“It made me a more resilient therapist”: a qualitative study on practitioners’ experience of providing mental health services during the pandemic

Abstract

The COVID-19 pandemic has necessitated sudden and radical changes in mental health care delivery where practitioners unavoidably engaged in remote working. As remote care is likely to become increasingly common, perhaps routine, in this study, we aimed to explore practitioners' experiences of delivering online therapy during a unique moment in history. Semi-structured online interviews were conducted with 5 participants. 3 main themes were developed using Thematic Analysis:1) Moving services online: practical challenges and opportunities; 2) Intimacy and distance in online connections; and 3) We’re all in this together: a collective experience. This study highlighted participants' flexibility, digital and relational connectedness, and ability to reframe negative experiences as potential for growth. Findings demonstrate that the existence of both challenges and opportunities for online therapy constitutes just the start of an exciting journey for practitioners when delivering mental health services in the future.

Introduction

Due to the COVID-19 pandemic, therapists were forced to pivot from face-to-face care practice with immediate and large-scale uptake of remote online treatment, intervention, and support (Bierbooms et al., 2020).The clients’ perspective as they adjusted to this new modality of service delivery has been briefly explored in the literature. Clients’ reported technological concerns with the new paradigm of mental health services (Feijt et al., 2020). Clients who may not always have had the required infrastructure, resources, privacy, or digital skills to effectively engage in online therapy found themselves at risk of being disconnected from the care they needed (Feijt et al., 2020). However, until the present day, some clients expressed enthusiasm for these ongoing flexible arrangements and increased convenience, finding it less stressful to attend appointments without the anxiety of commuting, giving some clients a stronger sense of power and control (Hardy et al., 2021; Venville et al., 2021).

Technical glitches, insufficient internet literacy, or the challenges of assuring confidentiality online have been some of the main concerns for therapists working remotely (Hanley, 2021; Barker & Barker, 2022). However, many viewed this transition positively and reported confidence in their abilities to deliver services via these new platforms, perceiving their clients’ willingness to schedule remote sessions better than in-person services (Sklar et al., 2021). With respect to the therapeutic interaction, some therapists miss the richness of nonverbal cues that are important to their therapeutic encounters (Geller, 2021; Gullo et al., 2022). Some reported feeling less confident in their skills for building rapport with their clients (Feijt et al., 2020). The clients’ emotional reactions to the sudden switch could not be processed with the therapist in the same room, and the therapeutic space that may have allowed the clients to self-regulate was abruptly lost (Kashyap et al, 2020). Clients’ responses to the loss of space, as well as therapists’ thoughts on them, were crucial to the working alliance, compromising goal, task, and bond (Kashyap et al, 2020). Emotion coregulation, which occured through the client's own internal emotional state and the emotional states of "the other" (i.e., the therapist) with whom the client interacted, had to be then accomplished via a screen (Poletti et al, 2021). This loss of a therapeutic ‘safe space’ challenged therapeutic relationship building and the identification of deteriorating mental wellbeing was challenged especially when they experienced difficulties developing the bond in the therapeutic alliance (Messina & Loffler-Stastka, 2021). However, some reported that the component of the real relationship was strengthened in online therapeutic interactions (Békés et al., 2021) indicating that human connectedness is encouraged in the online context given the shared experience of the pandemic (Machluf et al., 2022; Nuttman-Shwartz & Shaul, 2021).

Recovery from the pandemic was a potential opportunity to establish new ways of working, however, there was uncertainty about what the ‘new normal’ in mental health care would be like in post-COVID-19 times (Aafjes-van Doorn et al., 2021). Questions remain concerning to what extent the experiences gained during the pandemic influence the sustainable adoption and implementation of online mental health care treatment in the future (Bierbooms et al., 2020). The future of mental health care will most likely consist of more blended treatments and, due to skill enhancement and unexpected positive experiences with online treatment, remote care is likely to become increasingly common, perhaps routine (Feijt et al., 2020). Practitioners’ experiences are vital sources of feedback, providing opportunities for research and development efforts to improve technology-mediated treatment (Smith et al., 2022; Messina & Loffler-Stastka, 2021).

So far, the majority of existing research has been predominantly quantitative from the perspective of clients (Messina & Loffler-Stastka, 2021; Smith et al., 2022), (). The aim of the present study is to explore the changes involved in providing mental health services during the COVID-19 pandemic focusing on therapists’ experiences of working with clients in the private sectorfollowing an exploratory, qualitative enquiry. By conducting a qualitative study on practitioners’ experience of providing mental health services during the pandemic, the asim is to gain a deeper understanding of the benefits and challenges as therapists adapted to this new paradigm of therapy delivery. We aspire the findings will provide significant insight that can guide recommendations for training and professional development.

Methods

Qualitative methods capture data that emphasise individual experiences and constructions of knowledge (Clarke & Braun, 2013). Qualitative in-depth exploration of the nuances of the experiences of practitioners providing remote services addresses the research aim (Aafjes-van Doorn et al., 2021). The fact that the participants' responses are taken to represent a version of reality affected by sociocultural factors lends itself to critical realism from an ontological standpoint (Fletcher, 2017). Reflexive thematic analysis (TA) was thus implemented as the most suitable methodology that fit the ontology and the purpose of the study (Clarke & Braun, 2013).

*Participants*

The study was conducted in the context of the undergraduate dissertation requirement of the first author; the second author was the supervisor of the study. Sampling was purposeful. Inclusion criteria included participants that were aged 18 and above, qualified practitioners and were in a role in which they provided therapeutic services during the COVID-19 pandemic in a range of non-profit organisations, charities, private practice and government-funded support services. An email invitation was sent to local organisations, charities and mental health services that employ therapists. Participants were also recruited through snowballing.

Eventually, five therapists agreed to participate, yielding significantly in-depth data (Clarke & Braun, 2013). Participants were made up of four therapists and one counselling psychologist all working in a private practice setting. Demographic data was collected to gain an understanding of who took part. Participants were aged between 31 and 64 years, with an average age of 40 years. All of the participants identified as ‘white British’, and one practitioner identified being ‘Greek’ as second ethnic identity. Four of the participants were from middle class backgrounds and one participant from a working-class background. Three of the participants identified as female, and two identified as male.

*Procedure*

Semi-structured online individual interviews were conducted online using Microsoft Teams between March and May 2022. The interview questions were developed by the authors based on a review of relevant issues identified in existing literature of practitioners’ experiences during the COVID-19 pandemic. Later these questions were refined according to the feedback provided after a pilot interview with a therapist who was not a participant in the study (Clarke & Braun, 2013). The interview questions are outlined in table 1. Participants were asked questions exploring their experiences of providing mental health services during the COVID-19 pandemic. Interviews were audio recorded, lasting between 30 and 60 minutes.

*Table 1: Interview questions*

|  |  |
| --- | --- |
| Interview Questions | Prompts |
| 1. How would you describe your experience of providing mental health services before the Covid-19 pandemic? | Describe your work environment prior to the crisis? |
| 2. How would you describe your experience of providing mental health services since the Covid-19 pandemic? | Describe your work environment now following the crisis? |
| 3. How would you describe the changes that have occurred in your practice since the Covid-19 pandemic? | How have common work practices changed? |
| 4. What were some of the unexpected consequences you experienced in your practice since the Covid-19 pandemic? | Did anything surprising occur in your practice? |
| 5. How do you feel about the changes in your practice and how you provide mental health services since the pandemic? | What is your feeling now regarding your practice having experienced working during the pandemic?  |
| 6. Have there been any positive or negative experiences for you providing mental health services resulting from the Covid-19 pandemic? |  |
| 7. In what ways do you think your experience of providing mental health services will change in the future as a result of the Covid-19 pandemic? |  |

*Data Analysis*

This research focuses on therapists’ experiences of providing mental health services during the COVID-19 pandemic and aimed to remain rooted within the data without straying into extant theoretical frameworks, and is thus inductive (Terry et al., 2017). The responses were treated as genuine and real experiences for individuals but seen to be situated within cultural and societal understandings. TA was used for the analytic procedure as it is a theoretically adjustable approach for identifying patterns within textual datasets that allows for an informed interpretation of meaning (Braun & Clarke, 2006). These choices are amalgamated with Braun and Clarke's (2006) six phases of analysis. In the first stage, interviews were transcribed verbatim, this was achieved by thorough reading and re-reading of the textual data which was checked against the original recordings to ensure accuracy and familiarisation with the data, with broad thoughts noted down. The second phase was generating initial coding by labelling sections of data, whilst considering recurring patterns. The first author first identified semantic codes at the surface of the data, gradually developing more latent codes at a deeper level repeatedly and increasingly. In the third phase, initial theme generation followed where the first author reviewed the codes, interpreting them before collating into wider themes that create a fluid narrative of the dataset. In stage four, themes were then reviewed and developed, ensuring they were consistent with both the codes and dataset. The author produced names to capture their central organising concept and the creation of a thematic map which was used to help identify the relationships between themes (Braun & Clarke, 2006). In the fifth phase, the first author identified patterns of meaning and themes, defining and naming in order to understand whether a convincing narrative is portrayed. With the sixth stage the first author summarised extracts from the transcripts to construct the write up. The analysis process was thoroughly discussed with the second author.

*Ethical consideration*

The study gained ethical approval from the University of the West of England (UWE) Psychology Ethics Committee (SJUG20212215). Informed consent was obtained by all participants to confirm that they understood the research processes and wished to take part before interviews were conducted. The final stage of the participant information sheet provided the researchers’ email as well as links to support services.

*Reflexivity*

# Because of the choice of qualitative methods, it is critical that my position (the first author) as a researcher is acknowledged during the data analysis process (Clarke, & Braun, 2013). I worked during the COVID-19 pandemic as a support worker for people with mental health and learning disabilities and have encountered counsellors who are central to this study, my involvement and role would classify me as an ‘insider’ (Manohar et al., 2017). Despite this ‘insider view’, there is no guarantee that my knowledge and experience is shared by participants, (Manohar et al., 2017). As a result, I acknowledge that my interpretations of the data are mediated by my understandings rather than personal experience.

# Findings

The themes are outlined in Table 2. Each theme and subtheme is illustrated with pertinent data extracts. To aid the readability and comprehension of the data extracts, spelling, grammatical, and other errors in the data have been corrected. Any editing of the data (to remove unnecessary detail, for example) is indicated by […]. All identifying information was removed from the extracts. Frequency counts are not provided when reporting the findings, but “few” refers to less than a quarter of the participants, “some” to less than a half, and “most” to around two-thirds or more.

*Table 2: Themes*

|  |  |
| --- | --- |
| *Main themes* | *Sub-themes* |
| Moving services online: practical challenges and opportunities | Ambiguity towards remote work |
| Flexibility and convenience |
| Digital exclusion and safety risks |
| Intimacy and distance in online connections | The Dys-Appearing body  |
| Losing the sanctity of the therapy room  |
| Space transformations |
| We’re all in this together: A collective experience  | Shared and parallel experiences |
| Redefining boundaries and identities |
| The “new normal” |

Moving services online: practical challenges and opportunities

Most participants talked about having to transition the mental health services they provided online on short notice, and this contributed to both difficulties and potential benefits. This theme captures how participants overcame initial disruptions and a lack of prior experience with remote working, commenting favourably about the potential nature of greater choice, power, and schedule flexibility within their practice, which may also lead to more equitable provision. However, a few participants expressed concerns about a lack of access and safety risks associated with the new paradigm of online therapy.

*Ambiguity towards remote work*

Participants needed to face significant difficulties as they felt they had to move on to online work abruptly. For most participants, the transition to online therapy reportedly happened rapidly and with limited forewarning, meaning essential processes and infrastructure were not in place.

The lack of training on online therapy delivery had a detrimental impact on both their clients, themselves as practitioners as well as the therapy process. Some participants had only had minimal or no training for online therapy prior to the pandemic as P1 mentions.

*The lack of training for online…we weren't really prepared which had a negative impact on the counselling experience, not just for the clients, but also for us. (P.1)*

Both clients and practitioners experienced 'internet glitches' have disrupted conversations and have had an impact on the therapeutic work, as P2 describes.

*Initially there were issues with Internet speed and glitches, these need to be working properly as it was frustrating for me and my clients. (P.2)*

Some participants experienced initial disruptions to sessions due to their lack of experience with technology and the format, impacting their confidence in providing online therapy. Practitioners experienced the consequences of the lack of consistency and clients not feeling supported by them. The above difficulties led to frustrations for both sides, as P4 outlines.

*The lack of infrastructure, I guess no one expected the pandemic but I think one thing it really shone a light on was a lack of readiness for something like this. So when it did come we weren’t really prepared. (P.4)*

*Flexibility and convenience*

Many participants perceived the good side of this paradigm and highlighted the greater flexibility and convenience it created in their work. Online service delivery was an efficient approach to mitigate barriers to in-person counselling services, such as travel constraints, which enhanced flexibility. P2 illustrates that below:

*Working online, Zoom, Teams, Skype, whatever, was probably the exception rather than the rule, I would say that now there is a much more flexible approach […] which I think is a good think in many respects because actually engagement goes up when the client doesn’t have to travel. (P.2)*

It also contributed to a better schedule and work – life balance for practitioners. Additionally, for some participants  remote working was advantageous for specific conditions such as anxiety disorders, as it increased accessibility. P3 found this important in their work:

*This greater flexibility…choosing as to whether to work remotely or physically. And then discussing it with clients as an option it allows me to be more flexible with my time. (P.3)*

Participants found increased access to therapy significant for clients who preferred online sessions, or for those with specific needs could now be a possibility, offering them more independence and power of choice. All participants recognised remote work as a means to provide mental health treatment to clients who may experience barriers to traditional services. This was significant for P4’s experience:

*It’s quite powerful… clients might have generalised anxiety disorder, hate leaving the house. A positive is putting more control back in the client's hands (P.4)*

### Digital exclusion and safety risks

While many participants saw the potential for remote work in accessibility and engagement with mental health care, other participants raised concerns over clients’ access to resources that would enable them to appropriately utilise these services. They expressed their concerns about their inability to assure client safety, as well as their belief that the process of risk assessment is more difficult online. P1 discussed their work with suicidality and how they continued seeing their client in person because of the high risk.:

*I kept seeing this one person in person because he was a young person with suicidal ideations and I thought it was necessary. (P.1)*

Participants also expressed concern that relying on work from home would make guaranteeing client safety more difficult, particularly managing the risk of violence between clients and their partners, which might obstruct access for some clients.

*Some clients may not be safe, may be in domestic abusive relationships or may want to talk about their home life. So having just online therapy restricts these people from having safe access to their sessions. (P.1)*

Clients from lower socioeconomic communities were more disadvantaged in terms of accessing technology, as they may lack equipment or have a poor internet connection. Additionally, because some clients did not have the necessary devices, they may become vulnerable to exclusion and unable to receive services. Participants highlighted this digital exclusion for clients who did not have the minimum necessary digital requirements for video therapy (video device and fast enough internet), or even access to private space, like P4 outlines:

*The homeless population…were kind of overlooked… … and many didn't have phones…a lot of clients fell off the radar... we weren't able to support them […] you can’t help but feeling like you are letting them down. (P.4)*

## Intimacy and distance in online connections

Commonly seen across the data was the theme of participants preserving the therapeutic frame and space. The absence of nonverbal communication and the lack of a designated safe space for therapy were identified as challenges participants faced with the changes to mental health provision. Yet, practitioners spoke of solutions to maintain a therapeutic space suitable for their sessions.

### The Dys-Appearing body

All participants felt their view of client’s bodies, the totality of non-verbal communication and their ability to discern non-verbal communication through the digital space, were compromised. The embodiment element of the sessions where interaction and body cues for emotion are primary for understanding a client was compromised. Participants had to find alternative ways to build empathy and establish rapport. P1 and P4 discuss this special element of online therapeutic work.

*For some people, it’s (therapy is) just on the phone, I don’t even know what they look like […] there is a lot more information available if you are seeing someone face to face. (P.1)*

*Essentially, meeting a person from the shoulders upwards you don't get a sense of the whole person and you don't pick up on body language cues to the same degree. (P.2)*

Remote work for all participants made it difficult or delayed the ability to engage with a client, respond to communication cues, and engage in conversation that allowed for a relationship to develop. Relying on non – verbal communication to enhance their understanding of their clients was very important for the participants and hence one of the things they feel they lose in remote working, as P4 regarded important in their experience:

*To have face to face counselling, things like body language cues that you might not be able to pick up on over the Internet, made some clients difficult to understand their emotional state. (P.4)*

### Losing the sanctity of the therapy room

Alongside losing the benefits of client’s non-verbal cues, participants noted the inability to secure a secluded, quiet space when providing online therapy as another challenge. Distractions related to home life such as another member of the household working from home, left some participants without a private office space dedicated to work and expressed more difficulty conducting therapy sessions. Participants found themselves working in inadequate locations which makes retaining a stable frame even more difficult. P4 found this important in their online therapeutic work:

*My partner worked from home, so I had no place where I could work privately and comfortably. Some clients had similar problems and even had to end their sessions early. (P.4)*

The participants experienced challenges which seemed to be caused by more distractions and heightened interruptions outside of traditional, in-person sessions, compounding the loss of a particular, even sacred, therapeutic setting which undermined quality of care. It appeared that as a result of this, they found the physical location of their sessions was therefore potentially interfering with their capacity to focus when conducting therapy, as participants were unable to engage in certain sessions, resulting in some clients leaving sessions abruptly. P5 illustrates this in the quote below:

*Working in the car and having to be quite honest with clients saying, “if you can hear a lot of noise, it's because it's raining heavily or hailing”…the heat waves that were difficult too. (P.5)*

### Space transformations

With some of the problems regarding losing the safe space of the therapy room, participants were compelled to find new ways to preserve the therapeutic frame. Given that there was less distinction between work and home environments while working online, some participants struggled to maintain the work – life balance on a cognitive and emotional level as *home* needed to be transformed to *work* and then *home* again. Participants looked for methods to adapt the remote work and bring as close to in-person therapy as possible. This was an important element in P2’s narrative:

*I found that a difficult transition, finding a way of changing my space to a therapeutic professional environment and then afterwards changing it back into my home […] I just went for a walk around the block, open my back door and just get some different energy and air flow in… it’s just those small rituals to kind of change the feeling of the space and change my sort of headspace and perspective. (P.2)*

Participants acknowledged difficulties in creating an online therapy safe setting that was both professional and neutral in order to establish and maintain necessary boundaries between them and their clients. They tried to transform the spaces and rooms in their homes and their subjectivity into neutral, objective spaces, recreating the therapy room. Some participants experienced difficulty of this process both in terms of adapting the room and space practically and physically, as well as psychologically shifting their approach to the space via the use of rituals.This is illustrated in P1’s quote below:

*I had to try and find a neutral space in my home that didn’t give any clues or indications that I was working from my kitchen to maintain boundaries and replicate the therapy room. (P.1)*

## We’re all in this together: A collective experience

The shift to remote work and the implications appeared to be shared both by practitioners and clients. Participants discussed how the collective distress people were subjected to from the pandemic gave space to a greater understanding between practitioners and clients. Most participants recognised their development of new skills and adjustment of boundaries within such uncertain times of a pandemic and how some of these aspects had then become the norm. Online therapy worked for all participants, or, at the very least, worked better than expected, leading to favourably shifting attitudes, as well as a sense of normality and openness toward online therapy post-pandemic.

### Shared and parallel experiences

Participants, along with their clients shared the experiences of a global crisis during the pandemic, coping with the resulting emotional and psychological impacts in parallel. These processes influenced the development of the therapeutic relationships as the participants and clients were on an equal status, and the notion that this “humanised” the practitioner was prevalent throughout the data. P5 describes it below:

*Clients were always good natured about it and it humanised me as a therapist. Rather than being this “all seeing all knowing” figure. (P.5)*

Participants noticed that developing therapeutic relationships in these adverse circumstances was a demanding process, in which they could not remain the anonymous, objective therapist. Many participants found themselves on equal terms with their clients, sitting together and sharing the reality of the pandemic. It appears that as a result, they found that it deepened and strengthened the therapeutic relationship, as P3 illustrates below:

*We are all going through it together and it's fine for us to be humans and be meeting in the counselling room without any sort of pronounced power dynamics between us. (P.3)*

### Redefining identities and boundaries

All participants learned something new by delivering therapy online alongside becoming more open minded and adaptable with the use of the medium. Remote work for them required resilience, flexibility, and a rapid adaptation to change to enable the development of robust therapeutic relationships. Participants had to challenge their beliefs and expectations from therapy, the way they were trained to work and adjust in a strange and unusual online environment. This had a great impact on the way they perceive themselves as therapists and their work. P1 and P2 discuss this in the quotes below:

*It’s demanded kind of great flexibility from the counsellor as well […] I had to reroute myself and find a different path […] it’s probably made me a more resilient therapist (P.2)*

*Because I have been forced to be so adaptable and use skills I didn't ever think I would, I’m more open minded about how I provide therapeutic support going forward. (P.2)*

*Working online took a bit of getting used to, but people will get used to stuff very quickly, we are very adaptable us human beings. (P.1)*

*Redefining the boundaries of counselling work came into it […] when working in the room […] it’s much easier to keep that time boundary of the 50-minute counselling session...when working from home you have to think about different types of boundaries. (P.2)*

*There was a need to isolate that one hour from the rest of their lives. So a big part of our initial sessions would be essentially teaching them how…I had a client that would burn incense before starting therapy, and then again upon finishing. (P.3)*

### The “new normal”

Despite the initial challenges faced regarding redefining boundaries, all participants spoke positively and of an acceptance to the paradigm shift found in the delivery of online mental health services. Participants expected that clients will more frequently consider online treatment as an alternative now that they are aware of its potential value. Remote work has resulted in increasing accessibility as well as acceptability now that clients have access to it from their homes. Participants commented that offering online therapy during the pandemic has reduced the stigma of receiving therapy. Communication also appeared to be more open and honest and that genuine empathic contact was indeed possible in remote communication. P2 and P3 describe this in the quotes below:

*The more flexible approach to how counselling is delivered… has become normalised comparatively quickly which I think is a good thing. (P.2)*

*I noticed clients and colleagues were much more likely to go to a place of greater vulnerability. People were more likely to be more disinhibited in bringing themselves from their homes. (P.3)*

Remote therapy had many advantages for clients, and working from home has given additional flexibility, meaning as well as working people potentially accessing therapy more readily. Participants highlighted the fact that online therapy has many benefits for the clients who now request it more often. Practitioners in this study agree that remote work will now be incorporated to mental health services creating a “new normal.”

*It normalises the stigma around counselling…you might be able to work from home and be able to have a therapy session… it's just acknowledging that therapy is moving in a different direction. (P.4)*

*It will be more of a shock for me when I go back to face to face work, that will be more ‘hold on, how do we do this”? (P.5)*

Discussion

Participants in this study described their experiences of both the benefits and challenges as they engaged into remote therapy work during the pandemic. For them, this new way of therapy delivery offered clients choice and flexibility in their mental health care. They focused on how the therapeutic relationships changed as they lost the embodiment element of face-to-face work. In their efforts to adjust, they realised a change in their therapist identity and an effort to transform their home into a safe therapeutic space, where boundaries were redefined. The shared experience of the pandemic created more open and honest relationships with their clients, with depth and authenticity in this new paradigm of therapeutic work.

The benefits of online therapy were outlined in the findings, citing enhanced accessibility, convenience, and the opportunity to practise in a home environment. Increased access to therapy for clients who preferred online sessions or for those with particular requirements was now a possibility, enabling clients who struggled to locate help near their social surroundings more freedom and power of choice. This is reflected in the literature as online therapy is described as a solution to the provision of mental health services for those living in remote and rural areas as well as those unable to attend in-person sessions due to factors such as ill-health, reduced mobility, incarceration and/or working off-shore (Simpson et al., 2021).

Though numerous advantages of online therapy were recognised, challenges such as technological difficulties, a lack of training and preparedness for the shift to online, as well as digital exclusion and safety risks were evident in the results. It is crucial to highlight that several therapists observed issues in internet and technology access for low-income, underserved communities, which is consistent with concerns about disparities driven by the digital divide (Beaunoyer, Dupéré, & Guitton, 2020; Khilnani, Schulz, & Robinson, 2020).

Creating and maintaining an appropriate therapy space at their home was also a significant factor of online therapy. It can be challenging for therapists to balance their personal and professional lives (Burgoyne & Cohn, 2020). In order to maintain a boundary between work and home, it was proposed that rituals be established to replace the experience of transitioning between in-person clients (Burgoyne & Cohn, 2020). Working from home created significant challenges for the therapists in this study such as rapid role switching, managing distractions, and competing demands.

Difficulties to create a boundary between work and home life as well as redefining the boundaries of the therapy sessions was an essential element of online therapy according to the findings. This is reflected in existing literature where it has been suggested that a ‘fluid’ construction of boundaries online can facilitate the development of a deeper therapeutic relationship (Sabin & Harland, 2017). Whilst the flexibility of teletherapy can function to enhance therapeutic rapport, this can also provide fertile ground for boundary transgressions and violations (Sahebi, 2020). Therapists re-defined their identities and felt “humanised” as they adjusted to new therapeutic frame with transparency and honesty. Many participants described a sense of place and how it affected their work, described how therapists’ physical space influences therapy in both humanising and problematic ways (Burgoyne & Cohn, 2020).

There are some limitations arising from this research project, which are important to note. Firstly, because of the fact that participants were recruited from an eclectic mix of therapeutic orientations, each with potentially contrasting conceptualisations of therapy, there is limited sample homogeneity, which has prevented in-depth exploration of therapies. Secondly, due to the nature of the study's recruitment, participants who agreed to participate likely had more positive attitudes of online therapy, this has potentially influenced the study's findings. To counteract this, more investigations employing a qualitative and larger-scale study design will be beneficial in delving deeper into some of the initial themes generated from this study. Despite these shortcomings, the data was consistently rich and diverse, providing sufficient potential for analysis and a plethora of responses from which to develop codes and themes. It also provided participants with the opportunity to have their voices heard and the findings provide an insight useful to clinical practice.

The pandemic forced a big change in the provision of mental health services, however, according to the participants in this study, it also created a space where clients could express in a more open way. The shared experience of the pandemic between therapist and client enhanced the depth and authenticity in the therapeutic relationship. Existing research refers to the ‘online calming hypothesis’, claiming that many therapists and clients experience the online environment as more comfortable and less threatening than the in-person setting (D’Arcy Jr et al., 2016). This has also been found in the literature, noting that online therapeutic modalities can lead to greater disinhibition and openness, as a result of a heightened sense of safety and a more neutral power balance (Downing, 2021). Furthermore, as clients have more positive and less threatening experiences in their sessions, and as more individuals receive therapy online, the normalisation effects may be present, potentially lessening the stigma associated with mental health and therapy itself (Hanley, 2021).

Conclusion

The current study gave voice to therapists’ experience and meaning-making processes of remote work. This study highlighted participants' flexibility, digital and relational connectedness, and ability to reframe negative experiences as opportunities for growth, indicating their resilience. Their experiences with online treatment during the COVID-19 pandemic revealed an opportunity to create a clearer image of the possibilities of online treatment in mental health care and how a sustainable increase in the use of online tools can be reached. The deep and authentic therapeutic relationships that develop in this context as well as challenges and opportunities constitute just the start of an exciting journey of exploration into the possibilities offered by therapists when they transform themselves and their practice when delivering mental health services in the future. The findings can offer further insight in therapy practice and training as these shifts in the boundaries and the therapy process are considered.

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