



The agentic role of psychotherapy in retaining human connection in the age of technology: A response paper

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ABSTRACT

In this short response to the papers appearing in this special issue (Technology, AI Bots and Psychotherapy After Covid), psychotherapist and author Aaron Balick draws on the variety of themes that have arisen within the contributed papers to reflect on the wider issue of computer mediated human relations. In it he makes a distinction between the papers that focus on the therapeutic process mediated by technology and those that look more broadly at the paradigm of therapy practice in this context. Framing technology as a tool, the author pulls together both strands to explore what psychotherapy research may say about the broader issues of societies mediated by technology and how therapeutic research may contribute to these larger social issues.

Die agierende Rolle der Psychotherapie bei der Aufrechterhaltung der menschlichen Verbindung im Zeitalter der Technologie: Antwortaufsatz

ABSTRAKT

In diesem kurzen Antwortpapier geht der Psychotherapeut und Autor Aaron Balick auf die Vielfalt der Themen ein die in den Beiträgen entstanden sind, um über das umfassendere Thema der computergestützten Kommunikation nachzudenken menschlichen Beziehungen. Darin unterscheidet er zwischen den Arbeiten, die das Therapeutische in den Mittelpunkt stellen Prozess, der durch Technologie vermittelt wird, und solche, die das Paradigma der Therapie Praxis umfassender in diesem Zusammenhang betrachten. Als Werkzeug der Rahmungstechnik führt der Autor beide Stränge zusammen Erkunden Sie, was die Psychotherapieforschung über die umfassenderen Probleme der von ihr vermittelten Gesellschaften sagen kann Technologie und wie therapeutische Forschung zu diesen größeren gesellschaftlichen Problemen beitragen kann.

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This article has been corrected with minor changes. These changes do not impact the academic content of the article.

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La función agentiva de la psicoterapia en la retención de la conexión humana en la era de la tecnología: un documento de respuesta

RESUMEN

En este breve artículo de respuesta, el psicoterapeuta y autor Aaron Balick se basa en la variedad de temas que han surgido en los artículos aportados para reflexionar sobre el tema más amplio de las relaciones humanas mediadas por computadora. En él hace una distinción entre los trabajos que se centran en el proceso terapéutico mediado por la tecnología y los que miran de manera más amplia el paradigma de la práctica terapéutica en este contexto. Enmarcando la tecnología como una herramienta, el autor reúne ambas líneas para explorar lo que la investigación psicoterapéutica puede decir sobre los problemas más amplios de las sociedades mediadas por la tecnología y cómo la investigación terapéutica puede contribuir a estos problemas sociales más amplios.

Le rôle agent de la psychothérapie dans le maintien des liens humains à l'ère de la technologie : un document de réponse

ABSTRAIT

Dans cet article à réponse courte, le psychothérapeute et auteur Aaron Balick s'appuie sur la variété de thèmes apparus dans les articles pour réfléchir à la question plus large des relations humaines médiées par l'ordinateur. Il y fait une distinction entre les articles qui se concentrent sur le processus thérapeutique médié par la technologie et ceux qui examinent plus largement le paradigme de la pratique thérapeutique dans ce contexte. Considérant la technologie comme un outil, l'auteur rassemble les deux volets pour explorer ce que la recherche en psychothérapie peut dire sur les problèmes plus larges des sociétés médiées par la technologie et comment la recherche thérapeutique peut contribuer à ces problèmes sociaux plus larges.

Ο ενεργητικός ρόλος της ψυχοθεραπείας στη διατήρηση της ανθρώπινης σύνδεσης στην εποχή της τεχνολογίας: Μια απάντηση

ΠΕΡΙΛΗΨΗ

Σε αυτή τη σύντομη απάντηση ο ψυχοθεραπευτής και συγγραφέας Aaron Balick αντλεί από την ποικιλία των θεμάτων που προέκυψαν μέσα από τις εισηγήσεις του ειδικού τεύχους για να αναστοχαστεί σχετικά με το ευρύτερο ζήτημα των ανθρώπινων σχέσεων που διαμεσολαβούνται από τον υπολογιστή. Σε αυτό κάνει μια διάκριση μεταξύ των εργασιών που επικεντρώνονται στη θεραπευτική διεργασία που διαμεσολαβείται από την τεχνολογία και εκείνων που εξετάζουν ευρύτερα το παράδειγμα της θεραπευτικής πρακτικής σε αυτό το πλαίσιο. Πλαισιώνοντας την τεχνολογία ως ένα εργαλείο, ο συγγραφέας συνδυάζει και τα δύο σκέλη για να διερευνήσει τι μπορεί να πει η έρευνα ψυχοθεραπείας για τα ευρύτερα ζητήματα των κοινωνιών που διαμεσολαβούνται από την τεχνολογία και πώς η θεραπευτική έρευνα μπορεί να συμβάλει σε αυτά τα μεγάλα κοινωνικά ζητήματα.

ARTICLE HISTORY Received 24 October 2023; Accepted 26 January 2024

KEYWORDS Psychotherapy; technology; artificial intelligence; online therapy

SCHLÜSSELWÖRTER Psychotherapie; Technologie; künstliche Intelligenz; Online-Therapie

Palabras clave Psicoterapia; Tecnología; Inteligencia Artificial; Terapia Online

MOTS-CLÉS Psychothérapie; technologie; intelligence artificielle; thérapie en ligne

ΛΕΞΕΙΣ-ΚΛΕΙΔΙΑ ψυχοθεραπεία; τεχνολογία; τεχνητή νοημοσύνη; διαδικτυακή θεραπεία

Introduction

Homo-erectus is believed to have been the first form of life on Earth to have utilised tools more than 2.6 million years ago. These tools came in the form of stones that were fashioned to make tasks like hunting and rendering prey easier. While there are a handful of other animals who use found objects as tools in a rudimentary way, the sophisticated fashioning of resources in this way is unique to humans. The role of tools for the development of civilisation and social organisation can hardly be underestimated. As imagined in the film *2001: A Space Odyssey*, the same force that endowed human beings with the inspirational spark to turn a bone into a weapon is proposed to be the very same spark that would ultimately tip us into our next evolutionary transformation.

It should also strike us as curious that these tools were initially fashioned for the purpose of self-preservation and self-defence. This accords quite nicely with Darwin's theory of natural selection and Freud's drive model. I am no palaeontologist, but it seems evident that if tool use initially came to be in the service of survival and defence, their use as an enhancement to offensive aggression must have arisen concurrently; the necessity for defense does not arise without something to defend oneself against. While the drive that provoked the first human to fashion a stone into a spearhead is the very same one that would eventually lead to the splitting of the atom, the speed at which innovations like these occur is entirely different. Technology hardly developed across the whole 2.6 million-year-long Palaeolithic Age, which only ended about 10,000 years ago. The speed of innovation today is such that even a month or two is enough to give us whiplash; adapting to the rapidity of these innovations is incredibly difficult.

While the tools we shall be discussing here are less about self-preservation than they are enhancements for communication, their development originates from the same spring. The Internet was developed by the US military's Advanced Research Products Agency (ARPA, now DARPA) in the late 1960s (Bartlett, 2014), before expanding first into academia and then becoming more widely available to the general public in the 1980s. The way in which the Internet was conceived and how it works today is in essence very simple:

it efficiently conveys digital information back and forth across networks, and the aggregation of these networks is popularly known as the world wide web. Whether this information is conveyed in the form of online payments for goods, the transmission of pornography or the conveyance of a psychotherapy session, at root it is simply 0's and 1's zooming at the speed of light across the globe. The function of the Internet is, in a sense, no different from the conveyance of goods by cargo ship – ships simply ship – and they do so without a care in the world about what they are shipping, whether it is aid in the form of rice to a nation impacted by famine or arms to support or quell an uprising. The difference is that ships carry hardware and the Internet carries digital information. It is the manner of what that information contains, how it is deployed, and to what purposes that perfectly illustrates Kransberg's first law of technology, 'Technology is neither good nor bad; nor is it neutral' (Kransberg, 1986). It is the architecture of a given technology that structures its non-neutrality.

To put it simply, technology, even with today's mindboggling complexity, is essentially nothing more than a tool. It is helpful for us to think of it as such rather than be transfixed by its magical qualities that can hypnotise us into conceiving of it as some kind of ultimate other. I am not denying its magical quality. There is no doubt that recent digital innovations have a deep and meaningful impact on us. Yet while our tools develop at an exponential rate, our human psychology remains stubbornly palaeolithic – a psychology that has to work harder to accommodate these remarkable contexts in which it operates today (Balick, 2014). The last three decades have enabled us to extend our psyches outward into the digital ether in the same way that a spear enabled a physical extension into the palaeolithic forest; we are all psychologically extended selves.

The way in which we utilise the Internet for these extensions of self is telling. Excluding Google, the Internet mediator *par excellence* and hence the most visited website on the Internet by far, three of the top five most visited sites are all social media platforms – accompanied by YouTube, which also has a social element (Haan, 2023). These five most visited sites were founded on the basic human motivation to connect with others: a drive as deeply wired as self-preservation. Facebook, Twitter¹ and Instagram, the holy trinity of social media at the time of writing, may not be the *best* way to mediate our relationships, but they are evidently the most *popular*, perhaps because they are both *compelling and convenient*. These are two adjectives I that shall be investigating more closely in response to the papers within this Special Issue; a response intentionally frames technology as a tool with particular reference to the tools that have become central to the contemporary practice of psychotherapy. I will also be using this opportunity to acknowledge that our profession, which is so accustomed to looking inward, must do better in

applying its understanding of how technologies mediate relationships to the wider world, outside the consulting room.

Is the consulting room an anachronism?

The *Financial Times* recently featured a small piece on The Freud Museum London where it noted, ‘The centrepiece of the room, and arguably the whole museum, is the couch where patients were treated with Freud’s “Talking Cure”, topped by a heavy wool Persian carpet. This is undoubtedly one of the most famous pieces of domestic furniture in the world’ (Court, 2023). What is remarkable about this famous couch is what it says about the ‘technology’ of psychoanalysis. The couch is a thing that was designed for the simple act of reclining, and the technology of psychoanalysis consists of little more than talking and listening. And while talking and listening bodies continue to be central to the practice of psychotherapy today – the way that practice is mediated has become the object of scrutiny, anxiety and, to a much lesser degree, excitement. How curious that a medium that is simply used to convey talking and listening would be so controversial?

The contributors to this Special Issue broadly fall into two categories, those that make up the majority interrogate *the process of carrying out and the consequences of different forms of therapy and related practices online* (the process side) and a minority of those that *philosophise on the paradigm of technology-mediated psychotherapy itself* (the paradigmatic side) more generally; there is naturally a fair bit of overlap here. All contributors have been provoked by the COVID-19 pandemic which forced us to move our work online whether we wanted to or not, and the consequences of that period with which we are coming to terms with today. As Stilman has noted, ‘Our collective unconscious has been altered by this collective trauma and the experience will take time to assimilate and fully comprehend its impact on the personal, professional, societal, and political spheres’. These papers are a part of this process of assimilation and comprehension.

They are:

- (1) Looking and Listening in Online Therapy by Gail Simon
- (2) Virtual Reality and Screen Relations in Clinical Practice by Ronen Stilman
- (3) The Shaping force of Technology in Psychotherapy by Patricia Talens
- (4) Schrödinger’s Cat Goes Online: Exploring the psychopathology of digital life by Daniel Rubenstein
- (5) Moving-sensing-feeling bodies clamouring for contact in on-line therapy groups by Billy Desmond
- (6) Virtual Parent Infant Psychotherapy by Adele Greaves et al.

- (7) AI, automation and psychotherapy by Helen Molden
- (8) Connecting in a Remote World: Psychotherapy & Counselling Students' experiences of Remote Teaching and Learning by Geraldine Sheedy

On the process side, these concerns include themes around the nature of embodiment (**Simon and Desmond**), the relationship between therapists and the technology they may or may not be using (Stilman); reflections on carrying out group psychotherapy in a virtual environment (**Desmond**); the findings of moving a mother and baby service online (Greaves, O'Brien, McKenzie, Roberts and Alexander); qualitative insights into the advantages and disadvantages of remote psychotherapy training and learning (Sheedy); and the multi-layered nature of the screen as mediator with relation to intimacy and otherness (Rubinstein). On the paradigmatic side, Talens adroitly explores how talking-therapy techniques themselves, as exemplified by the elevation of manualised CBT and evidence-based practice (EBP) risks overlooking the existential factors that make us human, suggesting that such techniques may be linked 'to a culture of neoliberalism which is concerned with specialisation and industrialisation' which may be leading us towards an industrialisation of therapy itself. Molden helpfully offers us a framework for thinking about the role that Artificial Intelligence (AI) may take in the practice of psychotherapy in the future. Developing frameworks like Molden's provides a crucial framework and structure that can act as a bulwark against the anti-thinking provoked by overwhelming anxieties as well as the malaise that the 'magical' nature of technology can make many of us experience.

Though the majority of the papers in this Special Issue focussed on process, they all embed paradigmatic questions as well, particularly in relation to themes of accessibility, subjectivity, convenience, embodiment, and economics. In this brief response, it would be impossible for me to comment on all these rich elements – so my approach will be to bring them all into the service of understanding the compelling, sometimes problematic, and sometimes liberating possibilities that our technology brings to bear on all these issues.

Mediated bodies

This collection of papers addresses both the challenges and opportunities that arise within computer-mediated therapeutic work with the process-oriented papers inquiring into the consequences of technology-mediated processes within their sectors, while the paradigmatic ones consider the wider forces that may be unconsciously impinging upon the decisions that individuals and organisations are making with regard to computer-mediated

work. Authors such as Simon, Stilman, Desmond, Sheedy and Rubinstein explore the consequences of having had to move online to describe the differences, constrictions, opportunities and limitations of virtual space, particularly with regard to the felt-sense of how remote work affects listening, feeling, embodiment, etc. Greaves et al., in their assessment of moving a parent/infant service online, point to mostly positive outcomes, albeit with some caveats, particularly with regard to greater accessibility and retention of service users. Almost all the papers respond to the consequences of the compulsion to work online due to the pandemic, an event that has provoked an entire profession to ask important questions of itself as we move forward. Looking forward, however, is difficult. It is almost as if the paradigmatic whiplash of the pandemic-induced ‘Zoomification’² of therapy has made thinking about forthcoming paradigmatic shifts in relation to even newer technologies like AI too anxiety-provoking and over-stimulating to consider. The findings from these papers, alongside other research from the pandemic period, should ideally factor into how we make choices mindfully and critically going forward.

Whether psychotherapists *should* be working online or co-presently³ is overdetermined – both individually and socio-economically. I was personally gratified by Stilman’s frank admission, ‘I do not buy the idea that it is acceptable to work online only if we “have to” or because it is convenient’, a statement that was made in an effort to undermine the either/or and better/worse dialectics that often arise in these discussions, notably softened since the pandemic. I could not agree more. Going forward, the question of whether one should be working online or not should primarily be one of *clinical judgement*, that is asking oneself if working online or co-presently is in the best interest of any particular client or client group. For example, Greaves et al.’s beneficial findings around increased access and utilisation of the parent/infant service could be seen as such an indicator. It worries me somewhat that in our post-pandemic age many individual therapists and counselling services may be prioritising issues of convenience and cost-saving over clinical judgement now that we have emerged from the worst of the pandemic. You could say that where the default setting before Covid was to co-present work, which has now reversed. We should be taking this post-pandemic period as an opportunity for a deep evaluation of how to intentionally construct our services going forward rather than simply falling into a new default setting;⁴ the papers in this Special Issue can help us adjust these new settings.

Speaking from my own experience as an individual who ran a therapy space before, during, and after the pandemic, it seems that the convenience that online work offers for clients and therapists has become a central operating principle, alongside the incentives of the substantial drop in

overheads achieved by not having to maintain a physical premise.⁵ As Talens points out, ‘We are encouraged to ask, not only what a technology or technique can do but also how it might influence our being in the room and acknowledge how our interactions have been mediated’. Given the variety of ways in which these papers have pointed out the nuances of how technological mediation affects the therapeutic process, one would hope that choosing whether online mediated therapy is being offered or not (and how) should go beyond simply assessing its convenience and cost. This is not to say that cost and convenience should be eschewed altogether – that would be utterly naïve – cost and convenience are necessary factors to incorporate into decision-making. They simply need to take their position alongside clinical judgement and other factors for the benefit of any client group.

Personal factors of both therapist and client are also an important element to consider. Working online, similarly to one’s chosen modality, is partly a matter of individual preference. I agree with Stilman’s suggestion that one’s preference for online work may be associated to their attachment style towards technology. I would broaden this out further and suggest that *any* factor that contributes to the therapist’s personality type plays an important role in the preference of one style of mediation over another. Before the pandemic, the minority of therapists who were already working online had chosen to do so because it appealed to them. I do not think that any therapist or client should feel compelled to work online or co-presently if it does not accord with their personality style or their therapeutic needs – with the latter factor being a matter of clinical judgement and mutual negotiation. Clients seeking private therapy will simply factor their preference into the therapist they choose. Clients who are reliant on public or third-sector services, however, will have to depend on the kind of services that are available to them.

The papers in this collection describe important differences, obstacles, limitations and opportunities of technologically mediated therapy. I have found the term ‘functional equivalence’ (Isaacs Russell, 2015) extremely helpful in conceptualising differences between online and co-present work. This term enables us to think about how psychotherapy is mediated differently without having to attach better or worse values to them. These differences are as palpable in working with groups (Desmond), learning and teaching (Sheedy), parent and baby work (Greaves et al.), as they are with individuals (Simon and Rubinstein). The functional differences present in how the therapy is mediated should be central in deciding how it will be deployed and to whom. Furthermore, as the paradigmatic papers in this collection warn, personal or organisational choices are heavily embedded in our socio-political context, which also has to be integrated into these assessments.

In this larger context, the ways in which talking therapy is mediated take on a variety of additional elements that go far beyond personal preferences, convenience, or clinical judgement. As Talens points out, ‘To solely view technology as instrumental risks a form of concealing and so we are encouraged to look at the essence of technology and not the things themselves’. In this sense Talens is not referring to technologies like video-conferencing alone, but to therapeutic approaches themselves, like some forms of EBP that she fears may unwittingly (or wittingly) impose neo-liberal values into the therapy space. Simon similarly notes how surveillance capitalism also plays an important role, ‘It would be a naïve oversight to talk about listening without acknowledging that we are living at time in which acquiring, selling and using information is the biggest business on the planet. This involves facial recognition and voice recognition amongst other personal material information. The truth is that we are living through an era seeing the demise of privacy’. Even as I have been writing this paper, the popular video-conferencing platform Zoom updated its terms and conditions that enables it to own the content it mediates in for the development of artificial intelligence and machine learning:

You agree to grant and hereby grant Zoom a perpetual, worldwide, non-exclusive, royalty-free, sublicensable, and transferable license and all other rights required or necessary to redistribute, publish, import, access, use, store, transmit, review, disclose, preserve, extract, modify, reproduce, share, use, display, copy, distribute, translate, transcribe, create derivative works, and process Customer Content and to perform all acts with respect to the Customer Content, including AI and ML training and testing. (Ivanovs, 2023)

The release of Zoom’s revised terms immediately provoked a major backlash, forcing them to quickly release a statement of retraction and the produce new wording within a week – a rewording that is currently being scrutinised by privacy advocates. Given the frequency of events like this (not to mention several public breaches of data from government departments over the summer of 2023) it is no wonder that therapists feel frightened and overwhelmed. Most of us are worried enough about whether we adequately understand and comply with data protection legislation, let alone examining if we’re unwittingly enforcing neo-liberal values in our well-meaning therapeutic work! This complicating and sometimes frightening context provokes many of us to long for the simplicity of the days of Freud’s couch.

Technology is not our nemesis

While Zoom’s T&C are pretty scary, if we are able to put our anxieties aside for a moment and look into them a bit more reflectively, we might see it differently (while not giving tech companies hiding behind reams of terms

and conditions the benefit of the doubt). If we can put our concerns about privacy and surveillance capitalism on the shelf for just a moment, can we wonder together *why* Zoom might be doing what it is doing. Just imagine the research potential here. In 2020, a study revealed a new method for the early diagnosis of Parkinson's Disease. The data was acquired through the harvesting of voice samples that were then subject to machine analysis resulting in early diagnosis with a success rate of nearly 100% (Singh & Xu, 2020). Great optimism has been expressed about the capacity of AI and machine learning (ML) to greatly enhance medical diagnostics in everything from scans, blood samples, symptoms, genes, and so much more (Al-Antari, 2023). The ability of AI to aid and improve medical diagnosis and treatment may offer similar assistance with mental health. The capacity for companies like Zoom to collect exabytes of qualitative information that is being produced daily in therapeutic interactions (not just the words, but the volume, duration of silence, tone and timbre of voice, changes in all of the above in response to therapist interventions, etc.) could lead to a whole new level of understanding therapeutic process. While it seems like the majority of our profession are trembling in fear at the potential for technology to dehumanise the therapeutic endeavour, might it be possible that such mechanisms will give us an even deeper insight into human subjectivity? Might it be possible that with the help of big data and machine learning we may learn to minimise debilitating symptoms associated with trauma and anxiety, for example, much more efficiently? That does not mean we have to give up therapy as self-exploration or as a human to human process – but it does mean we can be open to better helping those who are seeking specific interventions for debilitating mental health conditions, like treatment-resistant depression, for example. Molden has offered us a handy guide for how we might think about the degree to which AI may be integrated into therapeutic work, and I believe it is crucial to consider this and other models when it comes to the future development of therapeutic work.

When speaking to therapists about technology, I have noticed that fear and effrontery are almost always foregrounded. Question and answer panels almost invariably lead down a rabbit hole of a techno-dystopian future and very rarely do people suggest optimistic possibilities. I believe that this reaction arises from our commitment to the sacredness of embodied complex interpersonal relating. This is an admirable commitment and one that should be sustained as there are most definitely currents in technology and culture that threaten it. Talens points us to the potential of an insidious encroachment of an 'industrialisation' of psychotherapy, 'In essence, if the tools are a mere means to an end for metric outcomes *and we do not pay attention*, we risk a danger not posed by the superficial technology itself but of increasingly denying the ability to feel one's self in an original way which is fluid and able to reconstitute meaning for itself'. The italics are mine, and

their role is to add emphasis to Talens' warning that the danger may not be so much the technologies in themselves, but more so that we should be paying attention to them very closely. In my experience, the overwhelming complexity of technology and the speed at which it develops tend to undermine our capacity to think about it. It frequently sends us to a fearful and defensive place which restricts our capacity to see the bigger picture: a bigger picture that, if we pay attention, includes the possibility of enormous benefits.

Looking outward

Psychotherapists, especially those that are relational, depth or insight-oriented, are, *par excellence*, experts in navigating the complex territory of the intersubjective. Because of that, such therapists may feel a little bit superior, confident that, however sophisticated AI gets, *our* jobs are not quite as vulnerable as all those others AI threatens to replace. ChatGPT may be able to do a cheap and efficient job hammering out the basic details of a divorce agreement, but one or both parties will still probably prefer to take the emotional fallout to a real person rather than a chatbot. This sense of smug superiority might be chastened by a paper published in the Journal of the American Medical Association (JAMA) that found that, in addition to AI's benefits for medical diagnosis and treatment, chatbots may even have a *better bedside manner than the average physician* (Ayers et al., 2023)! What does it mean when a chatbot does better handholding than an actual human physician?

I hope you will forgive me for needling my gracious reader as we approach my final thoughts. If you are feeling a bit mystified, let me be clear that I too am committed to the sacred nature of real life co-present interpersonal complexity; I believe that at its core, psychotherapy is more an art than a science; and I share concerns regarding the socio-political and economic contexts within which our field exists. But I take it one step further. While, quite rightly, the papers that make up this Special Issue look inwardly to technology's consequences upon our profession, I strongly feel that we need to do much better in taking insights from our field and to better contribute their applications to new technologies. We need to take our passion, commitment and knowledge about the importance of complex interpersonal relating and help to preserve it out there into the world where it mediates relationships every day in every way, not just between therapists and clients. We are in a perfect position to do so because we can extrapolate our understanding, as exemplified in the papers herein, to society as a whole.

I came to this conclusion after writing my clinical paper *TMI in the Transference* when I realised that having had the privilege to deconstruct an instance of virtual impingement within the clinical situation, I could apply that understanding to what was being experienced almost universally by just

about everyone whose relationships were also being mediated by technology. My book, *The Psychodynamics of Social Networking* (Balick, 2012), was an attempt to do just that, outside the clinical setting. This Special Issue gives us a rich set of papers that can be used to further penetrate, understand, and most importantly *contribute* to the world outside our field to help ensure that complex interpersonal relating does not get lost *out there in the world* not just in professional conferences and journals like this. We can do this by accepting Simon's position that 'We are technohumanised in a continuing process of becoming technohuman' and then apply Tallens' suggestion that we *pay attention* and apply our understanding to these developments.

For example, the way Desmond movingly shares the way in which they ready themselves to facilitate online therapy groups by taking time to become embodied and be conscious of looking moving, sensing, and feeling, noting that, 'Online there tends to be a reliance on words and the cacophony of words contain intentionality of contact between members in the clamouring for contact. Group members arrive to the virtual group with an abruptness as being there is immediate via the link'. Simon similarly notices the lack of embodiment suggesting that even in co-present therapy sessions we can get lost in thought, but online 'our bodies become further relegated'. Greaves et al. note that in her parent–infant study 'All participants spoke about being able to form an effective therapeutic relationship online, and the importance of seeing and being seen in facilitating this', while also noting the potential impingements that were present, such as being able to ensure privacy and the lack of transitional space. Contrastingly, Rubinstein points to the 'otherness' of online relating and the consequential shaping of consciousness this may provoke. Perhaps Desmond exploration of embodiment, particularly their insistence on drawing focus to it offers an antidote to this free-floating otherness or alienation (which, it has to be said, is not universally experienced), 'Inviting clients to track their embodied experiences through the senses can be a support that enables a spontaneous contacting with others. This can be an invitation to notice breath and its movement, the touch of their bodies against the chair and floor, to wander about the virtual groups with their senses and notice their responses to the whole group and each person in the virtual environment without evaluating or making meaning'. It seems to me that we cannot avoid the growing tide drawing us into the technohuman (Simon) age, and that, being the case, the field of psychotherapy has a great deal to contribute.

By drawing on clinical experience and the research exemplified in this Special Issue, therapists may choose to influence technological development in a variety of ways including influencing governmental regulation level (e.g. issues of privacy, consent, data harvesting, protecting children and aggressive marketing) as exemplified in the recent UK online safety legislation; getting themselves onto boards of, or consulting roles in, the companies developing technologies and platforms to ensure ethical oversight, psychologically aware

and pro-social elements are incorporated into software design; facilitating qualitative research with platform users to help developers become aware of the psychological consequences to their users; and working to ensure the representation of relational and depth-psychology perspectives at technology conferences in much the same way that efforts are currently being made to be more inclusive of ethnic, racial, gender, class, ability, neurodiverse and other variables that contribute to greater representative diversity in this realm.

In conclusion, I wish to thank all of the contributors in this Special Issue for the important work they are doing in thinking and feeling through this complex and confusing material. Returning to the question posed at the start of this paper, I would like to resoundingly claim that neither the couch nor the traditional consulting room has become or will become an anachronism. The fundamental motivation to relate as full subjects to other full subjects, to see and be seen, to recognise and be recognised by an other (in this case, a professionally trained other) remains absolutely central to being fully human. I do not think that the role of the fully human psychotherapist is going to disappear, though the context in which therapy may happen is getting more and more challenging; not to mention the development (and hence competition) of VR, AI, and other technology assisted or wholly technological treatments. I can only repeat my own plea that authors and readers alike of this Special Issue will consider what they can contribute *outside* the field – to share and promote their findings with an aim to positively impact the development of technology itself. It may sound naïve, my suggesting that psychotherapists *could* have an impact on the big nasty world of capitalist tech behemoths, but given the general sense of pessimism around, I hope you will allow me to occupy this space of hope. In addition to being stakeholders and contributors, we can also be activists when activism is required, for example with reference to surveillance, privacy or threats to quality mental health services. No doubt that will take a fair bit of *chutzpah* on our part to suggest ourselves into contexts and environments where we are likely to be seen as outliers or even threats. However, I believe that we can be protectors of the sacred practice of human-to-human psychotherapy while being open-minded to new approaches – at the same time being co-agents of change in bringing those sacred elements of interpersonal complexity into technology's unrelenting development.

Notes

1. Technically now called 'X' but I'd prefer not to give Elon Musk the pleasure.

2. For security reasons, Zoom is generally not advised for confidential work. I am using the term throughout as a shorthand for video-conferencing.
3. I prefer Isaacs Russell's (2015) use of the term 'co-present' instead of 'face-to-face', 'live' or 'in real life' because online sessions tend to be all of those things.
4. Similar questions are being asked and worked through in relation to working from home policies in other domains.
5. As it happens, I sadly had to close my space following the pandemic because usage of the rooms there had declined so much as to make it unsustainable to continue to run – an experience shared by many organisations providing such spaces.

Disclosure statement

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

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Aaron Balick, PhD. is a psychotherapist, consultant, cultural theorist, public speaker, and author. Drawing on more than twenty years of clinical and academic experience, Aaron is a leading voice in the public understanding of psychology and how it can be directly applied to benefit individuals, organisations, and society. As the author of *The Psychodynamics of Social Networking*, Aaron speaks widely about the psychology of technology and social media. He has also written two self-help books, *The Little Book of Calm* and *Keep Your Cool* (for children), and is a regular mental health contributor across all forms of media. He is an honorary senior lecturer at the Department for Psychosocial and Psychoanalytic Studies at the University of Essex where specialising in psychoanalysis and culture.

References

- Al-Antari, M. A. (2023). Artificial intelligence for medical diagnostics—Existing and future AI Technology! *Diagnostics*, 13(4), 688. <https://doi.org/10.3390/diagnostics13040688>
- Ayers, J. W., Poliak, A., Dredze, M., Leas, E. C., Zhu, Z., Kelley, J. B., Faix, D. J., Goodman, A. M., Longhurst, C. A., Hogarth, M., & Smith, D. M. (2023). Comparing physician and artificial intelligence chatbot responses to patient questions posted to a Public Social Media Forum. *JAMA Internal Medicine*, 183(6), 589–596. <https://doi.org/10.1001/jamainternmed.2023.1838>
- Balick, A. (2014). *The psychodynamics of social networking: Connected-up instantaneous culture and the self*. Karnac.
- Balick, A. (2012). TMI in the transference LOL: Psychoanalytic reflections on Google, social networking, and 'virtual impingement'. *Psychoanalysis, Culture & Society*, 17(2), 120–136. <https://doi.org/10.1057/pcs.2012.19>
- Bartlett, J. (2014). *The Dark Net: Inside the digital underworld*. Random House.

- Court, E. (2023, August 11). House Museums #29: Sigmund Freud. *The Financial Times*. <https://www.ft.com/content/e465d85d-ae17-4845-932f-2409afbbbf1e>
- Haan, K. (2023, August 8). *Top website statistics 2023*. Forbes Advisor. <https://www.forbes.com/advisor/business/software/website-statistics/#:~:text=Google%20is%20the%20most%20visited,an%20impressive%2085.1%20billion%20visitors>
- Isaacs Russell, G. (2015). *Screen relations: The limits of computer-mediated psychoanalysis and psychotherapy*. Karnac.
- Ivanovs, A. (2023, September 20). *Zoom's updated terms of service permit training AI on user content without opt-out*. Stackdiary.com. <https://stackdiary.com/zoom-terms-now-allow-training-ai-on-user-content-with-no-opt-out/>
- Kransberg, M. (1986). Technology and history: Kranzner's laws. *Technology and Culture*, 27(3), 544–560. <https://doi.org/10.1353/tech.2021.0008>
- Singh, S., & Xu, W. (2020, March). Robust detection of Parkinson's disease using harvested smartphone voice data: A telemedicine approach. *Telemedicine Journal and E-Health: The Official Journal of the American Telemedicine Association*, 26(3), 327–334. Epub 2019 Apr 26. PMID: 31033397; PMCID: PMC7071066. <https://doi.org/10.1089/tmj.2018.0271>.