 20 and 110 min. Interviews were recorded and transcribed verbatim. After transcription, recordings were deleted. All interviews were conducted by the first author (RM).

Interviews were semi-structured and followed an interview guide [see supplementary material]. The interview guide focussed on "experiences of self-discovery" as an organizing concept. "Self-discovery" was selected as a focus of the interviews to facilitate rich, reflective narratives about change in iPDT; but the interview was conducted in such a way that left open whether participants did experience the intervention in terms of "self-discovery" or not. While the concept of self-discovery, or self-awareness, is associated with psychodynamic theory, it is ultimately a transtheoretical construct—broad enough to encompass a wide range of experiences, including those that may fall outside a strictly psychodynamic framework (Gorlin & Békés, 2021).

Data Analysis

Interview transcripts were analysed using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2019; 2021). RTA is a qualitative research method for identifying, analysing, and interpreting patterns of meaning (themes) within data, grounded in the researcher's reflective engagement with the material. The method involves six phases: familiarisation with the data, generating initial codes, constructing themes, reviewing themes, defining and naming themes, and producing the report. However, these steps are "not a linear recipe but a guide—analysis is recursive, and researchers move back and forth between the different phases" (Braun & Clarke, 2021, p. 343). Further, RTA welcomes the subjectivity of the researcher and seeks to use this as a resource rather than a barrier.

RTA is "theory-neutral", meaning it can be applied flexibly within a range of theoretical frameworks; therefore, it is important to explicitly state one's epistemological position (Braun & Clarke, 2019). The present analysis adopts a critical realist epistemology (Pilgrim, 2020). Critical realism holds that there is an (inner and outer) world that exists separately to what we think or know of it. The way we make sense of that world is through language and concepts, which are also real and can have causal impacts on the world. Critical realism assumes judgemental rationality, whereby researchers can evaluate and compare different theoretical explanations and identify theories which most accurately represent the "real world" (Bhaskar, 2009; Stutchbury, 2021). Critical realism is therefore appropriate for research which seeks to consider underlying mechanisms of change, whilst recognizing that this can only be studied indirectly through the exploration of experiences and events.

RTA can accommodate analysis of both semantic and latent meanings in the data and is appropriate for both inductive and deductive orientations (Braun & Clarke, 2006). RTA is therefore

appropriate for the present study, which seeks to understand the interview data both from the bottom up, centreing participants' experiences, but also from the top down, keeping in mind the theory that underpins the intervention. The analysis is based on participants' reports of their experiences, whilst recognizing that participants may not be consciously aware of all aspects of their experience. Therefore, the analysis of the transcripts seeks to "listen for" both latent and semantic meanings.

The 15 interviews were transcribed verbatim, and each was read at least twice as part of a process of data familiarization. A brief paragraph "summary" of each interview was composed, reflecting what seemed to be the "overall" message of the interview – these summaries were read alongside each other, taking a broad view of the ideas across all interviews. After this, each interview was read again in detail, and excerpts of text which felt relevant to the research question were copied into a document, and these were gradually organized into codes. This was an iterative process, moving back and forth between transcripts, codes, and overall summaries. Quotes were then grouped together into sub-themes that captured a shared idea. These sub-themes were then grouped together in various ways to form the overall themes. The data analysis was conducted by the first author, and initial codes and themes revised after an iterative process of discussion and review between all authors.

Brief Reflective Statement

In keeping with RTA, it is important to reflect on one's own role, biases, and motivations when conducting research. In doing so I will shift to the first person. I (the first author) am a final year trainee clinical psychologist on a pluralistic programme of study, and so I am familiar with – but not an expert in – the theory and practice of a number of therapeutic modalities including PDT and CBT. I have worked at various times as a TSW, supervisor, and researcher on studies examining this iPDT programme. From my experience of working as a TSW and supervisor of iPDT, I have come to "believe in" the power of this programme to create change, and I am most curious not about "whether" it works but rather about how it works, and for whom. I have a good understanding of the theory underlying the intervention, and a detailed knowledge of the intervention material itself, so I notice that I am drawn to seeing participants' narratives through the lens of this theory. Since I cannot "unknow" the theory, I seek to use it to enhance my interpretation of participants' narratives.

Table II. Themes and subthemes.

Theme	Subtheme
1. Preconditions for Discovery	1a. Readiness to go "deep diving"
	1b. Navigating commitment and ambivalence
2. Self Discovery	2a. Making connections with the past
	2b. A new relationship with emotions
	2c. A new relationship with oneself
3. The Process of Discovery	3a. The concepts and framework to make sense of distress
	3b. Writing as sense-making
	3c. The TSW scaffolded self-discoveries
	3d. Challenging yet rewarding
	3e. The TSW created a safe space
4. Discovery in Action	4a. Noticing and changing defences
	4b. Making changes in relationships

Findings

The findings are organized around the themes and subthemes, listed in Table II. Theme titles reflect different aspects of the experience of change described by participants, and sub-themes aim to capture and present nuance and complexity within each theme. The names of the themes and sub-themes are not quotes from participants.

The first theme, preconditions, seeks to capture ideas about readiness, ambivalence, and factors that make it more or less possible for participants to make use of the iPDT intervention. The second theme brings together ideas about change as coming to understand or better known oneself. The third theme captures the process of discovery – both how it happened and how it felt. Finally, the fourth theme reflects stories about actively making changes as a result of new understandings about oneself. Relatively long quotes are included, in order to avoid simplifying the rich and complex accounts of change that participants shared.

Discussion of barriers and facilitators of change are woven throughout the findings presented in relation to all themes, rather than presented as a standalone theme. However, for clarity, the main barriers and facilitators are depicted in Table III.

Theme 1: Preconditions for Discovery

Readiness to go "deep diving". Participants spoke about their expectations at the outset of the programme. Some described being motivated to fix their problems, feeling desperate, or wanting to get to the root of their difficulties. These participants were most willing to dedicate time to MAPS, and to invest in the journey, even when it was

Table III. Facilitators and barriers to change.

Facilitators	Barriers
Feeling ready and able to start building a relationship with one's therapist – this made it possible to ask one's therapist for help and allow them to create a containing space	Feeling uncomfortable opening up to one's therapist – this meant that the therapist couldn't help with understanding the chapter content or prompting further reflection
Feeling curiosity about one's difficulties and wanting to "go deep" – to embark on, or continue with, a journey of self-discovery	Feeling too scared to make changes to relationships at the moment, sometimes due to current context (e.g. living with parents)
Feeling motivated, or desperate, to change – this led to willingness to invest energy and time in iPDT, to tolerate discomfort, and take risks	Feeling afraid that "unpacking" one's difficulties could lead to falling apart completely, and afraid that one wouldn't be able to cope with or recover from this
	Believing that a "light touch" therapy would be sufficient to create the required change
	Feeling sure that iPDT wouldn't "work", so investing in it would be a waste of time, or would lead to disappointment
	Finding therapy too distressing or overwhelming

uncomfortable. Some described already being on a journey of developing self-awareness and wanting to continue this.

P6: In the past year I'd also become a lot more kind of self-aware and kind of where my underlying problems were coming from. And I thought I wanted to continue doing it in some way, and I thought, why not try this? It seems to have the same aims as me.

In contrast, a few participants spoke about wanting a therapy that would be surface level, more akin to ice skating than deep diving. These participants explained that they chose an online programme because this would be a "light" version of therapy, one that would provide some useful advice for dealing with difficulties, but did not involve a large commitment, nor the building of a significant relationship with a TSW.

Participants had various reasons for desiring a surface level therapy. Some spoke about the discomfort of opening up to a TSW, which meant that they didn't feel able to contact their TSW and ask questions about the therapy content or to seek support. Some expressed a belief that therapy could never work so it was not worth investing in. Others spoke about fearing that they might fall apart if they were

to really open up in MAPS, and expressed fear that they would not be able to cope with this, or that they did not feel confident that they could be put back together again. Therefore, it felt too unsafe to deep dive.

P13: I think a big part of it is like trying to keep everything sort of together and afloat and it's, you know, risking just springing a leak and then everything will shatter and fall apart. So that's sort of like trying to share and do the work and go through [MAPS] without sort of breaking the balance and just shattering the whole thing completely because actually I don't have a person that'll be picking up the pieces. So yeah, it was trying to sort of get away with doing little fixes.

Navigating commitment and ambivalence. Having sufficient time available in one's week was identified as important for being able to get the most out of the programme. Whilst almost all participants spoke about MAPS being time-consuming, those who were very motivated often made time alongside other life commitments:

P10: I work four days a week and I go to university the other three. So I tend to not have a lot of time to go through the modules [...] Sometimes I did it at 11:00 PM just before going to bed, but I still did it because I thought it was working for me.

For those who wanted a surface level therapy, some spoke about being very boundaried about their engagement with MAPS – for example, one participant explained that because she studies part time and works part time, she only logged into MAPS on her study days. This meant that there was a time lag between when her TSW would write to her and when she would see the response. She described this as unhelpful since by the time she received the message, the moment would have passed, and as a result she stopped engaging with the TSW through messages. However, she did not make the decision to login more frequently, possibly reflecting some unconscious ambivalence.

Others described conscious ambivalence – on the one hand feeling like they didn't have enough time to complete the exercises, and on the other thinking that they had not managed their time in such a way to make space for the MAPS programme:

P13: Yeah. I just felt like I didn't have enough time [...] But then, yeah, but I think it's just my like time management because they weren't actually that long. Like, they're very much doable within the week. Yeah. As modules became sort of more complex and then there was one exercise where

you had to like write a whole story, which I ended up not doing because I was like, there's no time for the story.

Theme 2: Self Discovery

Making connections with the past. Participants described the process of making connections to past experiences, coming to understand why they fear certain emotions or have certain defences. For many participants this was a validating experience that made them feel "normal."

> P2: Making links with things that have happened in the past as well […] like I hadn't quite realised how much of an impact being told not to cry or 'crying was silly' had on me like as a kid. […] that obviously would have had an impact on me and like why I find it so hard to identify feelings and share feelings with people. […]. It didn't make me feel more normal, but made me feel less weird, some sort of reason for why I was feeling some of the things I was feeling.

Here P2 describes how the messages she received about emotions as a child (being "told not to cry") had caused her to disconnect from and repress difficult emotions such as sadness. This meant that as an adult she experienced difficulty identifying painful emotions, and anxiety about communicating these emotions with others. Tracing back the origins of these difficulties helped her to feel "less weird", and perhaps facilitated some self-compassion.

Other participants spoke about how they came to recognize how difficult emotions they were experiencing in the present were attributable to the past, and by accepting this they were able to let go of some of these painful feelings.

> P9: thinking about the past experiences and especially ones that may be harmful to me […] I shouldn't live along with those broken feelings. It's like I accept what I feel, but I also maybe trying to move on.

For some participants this led to rich and complex understandings of their experience, drawing together past experiences, relationship patterns, defensive strategies, and behaviours:

> P10: I think that some of the reasons [for depression] are linked to some of the relationships I had with my parents and friends. I think that the kind of relationship I had with them was not really balanced and I kind of understood that through the module on 'togetherness and independence' […] and this does not really help relationships to grow in any meaningful way. And so […] I kind of started not really telling other people my feelings and rationalising them for myself. I also struggle with feelings of shame

because I was always made to feel a little bit helpless, I think that then triggers, especially in social situations, anxiety that I then kind of defend myself from by going back to a position where I block myself from taking action to better my situation by convincing myself that I'm even more helpless. And that does not help self-esteem.

Here P10 describes in detail how concepts from MAPS, such as "togetherness and independence" and "defences", helped them to recognize how unbalanced relationship patterns had led them to defend against difficult emotions, and that these defensive strategies (avoidance, helplessness, rationalizing) had had a negative impact on their self-esteem. This demonstrates how participants could use MAPS to develop a multifaceted understanding of how past experiences had come to impact current wellbeing, and in doing so develop a richer understanding of themselves.

A new relationship with one's emotions. For many participants, reading the MAPS content was a very normalizing experience, and they felt able to accept their emotions when they came to recognize that everyone experiences difficult feelings. This was described as a powerful and validating moment of realization.

> P11: The programme said just kind of like, yeah, people have emotions. People have feelings. That's alright. You're not weird. […] I feel so much happier because I know that I'm OK. I'm OK to be who I am and it's not wrong to feel like that.

A big part of this process was beginning to pay attention to and be curious about one's emotions. For some, this involved learning to feel emotions physically in the body, rather than thinking about them. Participants described how this enabled them to recognize and process their emotions:

> P10: I've always thought I was a very introspective person, but through the programme, I understood that my introspection – what I do to try to understand my feeling – didn't actually bring me any closer to understanding myself or having emotional release because I tried to understand my feelings logically and not actually taking the time to feel my feelings through my body.

For some participants, this involved discovering emotions that they were not consciously aware of before:

> P2: I just understood gradually the links between things more and more, and like particularly the stuff about like shame and guilt and stuff, they were big things to me that like I'd never thought

about before. And now I think about quite a lot. And I'm like, oh, I think I carry a lot of this shame actually.

Taken together, many participants talked about developing a new understanding of emotions, whereby they began to recognize and accept difficult emotions for the first time. This was partly a cognitive experience of learning about emotions and making links to previous experiences, but it was also an embodied experience of previously hidden emotions coming into conscious awareness.

A new relationship with oneself. Participants spoke about becoming aware of their own needs, no longer hiding from or fearing their own mind. This led to a new relationship with themselves, becoming their own best friend, rather than their own enemy or critic.

P10: Being more comfortable with myself made me feel like – you know, when you […] develop a friendship with someone, you feel like the intimacy is growing with that specific person, yeah, but with myself, like after this feeling of intimacy, when I kind of understood myself a little bit better and therefore, with the feeling of intimacy also came too like feelings of tenderness towards myself.

As a consequence of this new relationship with themselves, some participants were more able to then take practical steps to care for themselves:

P11: Now I'm a bit more like actively wanting to help myself, like looking for GP appointments, going to the gym […] Like I had an experience the other day where I was in a really bad mood, And I thought like, you know what? When I get home tonight, I'm gonna watch a programme I really like, and I'm gonna buy myself some flowers because I just … I think in the past, I would have gotten to this, like, mindset of being really negative and like blaming myself […] whereas now […] MAPS kind of made me realise that actually I can have … like there is someone that is there for me and it's myself.

P11 describes how an improved relationship with herself led to behavioural changes whereby she was able to treat herself with kindness and care. There is a sense of coming to be on one's own team, actively meeting one's emotional and physical needs, rather than attacking and criticizing oneself.

Theme 3: The Process of Discovery

The concepts and framework to make sense of distress. The central organizing concept of the MAPS programme is Malan's Triangle of Conflict

(in the programme, called "The Triangle of Feelings"). Many participants described how the Triangle and related concepts provided a framework that enabled them to make sense of their distress through differentiating triggers, emotions, anxiety, and defences. Sometimes participants were already partly aware of these patterns, but the central concept of the Triangle deepened or clarified their understanding.

P12: The triangle, like being able to pick out that I reacted to that [e.g. a trigger], and […] kind of figuring out the bit that came in the middle of that and like thinking about the reasons I did that and for how long I've been doing that, I think that that was really helpful […] A lot of like the defences and like learning about why I do the things that I do sometimes, and then like beginning to use the structures to think about the emotions that are related to that.

Similarly, the MAPS programme uses the concepts of "togetherness" and "independence" to talk about relationships and attachment. Participants also described finding this concept helpful to make sense of their experience:

P7: for example, the patterns in relationships, like togetherness and independence. I think I knew that I had some patterns in my relationships but I couldn't really define them or describe them. So, I think most of the things were like vaguely in my head, and in the programme it was more about realising: what does it actually mean.

For some participants this was a new way to reflect on their experience, and for others it was the first time they had reflected on their experience at all. In this case, the Triangle of Feelings was the "way in" to developing some curiosity about their internal world:

P8: I think probably the biggest thing I discovered was that I really don't pay attention to what I'm feeling. I was kind of shocked to realise that I've reached this age and never stopped and thought, 'what am I feeling and why'?

Writing as sense-making. Some participants found that the process of writing down their responses to worksheets or questions from their TSW helped them to make sense of their experiences, and the process of writing helped them cement their understanding of themselves and the programme content.

P2: having to do some of the exercises written down, you obviously have to put a bit more thought into them than just speaking, because like I wanted to

make sure that they were coherent sentences. But I think I realised that almost like through writing it down and then reading it back to myself […] that was quite helpful for me because I like, I could just talk and talk and talk, but not really be making much sense of it, whereas like writing it down I need put two and two together a bit more like I said and realise some of those links between the triangle.

Some also spoke about how writing things down forced them to be active rather than passive in the therapy, which helped them to really engage with the material.

> P10: the most helpful bit was the exercises because it forced me to sit down and get my feelings out. I know that when it comes to myself, if it were only things that I needed to read, I would have thought about them, but I wouldn't have put in the work to actually get in touch with my own things. I would have read them passively.

For some this was quite a confronting or uncomfortable experience, since writing things down meant that they had to look at their difficulties, and face them, which "kind of make it real" (P12). Taken together, the act of writing was often hard work, but an important part of actively engaging in therapy and making sense of one's own experience.

The TSW scaffolded self-discovery. Many participants spoke about being asked questions that they had never thought to ask themselves before. Sometimes these questions were posed by the worksheets embedded within modules, and other times the participants described how their TSW would write to them with specific questions or interpretations which offered new ways of thinking.

> P3: MAPS certainly helped me, I think, identify things sooner than I would have on my own because you know, you're busy, you're not sitting there thinking through things necessarily. But MAPS sort of, it asks me the question, so it made me think about it, you know.

The TSW might also notice things that the participant themselves hadn't noticed, working collaboratively to draw links or to apply the iPDT framework to the participant's experience.

> P5: I can't remember the exact triangle. I think it's like feelings, thoughts or emotions or something, maybe? And I think, to be honest, I don't think I applied it, but I think that my therapist applied it when I had written responses […] For example, one thing that came up is that she'd said that I don't express anger a lot in a healthy way. Umm I was realising that a lot of that was making me anxious, which I hadn't thought of before. […] I

filled out the reflection bit, and I think she kind of applied the framework of the module kind of thing […] it kind of made more sense to me and it kind of explained some things. And then when I went about just my, like daily life or whatever, I could see that a lot more.

Here P5 describes how their TSW helped them to notice defensive patterns in their relationships, and once this had been brought to their awareness, P5 was able to notice when these defences were playing out in their day-to-day life.

Challenging yet rewarding. Participants spoke about the difficulty of working through the MAPS programme and described how they had to overcome avoidance or be willing to tolerate difficult thoughts and feelings in order to really engage.

> P1: I think there was a bit of reluctance on my part to explore the uncomfortable zones, which I felt was stopping me initially.

Some participants spoke about feeling worse before feeling better, because engaging with the programme content stirred up some difficult emotions which generated a lot of anxiety.

> P2: I think it definitely did get worse at a point during, but that was probably because I was like bringing stuff up that I hadn't ever brought up before.

Whilst this process was sometimes very difficult, some participants also described the "relief" or "release" of finally facing difficult thoughts and feelings, and no longer avoiding them.

> P7: it is uncomfortable when you're thinking about it or writing about it. But then if you put it into words and […] it just made much more sense, so I guess like a lot of the time after I think about how I was feeling, afterward it made me feel like more light. Definitely scary, but also a bit of relief maybe.

Whilst therapeutic exercises often brought about anxiety and sadness, participants described putting words to these feelings and processing them, which led to relief and a sense of achievement.

The TSW created a safe space. Some participants spoke about how their TSW helped them to feel cared for and supported, and this containment enabled them to begin exploring uncomfortable feelings. They felt safe to fully enter into worksheet tasks, such as those that asked them to recall a difficult memory and write about it, knowing that they could then discuss the experience with their TSW.

Some also spoke of feeling able to risk changing their defences or trying out new ways of communicating with others, knowing that they could share the experience with their TSW afterwards and receive support.

> P2: knowing that like if you do discover something that's a bit like difficult, I guess, then you have got someone that you can like, say something to about that and kind of work it through.

For these participants, the TSW created a safe-enough containing space for them to take risks, and this was essential for change.

Theme 4: Discovery in Action

Noticing, and changing, defences. A major theme from interviews was that of noticing defences, recognizing what triggers them, and then beginning to change them.

> P10: What was most important for me was kind of understanding the cycle. So you know how feelings trigger anxiety, how anxiety triggers defences, and how the inner critic came into play during that situation to make it, you know, kind of a little bit more difficult for myself. And so I did have an understanding of what the inner critic was, but I wasn't able to get it until I placed it in that cycle. And then it was able to spot it in different situations.

Participants spoke of developing an understanding of why certain defences had developed, and beginning to recognize the function of their defences. This brought about a deeper understanding of their behaviours and relationships:

> P13: So I had an issue, I have an issue with like connecting to people and [...] I had like my reasons for why I didn't feel like it's worth investing into relationships [...] My reason that I had [before starting iPDT] was not having enough sort of energy and capacity to do it. And then I think part of the new reasons [that I discovered] was like fear of rejection. But yeah, I think I think that was one that was discovering that rejection is a big part of some of the decisions I make.

Here P13 reflects on how they came to recognize that their decision not to invest in relationships was actually a defence against fear of rejection – understanding the function of the defence was an important part of understanding themselves and their motivations.

Having learnt to notice and understand the function of defences, participants then took steps to reduce their use of maladaptive defences in order to connect with their emotions.

> P6: I'm a lot more able to say I'm feeling angry now. And there's things that I do, I do those things and I wasn't able to recognise that before. And as a result, I've also been able to, I think, not act on those behaviours as much. Like I'm still very fidgety, but I don't really pull my hair out as much as I used to, and I can, like, buy a lot, but I think I'm more aware that it's like, OK, if you're feeling angry, you're more likely to do this, so we're going to do that instead. I still don't know like the best ways to like release it [the anger] but I'm not, I don't think I'm turning my anger inward as much.

P6 has come to notice that she often defends against anger with self-harming behaviours or shopping. Having noticed this, she is trying to change these defensive patterns and accept the anger, rather than turning it inward.

Making changes in relationships. Chapters 7 and 8 of the MAPS programme focus on understanding patterns in relationships. These modules seemed to be particularly important to participants. Many participants described trying to change their patterns of relating to others; most spoke about becoming more open and risking being vulnerable and honest in relationships, some also spoke about becoming more boundaried in relationships and more able to say "no".

Those who spoke about being able to set boundaries referred to a newfound confidence in themselves and understanding of their needs, and a recognition that defences such as "people pleasing" often contributed to them feeling worse in the long run.

> P7: I think keeping boundaries [was important]. Because during the programme, there were two situations when under normal circumstances I would probably say 'yes, I'm happy to help. I'm happy to do this and this and that', but then knowing like how it made me feel and knowing that, yeah, I should be able to set the boundaries, I did that, and it definitely made me feel more confident at the time [...] I definitely felt much, much better when I was able to say 'this is what I feel and this is what I want.'

Those who spoke about being more open in their relationships reflected on beginning to notice where defences contributed to patterns of avoidance that could harm relationships.

> P9: I could then show my feelings towards other people and without hiding or using one feeling instead of another when I am trying to, maybe like for example, when I'm sad, I could show the sadness to people around me rather than just using

Table IV. Themes mapped onto hypothesized mechanisms of change.

Hypothesized Mechanisms of Change (Mechler et al., 2024a)	Sub-Themes: what was discovered / what changed	Sub-Themes: process of change / conditions needed for change
Capacity for insight and self-observation Increased capacity for self-observation, to regulate anxiety and understand patterns of emotional avoidance that lead to and maintain depressive symptoms	(2a) Making connections with the past (2b) A new relationship with emotions	(3a) The concepts and framework to make sense of distress (3b) Writing as sense-making (3c) The TSW scaffolded self-discoveries
Corrective Emotional Experiences The breaking of maladaptive patterns of anxiety and defences in order to directly experience and integrate conflicted, attachment related, complex feelings	(2b) A new relationship with emotions (4a) Noticing and changing defences	(3d) Challenging yet rewarding (3e) The TSW created a safe space
Self-Compassion The development of a more balanced, mature and compassionate "super-ego" to replace harsh and punitive introjects	(2c) A new relationship with oneself	
New patterns of relating The "freeing-up" of inner resources in order to test out and find new ways of relating to self and others without interruption from old, repetitive, relational patterns.	(4b) Making changes in relationships (2c) A new relationship with oneself	(3e) The TSW created a safe space

anger or anxiety to hide that sadness, and I am trying to talk openly about why am I sad.

In some cases, participants spoke about having open and difficult conversations with family members, where they shared some of the new emotions and self-understanding they had discovered during the programme, particularly where these self-discoveries were related to early experiences with family.

> P2: MAPS actually helped me to instigate some of the conversations that maybe brought up some difficult stuff. So like in a sense, I was using those discoveries and connections that I've made to, like, have conversations like with my mum […] it was the closest I've ever felt to her in like a long time because like she was, I guess I'd been honest, so then she was being honest.

Some participants reflected that they would like to make changes in their relationships, but they haven't yet been able to enact such changes. These participants acknowledged that it can be very difficult to change relational patterns that have been in place for a long time:

> P3: It's more reflecting on them [relational patterns]. You know, it's … because I moved to a new country, obviously, with my studies. So, I just have to, yeah, I just have to think through it some more. I mean, I'd like to implement some of those ideas, but I'm a little bit scared. So it's yeah, so basically kind of more of a reflection at this stage.

Here, P3 describes reflecting on relational patterns, but explains that life does not feel settled enough to begin actively making changes. Whilst other parts of life feel new and anxiety inducing, it may have

felt too much to make more changes that would bring about further anxiety.

Discussion

This study sought to examine university students' experiences of change during an affect-focussed iPDT programme for low mood. Participants shared rich and complex descriptions of their experience, which provide valuable insight into the mechanisms and process of change in iPDT, as well as highlighting some barriers to change. The discussion of these findings is organized according to the 4 hypothesized mechanisms of change described in Mechler et al. (2024a), and listed in Table IV.

Insight and Self-observation

Findings suggest that "psychoeducation" was important for facilitating insight – especially in terms of introducing a model of the psyche via the Triangle of Feelings. Participants were then able to use the reflective exercises in the programme to apply this framework to their own experience, and develop an understanding of their own mind.

Traditional face-to-face psychodynamic therapy rarely makes its tools and models explicit, and psychoanalysts are often wary of using psychoeducation, particularly when it takes the form of advising people how to behave (Busch & Auchincloss, 2018). However, the psychoeducational element of iPDT allowed participants to "learn" some of the theory and apply this to their own lives in a way that was accessible, enhanced their capacity to reflect on their experiences, and equipped them with the skills

to do this beyond the end of the intervention. This parallels some psychodynamic therapies such as mentalization-based therapy, which also uses psychoeducation to enhance capacity for reflective functioning (Adkins et al., 2018). Overall, participants described both the development of insight – developing specific knowledge about themselves, such as about the influence of past experiences on current difficulties – as well as developing a more general capacity for curiosity and mentalization – the ability to understand oneself in terms of mental states (Bateman & Fonagy, 2010).

The development of insight has been found to facilitate change in face-to-face dynamic – but not cognitive – therapy for major depressive disorder (Jennissen et al., 2021). A qualitative metasynthesis of "insight events" in psychotherapy identified two types of insight: "painful/poignant" and "self-asserting/empowering" (Timulak & McElvaney, 2013). Similarly, participants in this study describe the pain and discomfort of iPDT, linked to becoming aware of difficult or unacceptable emotions, as well as the feelings of empowerment. For some, putting words to their feelings "forced" them to "face" a painful reality – but they also experienced feelings of empowerment when becoming able to meet their own needs and make changes in their relationships.

Corrective Emotional Experiences

The term "corrective emotional experiences" (CEE) was coined by Alexander and French (1946), and has been defined in various ways (Sharpless & Barber, 2012). Here, CEE refers to participants' experience of putting aside defences in order to experience core attachment-related emotions.

Whilst CEE has traditionally referred to emotions experienced and expressed with one's therapist, Alexander notes that there are also opportunities for corrective emotional experiences within the relationships of daily life (Fried, 2002). During interviews, participants sometimes spoke about experimenting with expressing difficult emotions with friends and family, and in some cases this led to new experiences when their emotions were accepted and their relationship strengthened.

Others spoke about recognizing how their defences were preventing them from experiencing important emotions. Learning to experience and integrate these complex emotions facilitated change, as these emotions became less distressing and more understandable and acceptable. In this sense, the process of breaking maladaptive defensive patterns in order to experience and integrate complex feelings brought with it increased emotion regulation.

Previous quantitative research has explored mechanisms of change in iPDT, and studies examining the week-by-week process identified that improvements in emotion regulation preceded a reduction in depressive symptoms the following week (Lindqvist et al., 2023; Mechler et al., 2020). The qualitative findings presented here provide further evidence for emotion regulation as a mechanism of change, and help to "thicken" our description on how that process of improved emotion regulation comes about. Participants suggested that more adaptive emotion regulation was achieved via a number of interconnected processes: reduced emotional avoidance, increased curiosity and acceptance of emotions, increased ability to physically experience emotions, decreased stigma about strong emotions, ability to make sense of and put words to one's experiences of strong emotions. A number of these processes could be thought of as increased capacity for mentalization of affect, particularly in relation to capacity for identifying and communicating emotions (Greenberg et al., 2017; Jurist, 2005). In contrast, participants' accounts suggest a less significant role for processing the emotion via use of explicit emotion regulation strategies such as those often associated with CBT: for example, cognitive reappraisal, situation modification, or attentional deployment (Sheppes & Gross, 2013).

According to iPDT theory, one must first regulate one's anxiety before being able to "approach" and experience the core emotion. Interestingly, comments about learning to regulate anxiety were noticeably absent from participant interviews. This may be because the wording of the interview questions, which focussed on "self-discovery", did not encourage participants to discuss anxiety – perhaps most participants were already conscious of at least some aspects of their anxiety (since it is common to speak of "feeling anxious" or to be aware of worried thoughts). That said, one would expect that participants might come to recognize the *physical* symptoms of anxiety through the iPDT programme – i.e. making a connection between nausea and anxiety – and that this might be experienced as a "discovery". This finding may suggest that TSWs need to spend more time focussing on anxiety in their messages to participants, particularly for those participants who describe the intervention as overwhelming or distressing. Interestingly, another UK study which examined this iPDT intervention found a significant effect on depressive symptoms, but not on anxiety (Midgley et al., 2021); viewed alongside the findings from these interviews, this may indicate an area for further developing the programme content to perhaps focus more on anxiety regulation.

Self-Compassion

The iPDT intervention contains a module about the "inner critic", which is introduced in the programme as a common defence for people experiencing depression. The intervention does not only explain this concept, but invites participants to consider what it means in their own lives via reflective exercises. Importantly, in interviews participants rarely spoke about "challenging the inner critic" – which might be considered akin to an intervention such as "cognitive restructuring" – but instead described something more transformative: discovering a whole new relationship with themselves founded on emotional acceptance. They described this as gradually coming to know their own mind in greater depth, as if forming a new and deep friendship with themselves. This process of increased self-acceptance facilitated by improved understanding of one's feelings and needs has also been identified as an important change mechanism in qualitative studies of face-to-face psychodynamic therapy (Løvgren et al., 2019; 2020).

New Patterns of Relating and the Therapeutic Relationship

Whilst participants spoke in detail about experimenting with new ways of relating to themselves and to their friends and family, they did not describe experimenting with relational patterns in the context of the relationship with their TSW. Instead, participants described the TSW's role in facilitating change as that of making links, asking questions, clarifying psychoeducational content, and creating a containing space where painful thoughts and feelings could be safely explored. This fits with the hypothesized role of the TSW for this iPDT programme (Mechler et al., 2024a) and is similar to that described in other qualitative studies of iPDT (Lindqvist et al. 2024; MacKean et al., 2023) and qualitative studies of face-to-face psychotherapy (Fiorini et al., 2024; Løvgren et al., 2020). However, it seemingly differs from some psychodynamic theories which emphasize the role of the TSW or therapist in helping the client recognize how the way they relate to their TSW/therapist may be connected to their experience of early attachment relationships, and may be a pattern of relating that occurs in other present-day relationships too. This is a key idea of Malan's "Triangle of Persons" (1979) and has been described in interview studies examining client experience of some psychodynamic therapies, including Brief Dynamic Interpersonal Therapy (Leonidaki et al., 2018). That said, the opportunity to connect with a TSW, and to feel safe enough to trust them, may have been for some participants a new relational experience, which may contribute to overcoming epistemic vigilance and cultivating more open relationships in other areas of life.

Relatedly, psychodynamic theory often suggests that change is brought about when therapists work "in the transference", helping patients to see where feelings experienced towards the therapist in fact "belong" to another relationship in the client's life (Lemma, 2015). These feelings can be positive or negative. Whilst participants did not explicitly talk about experiencing negative emotions towards the TSW in this study, this does not mean that negative transference did not happen. Participants may not have been consciously aware of negative transference, or may not have felt comfortable speaking about this during interviews. Most participants in this study expressed positive feelings towards their TSW, such as being able to trust them, or feeling understood. From analysis of interviews, it is hard to definitively disentangle positive transference (i.e. idealizing the TSW) from a positive "real relationship" or from a strong working alliance (Fuertes et al., 2013; Zilcha-Mano et al., 2014). That said, overall participant descriptions of their TSW appeared "balanced" and did not include the kind of extreme language indicative of idealizing.

Ambivalence

Analysis of interviews also identified some barriers to engaging with the iPDT programme, which may highlight experiences of ambivalence. A minority of those interviewed described finding it difficult to open up to their TSW, and therefore chose not to engage with their messages. Others spoke about not having time for the iPDT programme. This may suggest that some participants kept the programme and their TSW at a distance; one hypothesis might be that they felt a need to protect themselves from getting too close or engaged in the therapy.

From a certain perspective, these feelings could be seen as "negative transference", and therefore need not be a barrier, but rather an opportunity, if such feelings could be recognized, explored, and understood. It may be that, in face-to-face psychodynamic therapy, the TSWs would have been able to explore the ambivalence felt by these clients, and "use" it in the work. However, if a participant chooses not to engage at all in the relationship in iPDT, it is quite difficult (though not impossible) for the TSW to "use" this non-engagement therapeutically, since the TSW has very limited information to interpret. Therefore, interviews suggest that these participants were not able to progress as much through the programme, as they could not access the guidance of their TSW to help

them with understanding the content, nor develop a strong therapeutic relationship which could contain them whilst engaging with the reflective exercises.

Future Directions for Practice and Research

The above discussion points to a potential area for the further development of this, and other, iPDT programmes. It seems likely that there will be a group of service users who are drawn to internet-delivered treatments because they feel uncomfortable speaking openly with a therapist "face to face", and the distance of online therapy feels safer. Whilst some in this group will find that the distance and anonymity facilitate greater trust and openness (Lindqvist et al., 2024; MacKean et al., 2023), others may struggle to overcome the first hurdle of beginning to write to their online therapist, and this may be a barrier to change. It might be possible to introduce content that speaks to and normalizes this difficulty. Perhaps an early module in the treatment could address the common challenges people face when first beginning to speak about their mental health, and normalize the experience of mixed feelings towards one's TSW, or fears about change. The module could encourage participants to reflect on which barriers (or defences) they recognize in themselves, and the meaning and potential "costs" of these barriers. This may serve as a jumping off point for TSWs to follow up on such content in their messages, and the normalizing of such ambivalence might help participants to take the first step to speaking about their difficulties.

Future work may also explore the potential for personalizing the nature and intensity of support provided to participants. Some participants may benefit most from iPDT which is "blended" with face to face therapy, video calls, or synchronous text-messaging chats, particularly in the context of significant ambivalence. Additional face to face support could provide more containment, which may be necessary for participants who have a smaller social support system outside of therapy, or for those who are particularly anxious. Future studies could therefore examine how tailoring iPDT to different levels of emotional readiness or ambivalence affects engagement and therapeutic outcomes.

Finally, future longitudinal qualitative studies might illuminate how the changes described by participants are sustained—or evolve—over time.

Strengths and Limitations

This study has some limitations. The data represents the views of those participants who volunteered to be interviewed, and all participants who were interviewed experienced a reduction in depression symptoms over the course of the programme. Therefore the findings cannot tell us about the experience of those whose low mood did not improve following the intervention. The participants are also majority female, which may mean that the views of male or non-binary participants are not reflected in the findings.

However, RTA does not aim to develop generalizable findings, but rather seeks to provide a rich, nuanced understanding of a particular phenomenon within a specific context (Braun & Clarke, 2021). While RTA does not aim for generalizable findings, it can offer insights that are theoretically transferable— the findings shared here may resonate with other contexts or contribute to broader conceptual understandings about how iPDT can bring about change.

A possible limitation is that interviews took place within a few weeks of completing the intervention, and it may be that they cannot capture the long term process of change; this is particularly important since psychotherapy is sometimes found to have a "sleeper effect" whereby change continues beyond the end of the intervention (Shedler, 2010).

Furthermore, data analysis was primarily carried out by one person (RM), and introducing more coders might have brought about different ideas and perspectives. RM was a supervisor and had a central role in the planning and implementation of this study; this presents both a strength and limitation. It may have been difficult to take an outside perspective during interviews, meaning that participants' narratives were seen through the lens of the iPDT theory and intervention material. At the same time, detailed knowledge of the intervention and the clinical work of TSWs may also have made it possible for RM to identify important ideas during interviews and ask detailed and pertinent questions.

Additional strengths of the study include the relatively large number of interviews, including a range of participants, not all of whom described benefitting from the intervention. Some participants described difficulty engaging with the intervention or expressed dissatisfaction, which suggests that interviews were a safe enough space for a range of perspectives to be expressed.

Conclusions

Taken together, the interviews show that for many participants, iPDT facilitated a process of change and self-discovery according to psychodynamic theory, namely: increased capacity for self-observation, restructuring defences, learning to recognize

and integrate previously unconscious feelings, coming to understand the origin of one's difficulties in early relationships and experiences, and finding new ways to relate to self and other without interruption from old, repetitive, relational patterns. Many would argue that these are primarily, though perhaps not exclusively, "psychodynamic" processes. The interviews clearly demonstrate that iPDT can be a powerful, challenging, rewarding, and ultimately transformative experience for participants.

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Supplemental Data

Supplemental data for this article can be accessed at https://doi.org/10.1080/10503307.2025.2538552.

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