



Resistances to online group analysis – Is there anything new under the sun?

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In this article, I explore the common resistances to online group analysis and group therapy and bring arguments to support the use of online settings for analytic groups. The arguments are based on theoretical, practical, experimental and experiential perspectives. Online groups are not supposed to replace in-person meetings and the article advocates an integrative model that benefits from both the online and in-person options. A comparison is made between the early arguments by individual psychoanalysts against group analysis and current arguments against online group analysis. Perhaps such resistance shows there is nothing new under the sun.

Key words: social unconscious, online groups, group analysis, tripartite matrix, resistance

Introduction

Online therapy originated in the late 20th-century with the emergence of the internet and digital communication technologies. Mental health professionals began exploring the delivery of therapy services through email and online chat platforms during the 1980s and 1990s. As the internet became more prevalent and accessible in the early 2000s, online therapy gained attraction and started becoming more mainstream. Dedicated online therapy platforms started to emerge, although some therapists, especially those with a psychodynamic orientation,

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initially hesitated to use video-conferencing due to technical limitations such as poor video quality, frequent freezes, and disconnections.

Advancements in technology during the mid to late 2000s led to significant improvements in video conferencing software, making it easier for therapists and clients to engage in remote face-to-face sessions. Additionally, the development of secure messaging platforms and encrypted communication methods enhanced privacy and confidentiality. Numerous research studies began to demonstrate the efficacy of online therapy in treating various mental health conditions, including depression, anxiety, and PTSD (Andersson, 2018; Barak et al., 2004; Griffiths et al., 2010; Lange et al., 2003).

The utilization, acceptance, and adoption of online therapy experienced a surge during the COVID-19 pandemic spanning from 2020 to 2023, offering a convenient and accessible alternative to traditional in-person therapy during times of isolation and social distancing measures. A survey indicated that 98% of therapists in the USA shifted to online therapy during the pandemic (Sampaio et al., 2021). In 2023, a significant portion of psychologists surveyed by the American Psychological Association (APA) continued to provide tele-psychological services in their practices (American Psychological Association, 2023). This transition of healthcare professionals to online platforms resulted in a wealth of experience, knowledge, research, and academic literature (Weinberg et al., 2023a), leading to a substantial increase in research studies on online therapy during this period, both in individual and group settings.

However, there exists a notable discrepancy in the acceptance of online group therapy between the USA and Europe, particularly in countries like Germany and the UK. In Germany, there was a considerable debate about the availability of online group psychotherapy. Initially met with staunch rejection by the National Association of Statutory Health Insurance Physicians responsible for treating individuals with statutory health insurance, there was later a surprising shift towards embracing online group therapy (see https://www.kbv.de/html/about_us.php). Despite this, many therapists in Europe remain hesitant to adopt the online modality.

Resistances

In general, we can describe one of the major resistances to online group analysis as following the metaphor of Magritte's famous painting 'Ceci n'est pas une pipe' (French. English translation: 'This is not

a pipe'). Although the painting does show a pipe, it is not 'the real thing', as it is only a two-dimensional representation of a three-dimensional object. Accordingly, those who claim that online group analysis is not *real* group analysis, believe that even if the online group resembles a group that meets in person, there is no way that it can be the same.

The attempt to force online groups to be exactly the same as in-person ones is futile. If we take this idea to the extreme, when moving online, therapists who use the psychoanalytic couch in their office should insist that the patient lie on the couch in front of the computer screen, which seems quite ridiculous. It is the same notion as suggesting that group analysis means a group of people lying on a couch in a circle. Instead of asking whether it is the same or not, we should look at both the similarities and differences between the online and in-person meeting.

Turkle et al. (2017: 242) say: 'Technology creates a new state of the self, itself. Online intimacies are real but operate with new dynamics'. Weinberg (2014) argued that online relationships involve a different kind of intimacy and termed it '*E-ntimacy*'. It does not embody the kind of 'into-me-you-see' that Hollywood movies glorify, which relies on self-disclosure and privacy. Online *E-ntimacy* is more like the kind of intimacy that develops in large groups and is based on an atmosphere of cohesion, 'we-ness', and belonging.

Russell (2017) details Winnicott's (1955: 21) 12 requirements for a safe setting that enhances analytic work. Some examples are: the analyst's objective interpretation; the analyst keeps moral judgment out of the relationship; the analyst survives. They are all about the analyst's behaviour, and none of these requirements demand physical proximity. Surprisingly, despite the lack of concrete evidence that Winnicott's requirements cannot be fulfilled online, Russell reaches the conclusion that 'A safe holding environment cannot be established in the traditional way in the screen-to-screen relationship' (Russell, 2015: 74). As with many objections that do not seem to be based on evidence or theoretical background, this argument sounds more driven by a pre-fixed ideology since it is unclear why only the 'traditional way' makes the environment safe.

Some resistances to online therapy stem from the risk of totally losing the boundaries of the session. For example, Russell (2015: 13) claims that 'A bed is not a couch, and a car is not a consulting room'. True, indeed. But it is easy to instruct the group members not to connect to the group from their beds or while driving. We can compare

the lack of control of the boundaries online to the situation offline where we cannot control whether patients come under the influence of substances. Others claim that the group analyst cannot create the same therapeutic presence online. However, Carlino (2011) argues that presence is no longer linked to physical proximity and claims that psychoanalytic methods can continue to be applied to new technologically mediated settings. Geller (2023) demonstrates that therapists can establish therapeutic presence online as well. She recommends training for therapeutic presence that includes preparing for presence—through intention before and during session.

Other therapists are concerned with the risk of being distracted by emails, phone messages, etc. (for both patients and therapists). Since becoming a psychodynamically oriented therapist involves training how to listen to the patient without being distracted, I assume that training for online psychoanalysis can teach staying focused online as well. Ogden (1997) recommends using the analyst's reverie to connect to and understand the patient's unconscious processes. I suggest that analysts use their being distracted online the same way and see these distractions as part of their reverie. As for the patient, just as we instruct them to use free associations, bring dreams, etc., we can instruct them on how to stay focused online.

Turkle (2011) is concerned that 'growing up tethered' to the Internet is a major source of stress in our modern lives. She is worried that using the Internet to overcome geographical distance and to avoid possible termination of therapy is encouraging immediate gratification and is against the importance of delayed gratification in patients' mature development. It might create the illusion that one can always ignore and overcome loss. However, the frustrating elements in Internet connection (such as the lack of body-to-body interaction and Internet connection failures) can teach the patient that not everything they wish for can be achieved online. Since all online therapies end eventually, sooner or later, the therapist has the opportunity to work on termination and loss when it comes to ending therapy at a distance.

All the above does not mean that there are no obstacles in online therapy, however obstacles can be overcome. Weinberg (2023b) described the main obstacles to online therapy, including online group therapy and group analysis: The group analyst cannot be as fully in charge of the setting as s/he can be in the office, it takes special training for the therapist to create an online presence that is close to the one created in person, and the

body-to-body communication is absent (which he labels ‘the disembodied environment’). He claims that these obstacles are just challenges that group analysts can overcome by using their creativity. For example, group analysts can instruct group members to guarantee that they, the members, take responsibility for ensuring privacy and creating a holding environment.

Research findings

Research has already established that the results of online individual therapy are the same as in-person individual sessions. Since the best predictor of the success of individual therapy is the therapeutic alliance (Horvath and Symonds, 1991; Martin et al. 2000), many studies have focused on exploring whether the therapeutic alliance online is the same as in-office meetings. Simpson et al. (2021) found that the therapeutic alliance is as strong in video-therapy as it is in-person. In their meta-analysis, Kaiser et al. (2021) concluded that there is a significant correlation between therapeutic alliance and outcome in internet-based therapy. Geller (2020, 2023) showed that therapists can cultivate therapeutic presence online and that it is possible to help therapists foster strong relationships online.

Fernandez et al. (2021), in a meta-analysis examining pre-post changes within Video Delivered Psychotherapy (VDP) and comparing the outcomes with In-Person Psychotherapy (IPP) found that online video-therapy is equally effective as face-to-face psychotherapy in many dimensions such as overall treatment outcome and client satisfaction. They concluded (Fernandez et al., 2021: 1535): ‘Substantial and significant improvement occurs from pre- to post-phases of VDP, this in turn differing negligibly from IPP treatment outcome. The VDP improvement . . . remains strong though attenuated by publication bias’. Lin et al. (2022) in their meta-analysis of 20 research studies found no significant difference between teletherapy and in-person therapy in treatment outcome and follow-up. Researchers have found positive results for a variety of disorders of DSM Axis I such as depression (Berryhill et al., 2019), anxiety (Backhaus et al., 2012; Chavooshi et al., 2016), and addictions (Backhaus et al., 2012; King et al., 2014), but also for Axis II personality disorders such as Borderline type (Zimmerman et al., 2021). Giovanetti et al. (2022), who systematically researched databases for research comparing online and offline therapy for depression claimed that ‘there is now a sufficiently large corpus of randomized controlled

trials to examine the comparative effectiveness of teletherapy and in-person services meta-analytically' (Giovanetti et al., 2022: 1077). In conclusion, there is enough evidence that online therapy is equally effective as in-person therapy.

The situation in online group therapy is more complicated since the main predictor for the group's success is not the relationship between group members and the therapist, but the connection among the group members themselves, namely the group cohesion (Burlingame et al., 2018). The current body of research on cohesion in online groups is still lacking. In a preliminary study, Marmarosh et al. (2024) found that the majority of group members indicated the alliance and cohesion was either the same or slightly worse in online compared to face-to-face groups. However, the majority of members found online group therapy to be effective, convenient, and satisfying. Weinberg (2021) shares his experience that it takes longer for the group to become cohesive, but when it develops, the online group becomes no less effective, intimate, and meaningful than when led in-person.

Researchers have studied the efficacy of online group psychotherapy in different populations, including individuals with depression, anxiety, and post-traumatic stress disorder (PTSD). A meta-analysis of 17 studies found that online group therapy was effective in reducing symptoms of anxiety, depression, and PTSD (Andersson et al., 2016). Online group therapy has also been found to be effective in treating specific populations. A study of veterans with PTSD comparing video teleconferencing to in-person modes of cognitive-behavioural group intervention found reductions in PTSD symptoms and no significant between-group differences in clinical or process outcome variables (Morland et al., 2014). Another study of individuals with social anxiety disorder found that online group therapy was effective in reducing symptoms of social anxiety (Guo et al., 2021).

Marmarosh et al. (2023) amended Burlingame et al.'s (2001) six empirically supported principles for group therapists for online therapy groups. Among other suggestions, she reminds us that the therapist needs to be sensitive to the online nature of interventions and which can model how to be more personal and connected in online groups. She adds that group therapists may need to be more active at bringing in members who may disengage during the sessions, since it is more challenging to express emotions online and it is much easier for a member to pull away and withdraw.

The most current review (Andrews et al., 2024) identified 33 articles that included information regarding facilitating group therapy online. They appraised each article and arrived at several key themes regarding online versus in-person groups: group planning, counseling micro skills, group processes, ethics, technology, and unique online therapy issues. They concluded that there is a growing but incomplete body of knowledge that informs the group therapist regarding the ethical delivery of groups online.

Unfortunately, specific research about group analysis online is still missing and is very needed. Perhaps one of the reasons for this absence is that group analysts are still hesitant to use the online setting. The more they take the risk to move online, the more opportunities open for researchers to study the effectiveness of online group analysis.

Theoretical considerations

Group analysis, according to Foulkes's famous quote (1975 [1984]) is 'the analysis of the group, by the group, including the conductor'. Those who wonder whether group analysis is possible online should bring evidence that group members cannot analyse the group and its conductor when the group is conducted online. The analysis of the group does not require the physical presence of group members in the same room. Applications of group analytic techniques to organizational consultation (Rance, 1989) and to societal processes (e.g. Hopper and Weinberg, 2011, 2015, 2017) support the argument that group analysis can be used in new settings.

Foulkes (1975 [1984]) claimed that free group associations or free-floating discussion, is the group equivalent of free association in individual analysis, and thus it is the royal road and the main technique for repressed material to show itself in groups. We can certainly establish the conditions and create the safe-enough environment for this free-floating discussion to occur online. More than that, according to Foulkes the 'basic law of group dynamics' is that group members 'collectively . . . constitute the very norm from which individual . . . deviate' (Foulkes, 1948 [1983]: 29–30). This is a general truth about individuals (who are 'a variant of the social norm') no matter where they are, and there is no reason why this phenomenon will disappear online. The group analyst can make use of this 'basic law', keeping it in mind, whether he conducts groups in his/her office or on the Internet.

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Nitzgen (2024) summarized the theoretical foundations of group analysis. Let us follow his detailed list to see if any of the main ideas contradict conducting group analytic groups in cyberspace:

1. *The matrix*

Foulkes' definition:

The matrix is the hypothetical web of communication and relationship in a given group. It is the common shared ground which ultimately determines the meaning and significance of all events and upon which all communications and interpretations, verbal and non-verbal rest. (Foulkes, 1964 [1984]: 292)

An online group creates its own matrix and its web of communication and relationship. What we need to take into consideration is the way that the online setting is woven into the matrix. It might not be exactly the same matrix as in the group meeting in the office, but Foulkes clarified that every group creates its own and different matrix. An argument can be made about the difficulty to identify non-verbal cues online; however, this is a challenge that can be overcome creatively, for example by asking group members to report their bodily sensations (Ogden and Goldstein, 2020; Weinberg, 2021).

2. *The group as a model of mental apparatus*

Foulkes: 'The group is like a model of the mental apparatus in which its internal dynamics are personified and dramatized' (Foulkes, 1975 [1984]: 114). These internal dynamics are manifested online as well. Group members personify intrapsychic agencies, represent family figures, or part of the self and even body image in their online behaviours. Body image is an internal representation. Internal object is a virtual object. Internal objects have no body, no concrete contour features. They are representations of real objects and do not need the immediate physical presence of the object to be activated.

3. *Extending group representations beyond the family*

Foulkes: 'The individual in life is equally determined by the various groups of which he is a part . . . his culture, his nation, his family, his clan, his time' (Foulkes, 1975 [1984]: 169). Individual group members not only represent themselves and their family of origin but also the various socio-cultural groups they are part of. The fact that in an online group we can easily gather people from different cultures,

nations and societies, makes it even clearer, since by seeing the contrast with others, one's own representations become more evident.

4. The group matrix as the locus of cultural transmission

Foulkes moved more and more from the biological to the cultural origins of behaviours: 'even the libidinal phases and bodily functions are culturally conditioned' (Foulkes, 1990: 275). Ideas and comments expressed by group members are 'based on the common ground of members' and are 'unconscious instinctive understanding of each other' (Foulkes, 1990: 157). If we take it seriously, the emphasis on bodily functions per se is not so relevant and unconscious instinctive understanding should not be limited to people who are present in the same physical space.

5. The individual as a representative of culture and society

Foulkes linked the psyche and the social world, following Elias (what Bourdieu, 1984, called habitus). The process of cultural transmission 'includes acts, active messages, verbal behaviour, actions, movements, expressions of mood, various emotions, silent transmissions, eventually even, telepathic ones' (Foulkes, 1990: 213). All these manifestations are available for analysis in an online group. Since online groups facilitate the participation of people from different cultures, the manifestations of culture and society stand out in online groups.

6. The tripartite matrix

The tripartite matrix includes the personal, the dynamic and the foundation matrix. Hopper (2020) regarded it as the defining feature of Foulkesian group analysis, and as its hallmark. The same arguments regarding the matrix in the above item 1 can be argued for the tripartite matrix. Each of these sub-matrices can be manifested online. Since the definition of the matrix includes the group communication, perhaps it is important to examine here the question of mediated communication: some colleagues are concerned that online communication is mediated, while they claim that it is not mediated when people meet in the same room. Russell wrote (2017: 57): 'The process of being with the other when you're in the same consulting room is a direct unmediated experience that evolution has primed us to be able to do'. This is actually a fallacy: even when we are in the same room, our experience of connection is often mediated through our eyeglasses or hearing aids (both latecomers on the evolutionary

scale), or even the air that stands in-between us. There are no unmediated objects and unmediated communication. *All interaction is mediated, but some forms of mediation are naturalized within dominant culture.*

7. *The social unconscious*

The social unconscious is the main feature that distinguishes group analysis from other group therapy schools. It brings to the front the idea that ‘there is no such thing as an individual’ (outside the societal context. Dalal, 1998). Originally, Hopper defines the social unconscious thus:

The concept of the social unconscious refers to the existence and constraints of social, cultural and communicational arrangements of which people are unaware. Unaware, in so far as these arrangements are not perceived (not ‘known’), and if perceived not acknowledged (‘denied’), and if acknowledged, not taken as problematic (‘given’), and if taken as problematic, not considered with an optimal degree of detachment and objectivity. (2001: 10)

Weinberg (2007: 312) claims that the social unconscious includes ‘shared anxieties, fantasies, defences, myths, and memories’.

However, in the 4th volume of the *Social Unconscious* series, Hopper claims that ‘The concept of the social unconscious refers to the social, cultural, communicational, and *technological* “arrangements” of which people are unaware’ (Hopper, 2024: 2, italics mine). This is an important addition to the dimensions that should be considered when dealing with the social unconscious. *The tripartite matrix, which so far includes dimensions such as norms, values, gender, communication, and relations, is expanded to include the technological dimension* (just as for Karl Marx, technology exemplifies the interaction between human beings and nature). This dimension evokes associations and unconscious fantasies, adding a technological dimension to the social unconscious, and can be termed ‘the Internet Unconscious’.

Moving to online groups, the group analyst immediately faces challenges, many of them seem technical ones. Interrupted Internet connections, freezing video, time gaps between lips movement and the voice, difficulties focusing and being present, are some of the obstacles that affect online therapy. The failing technology is tiring, distracting, disappointing, and frustrating. However, if we look at it as a kind of psychological rupture, we can change our view of these

failings and see them as opportunities for repair. In fact, the online modality allows for more opportunities to work on repairing ruptures than face-to-face meetings. For example, one of the members in an online group wondered whether the other group members could still see her since she received a message ‘your connection is unstable’. The group analyst suggested relating to this message metaphorically and wondered what this message conveyed considering her real relationships and connections.

Practical considerations

Training groups

Many countries do not have a group analytic training institute, and thus cannot provide group analytic training for their therapists. Some of these therapists travel to other countries where such training exists, to participate in the introductory and the diploma courses, to become group analysts. However, this solution is expensive, and only financially privileged therapists can afford it. Another way to obtain training as a group analyst is the ‘block training’ structure, in which a team of experienced group analysts travels from one country to another every few months for several days, to provide intensive training. This is how the IGA established group analysis in Scandinavia. In fact, when the block training started, many group analysts expressed resistance to the change of the setting claiming that this is not real group analysis, the same resistances we hear today about online training groups (Behr and Hearst, 1991).

Although this setting is less expensive than the previous one, it is still beyond the reach of many young therapists in financially challenged countries, since the travel and lodging of the team can add to the expenses, especially for those who live in rural areas, as for them it also involves accommodation and travel to the big city. Online training, which includes online group analytic groups, is the best solution for this problem. This solution has already been applied by Robi Friedman in China and by Farhad Dalal in India. Dalal (personal communication, 2024) says that this solution was dictated by circumstances and that the online setting works to some degree, but in-person is richer. He adds that the positive aspect is that the training could not have taken place in any other way. His model includes extended residential trainings once a year. This integrative model will be described later.

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Therapy groups

The advantages of online therapy range from enhanced accessibility and convenience to cost-effectiveness and privacy. Here is a concise list of the practical advantages of online groups:

1. **Accessibility and convenience:** Online therapy transcends physical boundaries. Clients can access therapy from anywhere. This accessibility eliminates geographical barriers and provides individuals in remote or underserved areas with access to high-quality mental health care. Moreover, for individuals with physical disabilities or mobility issues, it eliminates the need for physical travel and enables them to seek support without hindrance. Thus, it improves access to mental health care.
2. **Reduced stigma:** Online therapy fosters a sense of anonymity and privacy, which is particularly appealing to individuals who may feel stigmatized or apprehensive about seeking therapy. In countries where there may be political repercussions about speaking in groups, safety may also be increased.
3. **Comfort and familiarity:** Clients can participate in therapy from the comfort of their own homes, reducing anxiety associated with unfamiliar environments. Many people, especially younger ones, are accustomed to using digital devices, making online therapy feel natural.
4. **Cost-effectiveness:** Online therapy is often more cost-effective than in-person sessions. There are no commuting or parking expenses. This affordability democratizes mental health care, ensuring that individuals from all socioeconomic backgrounds can access the support they need to thrive.
5. **Increased options:** Clients can choose from a diverse pool of group analysts.

Considerations based on clinical experiences

Group vignette

At the beginning of the meeting, a group male member, David, said that he wanted to understand something that occurred at the previous meeting. He said that at the end of that meeting, when the group analyst summarized the events in the group, he mentioned an interaction between two other group members (another male and a female) as an example of how the group was working on increasing its closeness. However, David claimed that the conductor (the writer of this article)

did not mention an interaction between him, David, and another woman, Shira, that was also warm and close. David wanted to know why the conductor ignored this contribution and why the group did not correct the therapist's mistake. The conductor said that he would be glad to respond, but wondered whether David preferred a response from group members first. David chose to hear first from group members. A fascinating thread developed in the group, in which many members shared their feelings and thoughts. One woman, Maria, said that she perceived David as a strong, self-confident man who did not need anything from her or from group members. In fact, David's expressed vulnerability surprised her. Another woman, Dalia, said that she was always preoccupied with the fear that she might miss a response to some group members, and last time she was focused on three other members that brought their issues and did not receive full attention (according to Dalia's perception) and thus missed David's contribution. A third woman, Sara, said that she was never sure that what she said was important, due to her background (that was discussed in the group in previous sessions), being brought up in a family where her siblings had difficulties and needed the parents' attention. Dina said that her father always said things so well, that she never thought she could put it so eloquently and thus she avoided talking. Laura cried because David was so different from her father, and it touched her. It triggered memories of her interaction with her dad, and she felt sad about what she missed. I chimed in, took responsibility for ignoring David, and for forgetting that David said long ago that he needed acknowledgement for his contribution. I invited his interpretation and ideas as to why I ignored him. David said:

I think that you are competing with me, since I compete with you on who is a better group therapist and for the attention and love of the women. Brianna said that women in the group compete as well but are less inclined to talk about it.

My immediate response to David's interpretation was surprise since I was not aware of competing with him. However, I did acknowledge that I forgot his request for acknowledgment and wondered whether unconsciously I reacted to his competition by dismissing his contribution.

Can you tell whether this vignette was taken from an online group or an in-person one? Many of the elements that characterize analytic groups appear in this vignette: Exchange, transference (both towards the group analyst and group members), countertransference, mirroring, resonance, and even social unconscious issues (women are more

hesitant to explore competition). In fact, this vignette was taken from one of my online therapists' groups.

I started conducting online groups long before the pandemic erupted and when COVID-19 prevented in-person meetings, I helped many group therapists to move online. Nowadays, I conduct eight weekly long-term online groups, most of them for therapists from all over the world. I have conducted online groups for therapists from specific countries: Indonesia, Japan, Israel, USA, and China. From my experience, these groups are exciting, invigorating, touch on deep emotional issues, and their results are not different from the groups that I meet in my office.

I am not the only group analyst who experiences online groups as powerful and beneficial no less than in-person group analysis. Robi Friedman, a former president of the Group Analytic Society international (GASi) writes that communicational and relational characteristics of group analysis will have to translate from the usual face-to-face group into an online 'small windows' format. He suggests that group-analytic specific concepts need to be transposed to the online format. He goes through the main important group analytic concepts and processes, such as exchange (which is the ability to give and take in interpersonal situations), building a group-analytic matrix, mirroring and resonance, and shows how to apply them online.

As for resonance, he writes:

Because of visceral aspects of resonance, its impact online might be somewhat milder than in f2f meetings, but still will be influential. (Friedman, 2023: 102)

He concludes:

Over the past 10 years I have conducted many weekly and twice-monthly online supervision and therapeutic groups. China, Russia, Ukraine and Italy provided for diverse cultural backgrounds. I have been doing an online double session 'dreamgroup' once a month with colleagues from Padova, complemented by yearly in-person meetings (with the exception of the pandemic period) in which we worked for a whole weekend. In addition, during the two-year-long COVID period I conducted more than 50 group analytic large groups meetings. . . . Most participants were repeatedly surprised how well the online setting worked. . . . For many participants a process of almost a year started with a weird feeling, which only after several months changed into more trust and ended in a satisfactory feeling. (Friedman, 2023: 103–104)

I asked group analysts who objected to the online format whether they experienced an online group either as conductors or as group

members. The common response was that they had not. It reminded me of the resistance that psychoanalysts had, and still have, to the group analytic setting, claiming that it could not be *real* psychoanalysis, but without experiencing a group themselves. This kind of resistance seems to be more ideological than based on facts or real experience.

Friedman (2023) wondered about the resistance of group analysts to work online and cited a case where, in a certain group analytic institute, part of the staff refused to participate in the conducting of groups for a whole four-day weekend, reasoning that working online is not ‘group-analytic’. They decided to join after a few months and were surprised by how it worked well. Friedman concluded that the reason for this resistance is ‘the unspoken power structures, traditionally dominated by group therapists, were threatened through the emergency changes created by the pandemic’ (Friedman, 2023: 107).

Limitations of online groups

Online therapy presents unique challenges that require careful consideration and mitigation strategies. While it offers valuable benefits in terms of accessibility, convenience, and affordability, it is essential to recognize and address its limitations. First, it is not suitable for everyone. Some people need the physical presence of others and cannot tolerate the idea of ‘screen relations’. Other disadvantages are listed here.

1. Lack of non-verbal cues: Unlike traditional therapy, where therapists can observe clients’ body language, facial expressions, and subtle cues, online therapy often relies solely on verbal communication through video-conferencing or text-based platforms. This limitation can impede the therapeutic process, as therapists may miss important contextual information and struggle to fully understand clients’ emotions and experiences.
2. Technical challenges: Poor internet connection can disrupt sessions. Video freezes, audio delays, or dropped calls can be frustrating for both clients and therapists. The effectiveness of online therapy may be influenced by technological literacy, access to reliable internet connectivity, and cultural considerations.
3. Security and privacy concerns: Data breaches or privacy violations are possible.
4. Client’s environment: Clients must ensure a private and secure environment for therapy sessions. In countries like Japan,

where the house walls are thin, or in China, where people have less privacy at home, this issue presents a serious problem.

5. Not suitable for all conditions: Online therapy may not be appropriate for severe or complex mental health conditions like psychosis or acute suicidal thoughts. It also becomes complicated when group members enter a crisis and need immediate intervention. When emergency occurs (e.g. the patient is threatening to commit suicide) the therapist has no access to local emergency intervention facilities.
6. Depersonalization: Some group members feel less connected due to the absence of physical presence. This phenomenon can exacerbate when clients tend to dissociate under stressful conditions due to previous traumas. However, Weinberg (2021) points out that some people with attachment avoidance–dismissive styles might benefit more from online groups since the screen protects them from too much intimacy.
7. Screen fatigue: Constant screen time can lead to mental fatigue and burnout.

In conclusion, the suitability of online therapy depends on individual preferences, needs, and the severity of their mental health concerns.

An integrative model

The importance of participation in analytic groups for therapists who want to become group analysts is reflected in the requirements for becoming a group analyst by EGATIN (the European Network of Group Analytic Institutes) and the IGA (Institute of Group Analysis) London. For example, EGATIN requires that trainees complete at least 240 hours of personal group-analytic therapy in a small therapy group. It is not mentioned in these requirements whether the group should be online or face-to-face and the EGATIN board is now discussing whether participation in online groups can fulfil these requirements.

In an article published in the *International Journal of Group Psychotherapy* I suggested a model for online groups for therapists (Weinberg, 2023) based on my 10 years of experience with these groups in different countries and different cultures (therapists from all over the United States, from Israel, China, Japan, Singapore, and Indonesia and mixed international groups). This training model uses weekly online process group sessions of 90 minutes, that include a

10-minute didactic discussion at the end of each session, combined with an annual in-person intensive meeting.

Online groups are not supposed to totally replace in-person meetings. As said, the main challenge with online groups is the lack of body-to-body interaction (the disembodied environment). In groups, this absence is manifested by the inability to create eye-to-eye contact. The first gesture group analysts use when starting a group is shifting their eyes from one member in the room to another, 'holding the group in their gaze'. This glance creates a holding environment from the first moment. Online, there is no way that this eye gaze will be perceived and felt as holding since the group members cannot identify when the group analyst looks directly at them. As Weinberg (2020) and Weinberg et al. (2023b) suggest, there are ways to compensate for this lack (for example, saying the name of a participant, letting them know verbally that you see them). However, as much as these techniques help, the presence of the body is still missing. To overcome this absence, in my model (Weinberg, 2023) I suggest an annual intensive, in-person retreat of two days. As mentioned above, Dalal also adopted this model in his group analytic training programme in India. When the group is composed of therapists from different countries, as the group is stable for a long time and becomes cohesive, the members are committed and ready to fly once a year from all over the world to meet in a venue decided by all group members. This annual meeting is an important event in the life of the groups and is remembered and mentioned in the online meetings long after it ends. It contributes to the cohesion and intimacy of the groups and helps overcome the disembodied environment. Group members yearn for this touch and carry the sensations into cyberspace. This integrative model serves well to combine the advantages of the online setting with the in-person one.

Conclusion

In this article, I presented the main resistances to online groups, especially from a group analytic point of view, and brought arguments as to why analytic groups should be considered valid as part of group analytic training. These arguments cover theoretical, practical, research, and experiential perspectives. Online groups are here to stay, but not to replace in-person ones. They are not supposed to be exactly the same as in-person groups, but a good enough approximation. An integrative model, combining online weekly sessions and an annual in-person retreat is proposed.

My main conclusion, after conducting online groups for more than 10 years, is that people can adapt to these groups, create deep belonging and feel strong cohesion, probably since the need for attachment and connection is not limited to physical presence. Instead of presenting a negative attitude that is based more on ideology than on theory, practice, research or experience, group analysts and licensing boards are called upon to embrace these groups. In this age of accelerated transformation, we group analysts should adopt sufficient mental flexibility about change. The objections of group analysts seem to be based on the difficulty to adjust to change in moving from the circle to the screen, just as psychoanalysts rejected the change suggested by Foulkes, moving from the couch to the circle.

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