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# "I didn't have to look her in the eyes"—participants' experiences of the therapeutic relationship in internet-based psychodynamic therapy for adolescent depression

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**ABSTRACT**

*Objective:* To explore young people's perceptions of the relationship with the therapist in internet-based psychodynamic treatment for adolescent depression.
*Method:* As a part of a randomized controlled trial, 18 adolescents aged 15–19 were interviewed after participating in treatment. Interviews followed a semi-structured interview schedule and were analyzed using thematic analysis.
*Results:* The findings are reported around four main themes: "a meaningful and significant relationship with someone who cared", "a helping relationship with someone who guided and motivated me through therapy"; "a relationship made safer and more open by the fact that we didn't have to meet" and "a nonsignificant relationship with someone I didn't really know and who didn't know me".
*Conclusion:* Even when contact is entirely text-based, it is possible to form a close and significant relationship with a therapist in internet-based psychodynamic treatment. Clinicians need to monitor the relationship and seek to repair ruptures when they emerge.
**Trial registration:** ISRCTN.org identifier: ISRCTN16206254..

**Keywords:** adolescence; depression; therapeutic relationship; internet-based treatment; IPDT; psychodynamic

**Clinical or methodological significance of this article:** Experiences described by the youths in the present article suggest that it is possible to form a strong and meaningful relationship in an internet-delivered, text-based treatment and that this relationship for many is seen as a crucial part of the treatment. Therefore, therapists should strive to form an authentic relationship with the young person. Some ways to achieve this include being explicit when expressing warmth, care and curiosity and actively monitoring and inquiring into the state of the relationship during treatment. This might be especially important when participants are passive and not engaging in treatment, or when alliance ruptures occur.

Depression in adolescence is rated among the top five most burdensome diagnoses worldwide, with its effects echoing into adulthood and increasing the risk of, among others, further psychiatric and somatic problems, relationship problems, and lower academic and work-related performance (World Health Organization, 2020). Despite this, many adolescents suffering from depression do not gain access

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to relevant treatments. Increasing the availability and accessibility of treatment for adolescent depression is an important and prioritized challenge worldwide. One accessible and cost-effective format of interventions is internet-delivered treatment in the form of guided self-help (Andersson & Carlbring, 2022). In guided self-help interventions, participants typically get access to treatment materials consisting of texts, videos, sound-clips, and/or exercises, and then receive feedback on these exercises as well as guidance in working with the program through text messages from a therapist. Some interventions also include enhanced contact, such as once-weekly synchronous text chat.

Guided self-help interventions over the internet have shown promising results, often comparable to face-to-face psychotherapy (Carlbring et al., 2018). Most interventions have been based on cognitive behavioral therapy (ICBT; Andersson & Carlbring, 2022), but internet-based psychodynamic psychotherapy (IPDT) has also been developed and evaluated with promising results for a range of adult patient groups (e. g. Johansson et al., 2013; Lindegaard et al., 2020). Recently, IPDT for depressed adolescents was evaluated in two studies whose results showed large effect sizes and non-inferiority compared to ICBT (Lindqvist et al., 2020; Mechler et al., 2022). The process of change through IPDT for the treatment of adolescent depression has been investigated (Leibovich et al., 2022), showing that psychodynamic techniques used by therapists during synchronous chat sessions predicted subsequent improvements in depressive symptomatology. The use of techniques traditionally associated with CBT was not predictive of outcome, indicating that IPDT has a different pathway for treatment success compared to ICBT. Furthermore, improvements in emotion regulation have been found to predict subsequent improvements in depressive symptoms as a result of IPDT (Mechler et al., 2020).

One of the most common concerns about internet-based interventions regards potential negative effects on, or total loss of, the therapeutic relationship (Rozental et al., 2014). Decades of psychotherapy research have consistently shown that relationship factors have a large influence on the outcome of psychotherapy (Norcross & Lambert, 2018; Wampold & Imel, 2015). A large amount of research points to the importance of the contribution of the therapist as a person and the value of the relationship between the patient and therapist to positive treatment outcomes (Heinonen & Nissen-Lie, 2020; Magnusson et al., 2018; Norcross & Lambert, 2018). Karver et al. (2006) found that different factors related to the therapeutic relationship were moderately to strongly associated with outcome in child and adolescent treatments. The closely related concept of the working alliance also seems to be associated with the outcomes of child and adolescent psychotherapy, and the effect of the working alliance on outcome seems similar to the one observed in adult psychotherapy (Karver et al., 2018). Interestingly, Lilliengren et al. (2015) found that young adult patients' attachment to their therapists was predictive of outcome, even when controlling for the effect of the working alliance, indicating that relationship factors might be uniquely associated with outcome beyond the effect of a strong therapeutic alliance.

With internet-based treatments, the inclusion of therapeutic guidance has been found to be associated with significantly better outcomes in the treatment of depression compared to unguided self-help (Moshe et al., 2021). This seems to be particularly true for participants suffering from moderate to severe depression compared to those suffering from milder symptoms (Karyotaki et al., 2021). These studies, however, focus on the effects of guidance in general on self-rated symptom improvement at a group level. Few studies have investigated specific aspects of the relationship between therapist and patient, and/or participants' experiences and attitudes regarding the therapeutic guidance.

Using qualitative methods in psychotherapy research provides opportunities to investigate research questions beyond the efficacy of the treatment at a group level. Qualitative methods capture the experiences and subjective understandings of the participants, e.g. how they make sense of the psychotherapy they take part in as well as what they experience as helpful or hindering. Thus, some argue that qualitative methods can provide a more service user-oriented perspective on psychological treatments (McLeod, 2011); and this may be especially valuable in the case of those whose views and perspectives are often neglected in research, including children (Núñez et al., 2021) and adolescents (Midgley et al., 2014). IPDT is a new treatment modality for adolescent psychiatric problems. Because it is still in development, qualitative insights can increase the understanding of the experience of partaking in treatment, thereby increasing acceptance, adherence, and engagement in treatment. A focus on patient perspectives early in the development of a new treatment modality increases therapists' awareness of how their patients perceive the treatment.

When it comes to face-to-face PDT, there are some interview studies describing patients' experiences of the therapeutic relationship. Lilliengren and Werbart (2005), interviewing young adult

patients after psychotherapy, described "a special relationship" as an emergent theme. A study of successful psychodynamic psychotherapies confirmed the young adults' views that the therapeutic relationship being warm, safe and significant was an important experience in their psychotherapy (Palmstierna & Werbart, 2013). Both studies describe the importance of a relationship that is unlike other relationships, where the participants are free to express themselves and feel seen and heard. A similar point of view has been found in studies of adolescents' experiences of the therapeutic relationship (Housby et al., 2021; Wilmots et al., 2020). In contrast, young adult patients who did not improve or were dissatisfied experienced a lack of understanding or concern from their therapists (von Below, 2020), as did adolescents who dropped out of therapy (O'Keeffe et al., 2019). Interviewing adult patients after receiving face-to-face PDT for depression, Løvgren et al. (2020) categorized the therapist's contributions into three categories: supporting and acknowledging, offering tips and advice for everyday life, and questioning and pressuring. Løvgren et al. (2019) interviewed adolescents suffering from depression to capture their experiences of improvements following PDT. One out of four themes focused on the importance of the therapeutic relationship, in which adolescents described experiences of confidence, trust, and support as central in their progression toward health. Furthermore, young people described their therapists as dependable, experienced, and worthy of their trust.

A few qualitative interview studies with adult participants in internet-based trials have been conducted (Andersson & Carlbring, 2022). In a study on patients' experiences with ICBT for depression, Lillevoll et al. (2013) described how the relationship to the therapist was perceived as crucial for many of the participants, and the importance of a trusting relationship characterized by genuine and nonjudgmental dialogue was highlighted. In a study on ICBT for anxiety and depression among a Swedish Arabic-speaking population, Lindegaard et al. (2021) described how some portrayed the therapeutic relationship as positive, where they experienced the therapist as engaged and trustworthy, while others described a wish for more contact and felt that the text-based format was not enough. Sánchez-Ortiz et al. (2011) investigated young adults' experiences with guided ICBT for the treatment of eating disorders. Most of the interviewed participants described therapist support as crucial, and for some, the supporting therapist was seen as key to maintaining the motivation to keep working with the treatment material. However one participant found the treatment, including the therapist support, impersonal, and some participants suggested that their motivation could have been enhanced and that treatment would have felt more personalized if other methods of contact had been implemented (e.g., face-to-face or telephone conversations). Gericke et al. (2021) also interviewed young adults after ICBT. Participants expressed that it was easier opening up, as the treatment was over the internet, and that they appreciated the feedback from their therapist. At the same time, most participants reported missing more direct human contact and the associated immediate responsiveness stemming from face-to-face meetings.

For adolescent populations, qualitative studies on internet interventions are very scarce, and it can be argued that the adult populations' experiences cannot be directly translated to adolescent ones due to developmental differences (e.g., Lenhard et al., 2016). In an interview study with 10 adolescents treated with ICBT for obsessive-compulsive disorder (OCD), Lenhard et al. (2016) described one theme capturing the importance of the therapist's support. Lilja et al. (2021) interviewed 16 adolescents having attended ICBT for anxiety disorders about their general experiences of treatment. They briefly described experiences of the therapeutic relationship, and its main benefit was described as being helpful in supporting the program or individualizing goals rather than a relationship being important in its own right. Mortimer et al. (2022) analyzed transcripts of communication between adolescents in IPDT for depression and their therapists, finding three core values that seemed important for the alliance: togetherness, hope, and agency. To our knowledge, no studies have focused on experiences of the therapeutic relationship in IPDT in either adult or adolescent populations.

The aim of the current study was to investigate adolescents' subjective experiences of the relationship with their therapist in an IPDT program for adolescent depression, with therapist support via messages as well as synchronous text chat for 30 min weekly.

## Methods

### Setting for the Study

This qualitative study was conducted as part of a randomized controlled trial (RCT) (Lindqvist et al., 2020, ISRCTN 16206254; http://www.isrctn.com/ISRCTN16206254) that investigated whether IPDT was feasible, acceptable, and efficacious in the treatment of adolescent depression. (Full details of the trial design can be found in Lindqvist et al., 2020). The study was approved by the Regional

Ethical Review Board of Stockholm, Sweden (number: 2018/2268-31/5) and informed consent was obtained from all participants in the study.

The IPDT treatment evaluated in the clinical trial was in the format of "guided self-help", and consisted of eight weekly modules with text, videos and exercises to be completed over eight weeks. The treatment, described more in detail in Lindqvist et al. (2020) is based on Malan's triangles and the idea that emotional conflicts underlie psychological symptoms. The treatment thus aims at increasing awareness of defenses against feelings, capacity for anxiety regulation, and gradually experiencing previously warded off feelings. Another part of the treatment aims at helping patients see and break maladaptive relationship patterns as well as communicating feelings in close relationships. The therapist gave feedback on exercises as well as responded to other messages within 24 h. Furthermore, participants were offered 30 min of text chat each week. Therapists were Master's students in clinical psychology in their final semesters of training (n = 9) or licenced psychologists (n = 2), trained in psychodynamic therapy. All therapists had one day of training in IPDT by the treatment developers (KL & JM) and 90 min of weekly supervision by an experienced clinician.

Table I. Demographic data at baseline for the present sample and for the complete sample of the treatment group in Lindqvist et al., 2020.

| Characteristics | Present sample (*n* = 18) | Full RCT sample (n = 38) |
|---|---|---|
| Gender, n (%) | | |
| Female | 15 (83.33) | 31 (81.58) |
| Uncertain or other | 3 (16.67) | 4 (10.53) |
| Age (years), mean (SD) | 16.39 (1.20) | 16.6 (1.11) |
| Diagnosis[a], n (%) | | |
| Major depressive disorder | 18 (100) | 38 (100) |
| Any anxiety disorder | 9 (50) | 22 (57.89) |
| Posttraumatic stress disorder | 2 (11.11) | 4 (10.53) |
| Bulimia nervosa | 1 (5.56) | 2 (5.26) |
| Nonsuicidal self-injury, current | 4 (22.22) | 9 (23.68) |
| Nonsuicidal self-injury, past | 5 (27.78) | 20 (52.63) |
| Treatment adherence [b] | | |
| Opened modules, mean (SD) | 7.03 (0.49) | 5.8 (2.4)[c] |
| Attended chat sessions | 7.56 (0.98) | 6.6 (2.1)[d] |

[a]Confirmed by the MINI-International Neuropsychiatric Interview. [b] Out of 8 available modules and chat sessions. [c] Excluding four non-starters this number was 6.2 (SD 1.9). [d] Excluding four non-starters this number was 7.1 (SD 1.4)

## Participants

Participants in this qualitative study were all participants in the clinical trial, who had been randomized to the IPDT arm of the research. They were between 15–18 years old at the time of joining the study and diagnosed with major depressive disorder (MDD) according to MINI 7.0 (Sheehan et al., 1998).

To collect as many different experiences from treatment as possible, all participants treated with IPDT including synchronous text chat sessions weekly (n = 38) within the original study were approached and asked whether they would be open to participating in an interview conducted by phone. A total of 19 participants (53%) consented. However, one recording was corrupt, rendering it unusable. Thus, 18 interviews were part of the research material of the current study. Regarding the demographics of the subsample of young people who participated in the current study, see Table I.

## Data Collection and Analyses

In the current study, young people's experiences with the therapy were examined through semi-structured interviews. The interviews were conducted and recorded via telephone by K.L. and K.S.C. during March and April 2019. Participants were informed of the aim of the study and given an opportunity to ask any questions before deciding whether to participate. The interviews ranged from 45 to 110 min. All recordings were transcribed verbatim by an independent research assistant. Part of the research group, F.S. and H.K.N., then compared all transcriptions to the original recordings, correcting minor mistakes and errors.

The interview guide was partly based on the change interview by Elliott (2008). The change interview is a semi-structured interview containing questions regarding patients' personal experiences from therapy, what particular elements of the treatment were seen as particularly beneficial, what kind of changes they perceived as a result of treatment, and whether others commented on or noticed some kind of changes. It also covers the potential negative consequences resulting from the treatment. The interview guide used in the present study covered four main topics: the story of the treatment, the therapeutic relationship, experiences of the treatment, and perceived changes as a result of treatment. The present study focuses on aspects of the therapeutic relationship in IPDT, meaning that the entire interviews were read, but only data relating to the present topic were coded and used in the analysis.

The main topics were investigated using broad, open-ended questions. When in need of further elaboration, open-ended follow-up questions were used to encourage participants to further explain or reflect on their experiences with IPDT (e.g., "Could you tell me a bit more about that?" "Do you remember any specific impasse in therapy where … " or "Could you explain that a bit more? I'm not sure I fully understand you."). The interview guide was piloted before commencing the entire process of gathering the full data set. It was tested on one participant, and this recording was then scrutinized by K.L. and K.S.C. to see if further improvements were needed. No revisions to the interview guide were deemed necessary, and the pilot interview was therefore included in the analysis.

The thematic analysis followed the recommendations of Braun and Clarke (2006). An inductive approach, in which young people's experiences were used as a framework to guide the qualitative analysis, was chosen. This choice was based on the fact that no prior studies investigating young persons' experiences of partaking in IPDT exist. To get familiarized with the data, two members of the research team (K.L. and J.M.) read all of the interviews separately, noting down initial ideas and highlighting especially interesting sections in the interviews. In the second step, all transcripts were reread, and interesting sections of the material were coded in a systematic fashion. When having read through half of all the interviews, the two coders compared individually identified categories to resolve major differences and identify redundancies in the analyses. Thereafter, the rest of the material was analyzed by the same two researchers. In the third step, preliminary codes were reviewed and collapsed into potential higher-order sub and main themes. To establish the final thematic framework, the first author reviewed and cross-checked all analyses, establishing that the identified themes matched the underlying coded extracts. Themes that did not harmonize with the underlying codes were re-defined or divided into separate entities that better matched the content of the initial codes. The naming and description of each theme were agreed upon by the two coders, and each subtheme that was identified was labeled with descriptive titles and exemplified with quotes from the verbatim transcripts. The model was reviewed by two of the co-authors separately (N.M. and C.vB.) who were familiar with qualitative research, and had not been involved with the delivery of the IPDT treatments, leading to some clarification to the themes. This final model was reviewed and agreed upon by all the authors. Participants were given made-up names, and identifiable characteristics in their quotes were changed. All quotes were translated from Swedish and minimally edited to preserve their original mode of expression. However, in some instances, minor changes to language were made to make them easier to understand. All changes to language were reviewed and agreed upon by the two coders to preserve the meaning of the content.

## Researcher Reflexivity

The present study falls into the category of experiential rather than critical qualitative research since it focuses on participants' interpretations and understandings of their experiences (Braun & Clarke, 2013). The perspective of critical realism was applied in the present study. According to this perspective, reality exists, but it cannot be observed independently from the observer. This means that all knowledge is contextual, since our view of reality is constructed from subjective experiences and perspectives.

The first authors, K.L. and J.M., are clinical psychologists and Ph.D. candidates who have received extensive training in psychodynamic psychotherapy. J.M. has mainly worked with adults and specializes in affect-focused dynamic psychotherapy, while K.L. has worked with both adults and children and specializes in mentalization-based therapy. The treatment material used in the present study was developed by J.M. and K.L. They also acted as study coordinators and therapists during the clinical trial. It should however be noted that no-one interviewed participants for whom they had been therapists. Their thorough knowledge of the treatment material and experiences as therapists could be seen as both strengths and limitations of the study. Being entrenched in psychodynamic theory, the specific treatment material used in the study and the treatment process could be seen as strengths, since J.M. and K.L. already had knowledge about the treatment format and treatment process. Thus, they might have been able to understand and reflect on the experiences expressed by the participants quite easily. However, someone entirely independent of the concept of psychodynamic theory and internet-delivered therapy might have picked up on other details and perspectives on the material. We went to great lengths not to let our preconceptions affect our analyses through extensive discussions within the research team as a whole and between coders during the coding process, and by ensuring that we paid particular attention to any negative experiences described by the participants. Still, we acknowledge that our

own experiences and preferences may still have inadvertently affected our results.

## Results

Several themes were identified, describing different aspects of how the young people experienced the relationship with their therapist and its significance. Four main themes emerged: A meaningful and significant relationship with someone who cared; A helping relationship with someone who guided and motivated me through therapy; A relationship made safer and more open by the fact that we didn't have to meet; and, A nonsignificant relationship with someone I didn't really know and who didn't know me. Within these four main themes, 11 subthemes were identified (see Figure 1).

### A Meaningful and Significant Relationship with Someone Who Cared

In this main theme, young persons described a relationship that was important in its own right. The therapeutic relationship was described as genuine, and therapists were described as caring, nonjudgmental, and friendly. There were also numerous accounts of the importance of the therapist and that the ending of treatment, and thus the loss of the therapist, was experienced as something painful and sad. A common description was that the relationship developed over time and that trust and safety were built through interactions with the therapist.

> Sophie: Ehm, in the beginning, it felt a little bit like one of those annoying relationships that's forced upon you. But that's also partly because I usually find it hard to open up. But after like three weeks, it felt like, well, it felt safe. I could say exactly how I felt without having to feel like a, like a problem.

Three subthemes were identified: she knew me, she wanted the best for me, and she was a real person. The therapist is seen as a compassionate, caring, and genuine person.

**She knew me.** This subtheme captures participants' experiences of being listened to, kept in mind, and understood by the therapist. Many young people described the importance of their therapist remembering and referring back to previous conversations and how that made them feel cared for:

> Chloe: Yeah, like when you talked about something and then he brought up a certain subject again, like, he could reflect on the fact that this problem was related to another problem I had. And then it was like, he was understanding, he could draw these conclusions that I had already drawn in my head, you know.

Some young people also expressed how this was the first time they had opened up to someone about sensitive topics. Another common experience was the importance of having someone take their time to listen to them. It's noteworthy that the word "listened" was recurrent in interviews, and several young people expressed - almost with surprise - that their therapists had "put up with listening to them for all of the eight weeks" (e.g. Josephine).

**She wanted the best for me.** In this subtheme, young people described their therapist as supportive, encouraging, and respectful. Several young people described how their therapists were happy for them when they overcame obstacles or made progress in the treatment. Chloe discussed her feelings of being cared for by the therapist:

> Chloe: Well, it's hard to say when it's so anonymous, but like this understanding side, it was almost like he was happy when I made progress or realized things about myself. He said, "I'm proud of you" and stuff like that. So that way you can, if someone's happy when things go well for me, that's a way of caring about someone.

Chloe, amongst several other participants, describe how these explicit displays of support and encouragement from the therapist were important for her to feel cared for and understood. Other examples of therapists' behaviors that were mentioned were the therapist saying that they had thought about the participant, asking questions about how they were and getting in touch if they had not heard from the participant.

Another topic in this theme was the experience of having a therapist respect their boundaries and being nonjudgmental, both regarding the content of conversations and treatment non-adherence. Many describe how validation, openness and normalization contributed to this feeling, such as Sarah's account of her therapist saying "It's okay, we can take it at your pace", which made her feel validated in taking things slowly.

**She was a real person.** This sub-theme captures how the therapist was perceived as a real, genuine person. Statements included descriptions of the therapist as a living, caring, and present human being. Common examples were that the therapist responded genuinely with self-disclosure regarding their reactions to what the young person said (e.g.,

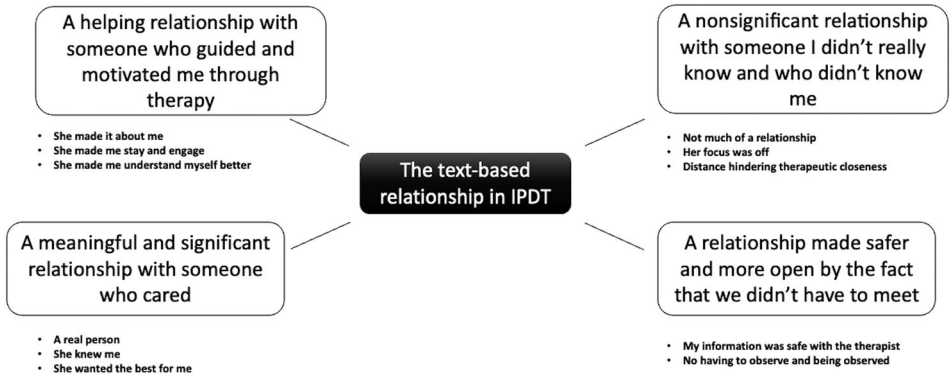


Figure 1. Thematic analysis results with themes and subthemes.

expressing surprise or compassion), asking questions and following up on previous conversations, and expressing warmth and interest.

> Elise: Like, it was really calming like, well, it's okay, it felt like he really tried to listen and talk or say something back that was actually related to what I said and not something general. That it really, it's really about him trying to help me, so I understand more about what I'm feeling.

Here, Elise underlines the importance of the responses from the therapist being directly related to what she had said. The way that the therapist cared for her was described as calming, suggesting that there really was something about the relationship itself that helped Elise regulate. She later associates to a relationship with a big brother, indicating a caring and close relationship, but perhaps with a rather more vertical power dynamic than the one to a parent - still with someone bigger and wiser, i. e. not similar to the relationship with a friend. A relationship dynamic dissimilar from other relationships were described by other participants as well, for example Taylor, describing it "not like a friend, not like a teacher, but something in between".

## A Helping Relationship with Someone Who Guided and Motivated Me Through Therapy

This main theme includes descriptions of the therapist as a facilitator and guide throughout the treatment. The relationship is described as an instrumental part of the treatment, providing motivation, personalizing the treatment, giving new perspectives, and furthering self-reflection. Three subthemes were identified: She made me stay and engage, she helped me understand myself, and she made it about me.

**She made me stay and engage.** This subtheme is developed from interview data where young people describe the therapeutic relationship as a motivating factor. Participants described that the therapist both enabled them to become motivated to work with the material, but also that the contact with the therapist made them stay in treatment, even when facing barriers to engagement in connection to the treatment material. Some participants described being hesitant about the treatment in the beginning but that the therapist made it feel safe and genuine, which made them engage in the treatment. Others described how they needed motivation and encouragement through treatment to keep working. Helen described the importance of the therapist's answers to her exercises:

> Helen: I thought they were great because, first of all, she responded to them, and she said really important things. But then on top of that, she gives me praise for doing it, and then I get happy, motivated.

Here, Helen describes several aspects in the responses that made her stay motivated in treatment. First, just getting a response, indicating that there is someone "on the other side", was worth something. Then, Helen says that the responses included "important things", indicating that she found relevance and value in what her therapist wrote. Lastly, she states that the responses also included praise, making her feel happy and motivated. In other words, Helen describes how she valued responses that both felt relevant and helpful in treatment, but at the same time were encouraging and warm, and how both of these aspects were crucial for her engagement. Her description is that she would not have gone through with doing the exercises had it not been for this.

Some also described facing tough times and periods of doubt during treatment, and some considered quitting the treatment or giving up, but the

therapist helped them stay and work through their difficulties (In the study, there were indeed dropouts, but none of those participants consented to be interviewed. There were however different degrees of treatment completion in the interview sample as well). Sophie described a setback in the sixth or seventh week of treatment where she felt overwhelmed by some of her emotions:

> Sophie: I got very annoyed and angry, and everything just felt like everybody tried to make me angry and stuff. But our conclusion when talking about it was that this could be when I discovered the anger in me.
>
> Interviewer: Yeah, so when you discussed with your therapist, did you think that answer or that explanation, how did it feel?
>
> Sophie: It really felt like a solution, like, it felt like it made sense.

Here, Sophie describes how the therapist helped her make meaning of the hardships she was going through. When Sophie had this understanding, she was able to continue through treatment, and she also describes that this made her feel better again.

**She helped me understand myself.** Young people described how their therapists enabled them to understand and reflect on themselves both by providing explanations and new perspectives on their problems and exploring recurrent patterns of self-relating. They also asked questions that probed self-reflection, often about things the participant had not thought about before, or even avoided thinking about.

Helen described how the therapist's nonjudgmental attitude toward her when not completing tasks in the treatment became an experience leading her to reflect on how hard she is on herself in other areas of her life and letting go of some of her self-criticism:

> Helen: She said that I, I was really hard on myself and I punished myself way too much and stuff … I still do but not as much as before.
>
> Interviewer: Right. Had you thought about that before she said it, that you might do that?
>
> Helen: No, but I had more just thought that, well, I deserve it.

**She made it about me.** In this subtheme, young people described how their therapists focused on them and made the treatments feel personally relevant. Interview excerpts capture how the conversations with the therapists were experienced as an important factor in personalizing the treatment. Several described being surprised by how personal the treatment felt and having expected a much more general treatment. Alex expressed being surprised by the personal relationship:

> Alex: Actually, I thought, when I tried to talk to my therapist and read the texts, it was, it wasn't that generalized, you know. It was very much like it just spoke to me. So it felt, that made me feel safer really, because it made me understand this is this, and now I can talk about these things here. Nothing bad is going to happen or something. I don't have to be ashamed of anything. So it was very much more kind of personal.

Here, Alex underlines that the fact that he felt that the therapist spoke directly to him, allowing him to open up and be more honest. Others described how this led to a feeling of reduced sense of threat/danger as well as reduced shame, crucial for them to be able to start talking about their own problems.

### A Relationship Made Safer and More Open by the Fact that we Didn't Have to Meet

This main theme captures a common experience regarding the treatment format – that it provided a sense of security in opening up to their therapists. Several participants expressed that distance (by being online) enabled trust and safety, enabling them to be more open about topics they normally struggled with expressing to others. Two subthemes emerged: my information was safe with the therapist, and not having to observe and be observed.

**My information was safe with the therapist.** In this subtheme, there were accounts of young people finding it hard to open up to people in their vicinity as they worried or had experiences of their secrets leaking out. Some describe it in very practical terms, such as living in small towns and not wanting to meet their therapist in other contexts. Others, such as Billie, described a more general sense of how the anonymity of the relationship helped them feel safer:

> Billie: It felt more like I could just say anything. Like I could tell, sometimes when you get a relationship that's too close, it can, with a person sitting close to you, it can get consequences in a way, how much you tell or how little you tell, but it didn't feel like it had any consequences because I didn't know who this person was.

In Billie's statement, there is more than just worry about information leaking out. She also describes

how the anonymity made her feel more secure in being open and honest.

**Not having to observe and be observed.** This sub-theme contains descriptions of finding it easier to be completely open when not having to monitor the other person's reactions or feelings monitored by the other person. Several young people described it as difficult having to look someone in the eyes in face to face therapy, not wanting to cry in front of others, and worrying about how the other person might react to what they are saying. Many described it as liberating not to have to care about these things and that it gave them space to be more open. Fiona and Sarah described that it was easier to feel and express themselves knowing that they were not being watched:

> Fiona: I don't like it when people perhaps see me when I'm sad or so. So it was nice to kind of be able to write and feel that things were hard and be sad without someone else maybe seeing it.

In her interview, Fiona describes a relief in not being exposed, and perhaps experiencing feelings of shame/humiliation in being watched when vulnerable. She had avoided face-to-face-contacts because of this.

While some participants described relief in not having to be watched, some also described relief in not having to watch the therapist.

> Josephine: You don't have to worry like oh, what happens if I say this, you know? What if they react badly? And of course, you have it in the back of your mind as well, but it's still not like you have to sit and analyze the facial expressions all the time.

Josephine described how the text-based communication helped her worry less about the therapist's reactions and thereby be more open. The question about "what do they think?" is still there, but it is not as inhibiting, as you don't have to read the non-verbal cues. This makes this young person feel able to disclose things that she may otherwise not have dared to.

### An Insignificant Relationship with Someone I Didn't Really Know and Who Didn't Know Me

This main theme captures the experience of not having a close relationship with the therapist. This theme also entails descriptions of mismatches or not feeling understood by the therapist. This was the least present theme with only a few participants giving these types of statements, and overall, statements reflecting this theme were significantly rarer than statements reflecting the theme of "A meaningful and significant relationship with someone who cared." Three subthemes were identified: not much of a relationship, we never really clicked, and distance hindering therapeutic closeness.

**Not much of a relationship.** Here, young people described a relative lack of a personal relationship with their therapists. Some young people, such as Christine, expressed that they never wanted to form a relationship with their therapist.

> Christine: Well, it wasn't really like, on a personal level. It was mostly just about me … it wasn't really something that I was looking for either. I don't know if it could have been if I had made an effort.

In the interview, Christine talks about not getting to know the therapist (and not being interested in doing so). Christine describes a personal relationship as something more mutual, whereas this relationship which was "mostly about her" was not experienced as a relationship in that regard. The way she describes it, she was neither surprised nor disappointed by this, but she did not expect or want any closer relationship than the one that they had.

**Her focus was off.** This sub-theme contains experiences of miscommunication and a feeling of a therapist who focused on the wrong things in their communication. For some participants, this was a minor nuisance that could be corrected by leading the conversation back on the right path, while others, such as Sam, described it as something that affected the entire relationship.

> Sam: You know, he asked a lot of questions, but I didn't always understand the purpose of those questions. ***/ … /***
>
> Interviewer: What would you have liked to talk about in the chat?
>
> Sam: Well … I guess I would have rather wanted him to explain this more than I … .
>
> Interviewer: Explain the material?
>
> Sam: Yeah, instead of me talking about myself, kind of.

Sam describes that he had a different idea about what the chats would be about. Whilst many participants described appreciating the therapist focusing on them, Sam would have preferred to focus more on the self-help material - with the therapist adopting

more of a didactic role. What is notable is that this never seems to have been brought up, giving no opportunities to either adjust the chats according to Sam's wishes, or to explain the rationale for the therapist's focus. Thus, the therapist did not get the chance to recognize and repair this relationship rupture.

**Distance hindering therapeutic closeness.** Some young people described how the treatment format was experienced as an obstacle to forming a close bond with their therapist. For example, to them, the lack of non-verbal communication, such as facial expressions, tone of voice, and eye contact, made it harder for them to relate to their therapist. Some even described it as unpleasant, opening up to someone they did not know. Sam describes some frustration in having to "turn to a phone for support" and how that sometimes made him annoyed at the therapist as well:

> Sam: He doesn't know if I write something, he doesn't know what I feel, because, you know, a text, or not a text, but a chat can be perceived in different ways. You can, if you sit next to someone, the others can see if you look happy or sad … it felt a bit robot-like, kind of.

Whilst for some participants, the fact that the therapist did not look at them and read their body language was experienced as liberating, Sam describes it as a problem. For him, it felt like he turned to "his phone" rather than to the therapist, indicating that he did not experience this as a relationship to a real person.

## Discussion

This study aimed to explore adolescents' experiences of the therapeutic relationship in IPDT for depression. Four themes were identified, describing the experience of the therapeutic relationship, each with several subthemes.

The experiences described under the theme "A meaningful and significant relationship with someone who cared" are similar to those in many other qualitative studies on face-to-face psychotherapeutic relationships (Lilliengren & Werbart, 2005; Løvgren et al., 2019). However, these experiences are less present in studies on internet-based treatments. Mortimer et al. (2022) analyzed chat sessions for adolescent IPDT and discussed the importance of the therapist presenting themselves as a real person with a mind of their own. This was done by referring to one's own mental state, highlighting joint work, and by expressing care and positivity. Interestingly, this is very much in line with the descriptions made by the young people in this study, where they described it as important for the therapist to express that they thought about and cared about the person. Examples of how this could be done included remembering and referring back to previous conversations, expressing happiness and delight when good things happened for the young person, respecting boundaries, and asking questions.

An interesting and somewhat surprising finding is that so many young people described such a close relationship, despite the text-based format and the short duration of treatment. Perhaps this can partly be understood in light of the theme "the distance between us enabled trust and openness," where several participants clearly described a preference for the text-based format, and either had tried face-to-face therapy and disliked it or felt reluctant to engage in that type of contact. Thus, it seems that for some, the fact that the relationship was strictly text-based might have actually increased opportunities for a close and open relationship. In psychodynamic therapy, the importance of the psychotherapeutic framework has been highlighted (Lemma, 2016). This framework can be understood as a set of "rules" for the relationship and the conversations that happen within it, creating safety, knowing that those rules will not be transgressed, thereby also creating freedom for exploration within that framework. In a similar fashion, in this treatment, the framework ensured relative anonymity, where participants knew that they would never meet their therapist, it was a text-based format, and the time limit was eight weeks. Thus, this framework might have been therapeutically helpful. Several young people also described that they felt freer to open up and that it was easier to reflect together when they did not have to look at their therapists. This is not a new notion in the psychodynamic tradition; one of the pillars of the traditional psychoanalytic technique is that patients lie down on the couch, and the analyst sits out of their view. The deprivation of visual contact with the analyst, and thus of social cues, is meant to help the patient turn inward and rely more on inner cues, such as fantasies and feelings, than on social cues from the therapist. Furthermore, this is thought to facilitate the expression of thoughts and feelings that the patient might associate with shame (Lemma, 2016). Other papers on experiences of internet-based treatments have described similar findings (Baylis et al., 2020; Gericke et al., 2021; Sánchez-Ortiz et al., 2011), where participants described how the internet-based format provided privacy and safety, helping them to be more open with their thoughts and feelings. However, the present study separated "my information was safe with the therapist" and "not having to observe and

being observed," as these were treated as two different themes with different meanings, while in other articles, these have often been merged together or not entirely clarified.

Adolescence is a period of increased autonomy and independence, in which emotional closeness with parents decreases in favor of peer relationships (Levy-Warren, 1996). It is commonly described that themes of closeness and relatedness often become important in psychotherapy with adolescents, where many adolescents respond negatively to a relationship perceived as too authoritarian and have a need to control aspects of the psychotherapeutic situation (Church, 1994). Thus, the balance between closeness and distance in the clinical relationship is of utter importance to young adults (Binder et al., 2011; Paulson & Everall, 2003; von Below, 2020). Non-attendance and dropout from psychotherapy are common among adolescents, which could on the one hand be interpreted in terms of ambivalence to change, poor executive skills and difficulties in addressing practicalities around psychotherapy (such as transport to the clinic and skipping school). On the other hand, the discontinuation of therapy could also be interpreted as attempts to regulate closeness and distance and as a way to maintain autonomy and control in the relationship with the psychotherapist (Kline, 2009; O'Keeffe et al., 2019). Some would even describe these types of separations from therapists as enactments, where the adolescent separates from the therapist in the same way that they need to separate from their parents (but may have a hard time doing) (Novick, 1976). In internet-based treatment, adolescents have more control over the closeness and distance of the relationship, as they can choose more freely when to log in to the platform and write to their therapist or read what the therapist has written to them. In synchronous chat sessions, adolescents have the opportunity to disclose what they feel comfortable talking about, and there is less of a risk of inadvertently disclosing matters through body language. This could be one reason that the adolescents in the present study valued this type of relationship so highly and described that it helped them achieve emotional closeness with their therapist. Further research could investigate whether adult patients in IPDT emphasize this in the same way or if they perceive the text-based relationship differently.

The theme "a helping relationship with someone who guided and motivated me through therapy" is perhaps the one with the most similarities to how the relationship is described in other studies on internet-based treatments – with the main role of the therapist as a person giving more formal support in moving through the treatment. Several young people said that they would not have completed the treatment had it not been for the encouragement and responses from their therapists. Furthermore, it was a recurring experience that participants were surprised by how personal the treatment felt: that "it was about me." Although this could also refer to aspects of the treatment material, the therapist was often also crucial in this aspect, helping the participant think about personal links and examples of the issues discussed in the text-based material, as well as supporting self-reflection through the exercises. This highlights the importance of therapeutic guidance, regardless of whether the self-help material stands for the most curative factors (which is another research question), at least for some adolescents. However, the therapists not only supported the progress through treatment, they also intervened therapeutically, probing reflection and conceptualizing what the participant described, as found in the subtheme "she helped me understand myself." This is also in line with previous research linking therapists' use of psychodynamic interventions during chat sessions in IPDT to subsequent improvements in depression (Leibovich et al., 2022). Thus, the therapist's support in going through the treatment not only included but went beyond formal support and encouragement.

Although most participants described a close and important relationship with their therapist, a few also described a weak or nonexistent relationship. A few young people reported not being interested in developing a relationship with their therapist and thus not making any efforts toward that. The same finding was reported by Lilja et al. (2021), where some participants described not being interested in having contact with their therapist at all, despite having the opportunity. For those not interested in developing a relationship, it could be that the internet-based format allowed them to avoid it quite literally, as they could take part in the treatment but keep contact with their therapist very limited (i.e., not showing up to chat sessions, not responding to messages, and writing very little in response to exercises but still taking part in the treatment material). In face-to-face treatment, this would not be possible without dropping out of the entire treatment. In these cases, the question is whether this was a problem; perhaps it made it possible for some young people to take part in a treatment that they would not have participated in otherwise, and the lack of a relationship that was never wished for might not have been a problem. However, there were cases in which participants described frustration over the lack of contact, stating that they would have wanted more than text-based contact alone. Thus, it is possible that it needs to be made clear for

participants in internet-based treatments what the therapist can contribute (i.e., giving a clear rationale) for them to be able to use the contact with the therapist usefully, since it is less clear than in face-to-face therapy. Participants who described frustration over limited contact also mostly described not addressing this or trying to achieve a closer relationship. This could be an indication that therapists, when working with a participant who is not active or participating in treatment, may need to address and ask about frustrations or hesitations about the treatment format or the therapeutic relationship, in the same way as treatment resistance would typically be explored in face-to-face treatment (e. g. Lemma, 2016). Presently, the treatment manual encourages therapists to do so, but it might be that these issues were not sufficiently explored in these cases or that the text-based format makes these kinds of interventions less effective.

According to psychodynamic theory, the therapeutic relationship can theoretically be divided into the real relationship and the transference relationship, where the transference relationship represents the parts of the relationship that are distorted by the patient's perceptions, as perception is influenced by previous important relationships. The real relationship represents those parts of the relationship that are not distorted by transference phenomena (Greenson & Wexler, 1969). The aspects discussed in the interviews in the present study seemed to contain mainly aspects concerning the real relationship. There is little evidence of discussion of transference phenomena, even though, of course, some of the positive views of the therapist as a caring and trustworthy person could be transference reactions. Several participants brought up the importance of the therapist as nonjudgmental, and some even described this in terms of a corrective emotional experience (Safran & Muran, 2003). However, some participants described the expectation to be judged or that the therapist would be annoyed with them or give up. This could be thought of as a negative transference reaction, in which the participant was projecting their own self-critical thoughts onto the therapist. When the therapist can help the young person see this and notice how their own self-critique is projected onto others, this pattern can be worked through and ultimately broken. However, these themes were rather rare, and we cannot rule out that a differently designed interview might have been more efficient in identifying and asking about transference phenomena. As mentioned above, it might be that negative transference phenomena mainly become clear in IPDT through resistance and non-participation, again highlighting the importance of addressing this.

The present study aimed at investigating the subjective experiences of the therapeutic relationship, across a sample seeking IPDT for adolescent depression. Therefore, we have not related it to more quantitative measures such as therapeutic alliance or symptomatic change. However, it is likely that these might be related to each other. Future studies could look at the interplay between these concepts more systematically.

## Strengths and limitations

One strength of the study is that the participants were interviewed shortly after finishing the treatment (approximately 1–3 weeks). The interviews provided rich material for the analysis. The participants in the RCT were recruited from different settings all over Sweden, making it a representative sample for depressed adolescents. However, it should be noted that these participants were those who volunteered to partake in interviews post-treatment, which could be a reflection of satisfaction with treatment and a willingness to satisfy the research team. We aimed for a very inclusive approach, asking all participants in the psychodynamic treatment to be interviewed, but only 50% consented. When examining adherence rates in the interview sample, they were higher than in the main RCT sample (7.03 opened modules vs. 6.2 in the full RCT sample, and 7.56 attended chat sessions vs. 7.1 in the full RCT sample). Creating more incentives for participation, such as providing a reward or giving money to charity, could perhaps have led to more participants agreeing to be interviewed and a more representative sample. Efforts should be made to interview participants who were unhappy with or dropped out of treatment in future studies, as such interviews have been valuable in understanding face-to-face psychotherapy with adolescents (O'Keeffe et al., 2019).

## Conclusion

The present study investigated adolescents' experiences of the psychotherapeutic relationship in IPDT for depression. Participants generally described an important and close relationship, in many cases helped by the fact that the contact was not face to face. Most described the relationship and contact with the therapist as crucial in completing the treatment. This is an exploratory study with a relatively small sample size, and the transferability of findings should be examined by exploring the experiences of IPDT in other groups of young people.

The shape and form of relationships are evolving as new techniques open up new ways of communicating

and relating to others. This means that we need to further our understanding of what a close and trusting relationship entails and be open to the fact that factors other than those previously considered might be important. It is well known that it is possible to have physical closeness without emotional closeness, but somehow, it seems harder to leave the notion that it is possible to have emotional closeness without being physically close. In psychotherapy, it is often emphasized that we need to meet the patient where they are, referring to their psychological state and capabilities. However, we have been more reluctant to meet them where they are in more concrete terms, such as the place and form of the meeting, thinking that the therapeutic setting can only come in one shape. It can be argued that it is possible to establish a clear psychotherapeutic framework and a safe (for some, even safer) psychotherapeutic space through online therapy as well, if efforts are consciously devoted to this area.

## Declarations

The study was approved by the Regional Ethical Review Board of Stockholm, Sweden (number: 2018/2268-31/5) and informed consent was obtained from all participants in the study. The trial is registered at ISRCTN 16206254 (http://www.isrctn.com/ISRCTN16206254). The authors declare no competing interests. This trial is supported by the Kavli Trust (grant number 32/18).

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