Online Psychotherapy Setting and Its Reflections on Therapeutic Relationship During COVID-19 Pandemic

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Abstract

The purpose of this study was to explore how psychotherapy setting is affected by the mandatory conversion from face-to-face psychotherapy setting to online platforms due to COVID-19 pandemic restrictions, mainly with respect to the relationship between subjective perceptions and/or experiences regarding COVID-19 and therapeutic alliance for both psychotherapists and patients. A sample of 94 Turkish participants which consisted of 62 psychotherapy patients and 32 mental health professionals filled out the questionnaire whilst semi-structured interviews were done with nine psychotherapists and seven psychotherapy patients. The data collection process lasted from February 2022 to May 2022. As survey questions present quantitative correlations, semi-structured interviews were done to provide a deeper understanding of the outcomes of this shift. Findings show that while COVID-19 history of patients was not related to their alliance scores, psychotherapists who have first-degree relatives tested for COVID-19 positive show significantly lower Working Alliance Invertory (WAI) scores. Both patients and psychotherapists addressed the advantages and disadvantages of OPT in accordance with their COVID-19 perceptions. While the loss of a shared room and embodied psychotherapy setting is a main consideration of both parts, the length of the ongoing psychotherapy process significantly correlated with WAI scores for patients. Patients who considered there are no advantages of OPT showed significantly lower WAI-Bond scores whereas for psychotherapists, the number of disadvantages of OPT was significantly correlated with lower WAI-Bond scores. Limitations and implications for further research were discussed.

Keywords: COVID-19 pandemic; online psychotherapy experiences; perception of COVID-19; therapeutic alliance

INTRODUCTION

Since the beginning of the 2000s, there has been a growing research interest in the future of psychotherapy; especially with regard to online mental health service delivery and associated benefits, ethical considerations, regulations, and practical changes of it (Norcross et al., 2002). Brahnam (2014) described mediated psychotherapy as referring to psychotherapy settings in which electronic media tools (laptops, smartphones, tablets, etc.) are the mediators that connect patients and psychotherapists. In 2004, Rochlen et al. noted that "online psychotherapy" or "online psychotherapist" concepts are not clearly defined and are a source of debate. Likewise, there are terms that fail to denote professionality in practice, such as e-therapy, e-counseling, Internet therapy, cybertherapy, e-health, or telehealth (Barak et al., 2008). In 2012, Backhaus et al. conducted research considering individuals who have mental health problems but had to face various obstacles to access effective psychotherapy services. The authors used the term "telehealth" as an umbrella term to refer to the use of technology to provide health care when providers and patients are geographically distant from each other. Although the term initially underlined the technical side of the service, its definition evolved to include professional therapeutic interaction with the use of Internet connection (Rochlen et al., 2004). Singh and Sagar (2022) note that although tele-psychotherapy is a broader term that refers to the use of any telecommunication or internet-based digital instrument to provide therapy or counseling; the term "online psychotherapy" (OPT) or "e-therapy" refers to psychotherapy services provided solely through internet-based communication tools such as video call, voice call, messages, or e-Mails.

Discussing the utility of online psychotherapy is particularly important with respect to psychoanalytic/psychodynamic psychotherapy; including its concepts of transference-countertransference, therapeutic frame, or analytic field (de Bitencourt Machado et al., 2016; Sfoggia et al., 2014). As a result of their study that aimed to foresee the future of psychotherapy, Norcross et al. (2002) concluded that the number of master's level psychotherapists using virtual therapy services will increase in the future. Likewise, in 2004, Rochlen et al. concluded that the one exact point of agreement is that "online mental health service delivery is under way and is likely to expand in the future" (p. 270). Although it is open to discussions and debates, there is a common opinion on its time-saving quality in addition to making psychotherapy accessible from distance or in cases of inconvenience.

Apart from the measurable effectiveness of online psychotherapy, there are studies that focus on how psychotherapists and clients perceive face-to-face and online sessions. In a review of three survey studies in 2015, 2016, and 2018, it was reported that approximately half of the respondent psychotherapists had the perception that OPT is less effective than face-to-face psychotherapy (Boldrini et al., 2020). Likewise, in a survey that took place in 2018, of the 32% of psychotherapists who had OPT experience, 77.4% claimed that OPT should be used only in exceptional cases, while 10.3% of the respondent psychotherapists were against OPT (Drath & Necki, 2018). Research in 2018 that is formed by Turkish psychotherapists ended up with eight common themes related to OPT: worrisome (1), inappropriate (2), reserve/conditional (3), special training required (4), prone to misconduct (5), prone to problems (6), highly accessible (7), and not different from face-to-face (8) context. The authors concluded that psychotherapists are "aware of the appropriate and facilitating aspects of online therapies yet still refer intensely to their negative features" (Korkmaz and Sen, 2018, p.150).

From the perspective of patients, a study conducted in 2017 revealed that patients express low willingness to use tele psychotherapy, especially if they have already experienced face-to-face psychotherapy (Hantsoo et al., 2017). In a comparative study, Schopp et al. (2000) investigated both psychologists' and neuropsychology clients' feedback on telehealth sessions and concluded that while telehealth clients were more willing to repeat their experiences, psychologists reported lower satisfaction with telehealth sessions. Similarly, in a recent study with 174 psychotherapists, satisfaction with OPT was significantly lower compared to face-to-face psychotherapy (Beck-Hiestermann et al., 2021). Accordingly, the review concluded that there are multiple drawbacks to the use of OPT, although the overall attitudes of providers are positive. In another study, the most commonly mentioned advantage of OPT was the higher accessibility along with the opinion that gaining experience in OPT would work as an antidote to perceive drawbacks and create an improvement in delivering and developing strategies for OPT (Connolly et al., 2020).

In March 2020, the World Health Organization (WHO) declared a global pandemic of SARS-CoV-2 (COVID-19). As a starting point, China was the first location the virus spread and caused death to thousands of people. Shortly after, the COVID-19 virus spread to European countries, the United States, and different parts of Asia (Shatri et al., 2021). COVID-19 belongs to the SARS-CoV-2 family, and it is an infectious disease that easily spreads and results in clinical symptoms ranging from mild to severe in intensity. With its rapid spread and initially high

mortality rate, COVID-19 has been a source of psychological distress as well (Asmundson & Taylor 2020, Brooks et al. 2020, Shatri et al., 2021). Followed by the global pandemic declaration by WHO, there were isolation measures to stop or slow down the transmission of the virus in countries such as China, Italy, Iran, and Turkey. In the psychotherapy field, regardless of the previous preferences or experiences of psychotherapists, a vast majority of them had to shift their face-to-face therapies into OPT via phone applications, videoconferences, or tablets (Békés & Doorn, 2020). Since it presents a global health issue and shifts everyone's daily routines, it is claimed that it is something collectively experienced and created a kind of "shared traumatic reality" between patients and psychotherapists (Ronen-Setter & Cohen, 2020).

In 1965, Greenson emphasized the importance of the therapeutic alliance in the relationship between the psychotherapist and the patient as having the power to make the therapeutic work possible. Similarly, Catty (2004) mentioned the alternative terms that refer to the same concept, such as "therapeutic alliance", "therapeutic relationship" or "working alliance", and claimed that it is the "vehicle of success" for psychotherapy (p. 255). It is possible to trace the concept of "alliance" back to Sigmund Freud's writings (Freud 1958). Freud argued that alliance helped the patient remain in the therapy relationship despite the increased amount of anxiety caused by the therapeutic process. (Horvath et al., 2011). Zetzel (1956) conceptualized therapeutic alliance as a tool of definition that refers to the relationship between a patient and a psychotherapist. It was also viewed as a measure of how the psychotherapist and patient work well together (del Re et al., 2012). The term "alliance" was used interchangeably with "therapeutic alliance", "working alliance", and "helping alliance" (Horvath & Luborsky, 1993). In advance of Bordin's (1979) conceptualization, Rogers (1957) defined psychotherapy as a relational form of care that depends on the relationship and worked on the concept of alliance. One of the most significant developments in this term was done by Bordin (1979), who reconceptualized therapeutic alliance and identified its three main components; (1) agreement on the task (between patient and psychotherapist), (2) agreement on the goals and expected results, (3) affective bond that includes mutual trust and acceptance (as cited in Soygüt & Işıklı, 2008). Bordin (1979) claimed that rather than the particular kind of working alliance, the strength of the alliance is the major factor to achieve any change in the process (Bordin, 1979). Because the alliance is not about any typical or particular form of intervention but represents the mutual collaboration between the two parties, it is possible to achieve this kind of a bond in a short or a long time with various kinds of

interventions (del Re et al., 2012). Based on Bordin's (1979) conceptualization, Horvath & Greenberg (1989) created the Working Alliance Inventory (WAI) to assess the therapeutic alliance between the patient and the psychotherapist.

With the beginning of the SARS-CoV-2 (COVID-19) pandemic that caused a global outbreak, Turkey was one of the countries that applied restrictions regarding the codes of social and physical interactions. Since March 2020, many psychotherapists had to shift their face-to-face sessions to online psychotherapy because of the pandemic restrictions. Regardless of their theoretical orientation, years of experience, knowledge, or ability to use technological devices and tools, this mandatory shift put both psychotherapists and clients in a process that demanded rapid adaptation. This study aims to investigate how this mandatory shift to OPT reflects on the psychotherapy process and how personal perceptions and experiences of COVID-19 affected the therapeutic relationship. The main purpose of the study is to investigate the effects of this shift by trying to examine it from both perspectives, considering the experiences of psychotherapists as well as clients. This study therefore aims to explore the following issues:

1) How was psychotherapy process affected by the mandatory shift from face-to-face psychotherapy to OPT?

2) Is there any relationship between personal perceptions and experiences of COVID-19 and therapeutic alliance with regard to OPT?

3) What are the factors that are related to therapeutic alliance in OPT?

Through these questions, current study seeks to identify and understand the outcomes of the addition of the screen as a "technological third" in psychotherapy, as well as the loss of a shared room in the psychotherapy process. It may provide insight into the ongoing psychotherapy processes and possible discretions for the future. While the scales and questionnaires used in the first study were used to present quantitative dispositions, Study 2, which included semi-structured interviews, was intended to understand and discuss the relational challenges in depth.

Participants

Ninety-four participants filled out the survey. The survey part was focused on 2 major groups: 66% of the participants were psychotherapy patients who have received both online and face-to-face psychotherapy since the COVID-19 pandemic started while the remaining 34% were mental health professionals who had been actively working as a psychotherapist, including the pandemic

period. There were 76 females and 18 males within the overall sample (See Table 1 for the sample's sociodemographic characteristics).

In addition to the survey part of the study, semi-structured interviews were carried out with 9 psychotherapists (6 female and 3 male), and 7 patients (4 female and 3 male). Their ages ranged from 25 to 59 years with a mean age of 34.3. Psychotherapists had minimum 3 and maximum 26 years of experience. Psychotherapy patients were in their psychotherapy process for at least one and a half years. While 2 out of 9 psychotherapists stated they exercise schematic psychotherapy orientation in their sessions, 7 of them stated they work with psychodynamic psychotherapy apprehension (See Table 2 for demographic characteristics of the participants).

Instruments

In the present study, participants were asked to fill following forms and scales: demographic information form, questions investigate their personal online psychotherapy and COVID-19 experiences, Working Alliance Inventory (WAI) (Soygüt and Işıklı, 2008), Perception of COVID-19 Scale (Geniş et al., 2020), The Unified Theory of Acceptance and Use of Technology Model (UTAUT-2) (Yılmaz and Kavanoz, 2017).

Procedure

Both groups completed their online survey on Google Forms. Data collection process lasted from February 2022 to May 2022. Following the Informed Consent Form page, participants in each group filled out the sociodemographic questions. Mental health professionals filled out the questions investigating their online psychotherapy and personal COVID-19 experiences. Following questions about their perceptions of COVID-19, the group completed WAI, and in the last step they were asked to fill out the UTAUT-2. In pursuit of the sociodemographic form, patients completed survey questions considering their online psychotherapy experiences as a patient and personal COVID-19 past. Then they answered P-COVID-19, and WAI, respectively. After the survey, each group was given debriefing with contact information. The whole process took approximately 15 to 20 minutes. In addition to the online survey procedure, 5 mental health professionals working in a clinic in İstanbul filled out the printed copies of the surveys and returned them in a closed envelope.

RESULTS

Semi-Structures Interviews

In semi-structured interviews, both patients and psychotherapists mostly used comparative thinking. To make assessments on the practice of OPT, they compared current practice with different practice experiences they observed in their environment and with the traditional psychotherapy practice, which refers to the times before the COVID-19 pandemic. As a common concept both groups mentioned, OPT has created its own vulnerabilities, mainly due to "not having a shared room". From the perspective of patients, they have mostly mentioned the importance of their psychotherapists having a stable room in online meetings along with ongoing eye contact without having to make any arrangements on their screen in order to feel they are being listened to. Similarly, psychotherapists have mentioned new significant responsibilities they felt to hold their patients in sessions and make them feel comfortable, such as maintaining a stable environment and eliminating extraneous stimuli during the sessions. Considering the possible loss of messages from the body in the practice of OPT, psychotherapists expressed their worries more than patients while they were trying to find new ways to compensate for the loss of messages. Contrary to this, patients were mostly focused on the feeling of not being present in the same room. With respect to the messages from the body of their psychotherapists, two patients mentioned that not being able to get the "time is up" signal is the thing they noticed.

Online Psychotherapy Experience

With regard to feelings experienced as a result of technical problems during OPT, most reported feelings by patients were apathy (27.4%), anger (17.7%), and disappointment (17.7%). When psychotherapists asked about their feelings in case of technical problems, worry (53.1%) was the most reported feeling, followed by panic (37.5%), and anger (34.4%). Considering the opinions about the advantages and disadvantages of OPT, 17 (27.4%) participants in the patient group stated that there are no disadvantages whereas none of the psychotherapist participants claimed so. As mobility (40.6%) and working from the comfort zone (40.6%) were the most stated advantages by psychotherapists, 43.5% of the patients referred time saving utility as the major advantage of OPT. Regarding disadvantages, the most mentioned disadvantage by psychotherapists was the loss of body language (34.4%), where patients primarily noted technical problems (24.2%).

Within the patient group, there was a significant difference between those who did and did not report "saving time" as an advantage of online psychotherapy in terms of their P-COV-19-

Perceived Dangerousness sub-scale scores; $U = 296.5$, $p = .011$. Those who report "saving time" as an advantageous factor have significantly higher perceived dangerousness scores. No such difference was obtained for other reported advantages of OPT in any of the p-COVID-19 scores. Psychotherapists who reported "time saving" as an advantageous part of online psychotherapy are significantly older (*Mdn*=37) than those who did not report in that way (*Mdn*=29), ($U = 60.5$, $p = .020$), and have more clinical experience (months) (*Mdn* = 138) compared to psychotherapists did not report "time saving" as an advantage (*Mdn* = 54), *(*$U = 63$, $p = .026$).

Considering advantageous factors of online psychotherapy, patients who report that there is not any advantageous factor of online therapy (*Mdn*=74) had significantly lower WAI-Bond sub-scale scores than participants who reported at least one advantageous factor of online psychotherapy (*Mdn*=68); $U = 183$, $p = .037$. No such difference in terms of WAI scores was observed between those who did and did not indicate any disadvantages of OPT.

Psychotherapists who returned to face-to-face sessions at some point during the pandemic reported significantly higher WAI-Bond scores (*Mdn*=75) compared to participants who continued their sessions without returning to face-to-face setting (*Mdn*=69) ($U = 46.50$, $p = .011$), likewise, higher WAI-Goal scores (*Mdn*=65) than others (*Mdn*=60.5) ($U = 56$, $p = .035$), and higher WAI total scores (*Mdn*=207) than other participants who did not return to face-to-face sessions (*Mdn*=193.5) ($U = 56.5$ $p = .037$

Correlational Findings

A series of Spearman correlations were run in order to check the relationship between variables related to OPT experience, perceived working alliance, and perceptions towards COVID-19 for both groups. For patients, there was a significant positive correlation between WAI total score and the length of the psychotherapy process (in months) ($r_s(59) = .35$, $p = .006$). The length of the psychotherapy was also significantly and positively correlated with WAI Bond scores ($r_s(59) = .313$ $p=.014$), WAI Goal scores (r_s (59) =.265 $p=.039$), and WAI Task scores (r_s (59) =.381 $p=.002$). WAI Bond and the length of the previous psychotherapy (in months) were negatively correlated; r_s (57) =-.265 $p=.042$. For patients, the reported number of technical problems was positively correlated with the reported number of disadvantages of OPT; r_s (60) =.306 $p=.015$). Besides, the reported number of disadvantages of OPT was positively correlated with WAI bond subscale (r_s (60) =.267 $p=.036$) (See Table 6).

For mental health professionals, the reported number of advantages of OPT was found to be negatively correlated with the reported number of technical problems (r_s (30) = -.445 p = .011). The reported number of advantages of OPT was also negatively correlated with their weekly working hours (r_s (30) =-.381 p=.034). Finally, the reported number of disadvantages of OPT was found to be negatively correlated with WAI Bond subscale score; r_s (30) =-.353 p = .048).

DISCUSSION

This study aimed to address how psychotherapy context was affected by the mandatory shift to OPT due to SARS-CoV-2 pandemic in 2020. Since it is a complex subject that could be discussed around various aspects, the study sets out from personal COVID-19 perceptions and experiences of both patients and psychotherapists as well as the perceived therapeutic alliance in the psychotherapy processes. Considering the global pandemic conditions, both psychotherapists and patients were exposed to the same external limitations at the same time, although they engage in different roles in the therapy process. Therefore, personal experiences and perceptions of both sides had to be taken into account in order to get a more holistic perception of the psychotherapy context.

Findings

n accordance with the existing literature, psychotherapists have noted that earlier experience of OPT is a significant aspect of this shift. In semi-structured interviews, psychotherapist A (Female, 50) stated that “I did not hesitate to offer OPT to my patients”, thinking that because she had an earlier OPT experience. Supporting that, psychotherapist E (Female, 41) ended her sessions with the lockdown and did not start OPT for three months stating that she thought that would end soon, and she was not prepared and had this belief that OPT would not be useful. After waiting for three months, she started to do online sessions and did not return to face-to-face sessions since then. As Fagundes et al. (2020) considered this as a limitation in doing research on OPT because the lack of earlier experience plays a significant role. Bekes et al. (2020) and Boldrini et al. (2020) concluded that past experiences of psychotherapists significantly influence their attitude towards OPT.

Although the loss of a shared room was a commonly reported problem with OPT leading to disembodiment of the psychotherapy context, it appears that there are different aspects to it. In semi-structured interviews, patient D (F, 32) pointed out that she is missing the smell of coffee in

her psychotherapist's clinic, and emphasized the importance of being with her in the same room in waking her different senses. While she is missing the smell of fresh coffee, she mentioned that during the lockdown she wanted to buy the same room fragnance as her psychotherapist's. Recent studies included synchronized breathing patterns into these discussions. For psychotherapists and patients, it occurs when they sit close to each other in the same room (Rolnick & Ehrenreich, 2020). Patient C (F, 58) addressed that she thinks OPT is much easier in certain aspects than face-to-face psychotherapy. "I sometimes miss the rituals I have before and after my sessions. The clinic is located in a central place, and I used to take short walks before my sessions, and usually, I made dinner plans with a friend of mine afterwards. Now, I feel I miss this. But I have to say that most of the time I checked my back when I rang the buzzer. I kind of felt… I do not know. I did not want anybody to see me there going to a psychotherapy session.". In accordance with these comments, Singh and Sagar (2022) discussed stigmatization that could block patients from seeking help or prevent them from visiting a mental health professional. For such patients, OPT might be preferable to face-to-face psychotherapy.

This study found that the stated number of disadvantages and advantages of OPT have a correlational relationship with the experienced technical problems and working hours of psychotherapist. For patients, as the number of technical problems they experienced increased, the number of disadvantages they mentioned significantly increased as well. In a similar way, the group of psychotherapists mentioned significantly fewer advantages as their experience of technical problems increased. Patient A (M, 25 years) made an analogy and stated that "It is like reading half of the poem as you should read it and continuing the other half as if it is a plain text." regarding continue the session after experience a technical issue in the middle of sessions. There is a similar analogy in the study by Bizzari (2022) which is put forward as something like "living a scene rather than an experience" (p. 340).

CONCLUSION

Limitations and Implications for Further Research

There are limitations in this study that should be taken into consideration while evaluating the findings. The number of participants was relatively limited, and since the sample consisted of volunteers, there was no way to ensure representation of the overall psychotherapist population in Turkey. In addition, the majority of the sample consisted of female participants.

Another possible limitation was the theoretical orientations of psychotherapists. There is research indicating that CBT-oriented psychotherapists have more positive attitudes towards OPT compared to psychodynamically-oriented psychotherapists in USA and Canada (Bekes and Aafjes-van Doorn, 2020), although it was also suggested that CBT-oriented psychotherapists had more difficulty in shifting to OPT compared to psychodynamically-oriented psychotherapists in Italy (Boldrini et al., 2020). The current study sample did not have equally distributed participants from different orientations but mostly consisted of psychodynamically-oriented psychotherapists. Therefore, it is not clear whether those working from other theoretical orientations would indicate similar points. It should, however, be noted that there are also similarities across orientations among psychotherapists' perceptions of OPT during the pandemic (Humer et al., 2021; Messina and Loffler-Stastka, 2021; Stefan et al., 2021).

In addition to the characteristics of the sample, there are certain methodological limitations. Since the survey was based on self-report, it was not possible to objectively verify participants' answers. Social desirability effect and a number of different potential motivations might have affected participants' reactions. For future research, it is recommended that semi-structured or in-depth interviews would be conducted with more psychotherapists with different theoretical backgrounds. Furthermore, there are studies suggesting that personal reactions to such a global and social shift along with new rules and restrictions might be influenced by different social and cultural parameters (Alqahtani et al., 2021; Vaughan and Tinker, 2009;). Therefore, such social and cultural factors should also be explored in future studies, particularly in interviews. Another limitation is related to the use of WAI. Current study lacks WAI scores data of participants before the COVID-19 pandemic, therefore it was not possible to detect whether the pandemic conditions led to a change in the perceived working alliance. In addition, while measuring the WAI scores of psychotherapists, there was not specifically paired patient of theirs. Furthermore, cultural and social factors should also be explored in the future studies, in addition to individually experienced difficulties, such as financial problems.

Therewithal, this study provides insight into comprehending the mandatory and rapid shift that the psychotherapy setting got exposed to. The current study tried to address relationships between COVID-19 experiences and OPT, by taking the experiences of both patients and psychotherapists into consideration. The study emphasizes the concerns, difficulties, and benefits that both sides

experience whilst present a general understanding on which factors could lead to a harder or easier OPT experience.

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Table 1

Demographic Characteristics of Survey Participants

	Patients (N=62)	**Therapists** (N=32)	**Total** (N=94)
Mean Age (SD)	35 .24 (10.08)	32.56 (6.87)	34.33 (9.16)
Gender (%)			
Female	48 (77.4%)	28 (87.5)	76 (80.9%)
Male	14 (22.6%)	4 (12.5%)	18 (19.1%)
Marital Status (%)			
Single	37 (59.7%)	18 (56.3%)	55 (58.5%)
Married	22 (35.5%)	14 (43.8%)	36 (38.3%)
Other	3 (4.8%)	-	3 (3.2%)
COVID-19 History (%)			
Diagnosed for COVID-19	25 (40.3%)	10 (31.3%)	35 (37.2%)
Relative Diagnosed for COVID-19	19 (30.6%)	13 (40.6%)	32 (34%)
Lost an acquaintance due to COVID-19	8 (12.9%)	2 (6.3%)	10 (10.6%)

Table 2

Demographic Characteristics of Semi-Structure Interview Participants

	Patients (N=7)	**Therapists** (N=9)	**Total** (N=16)
Mean Age (SD)	36.71 (10.61)	40.77 (10.74)	34.33 (10.53)
Gender (%)			
Female	4 (57.1%)	6 (66.6%)	10 (62.5%)
Male	3 (42.9%)	3 (33.3%)	6 (37.5%)
Marital Status (%)			
Single	4 (57.1%)	3 (33.3%)	7 (43.7%)
Married	3 (42.9%)	6 (66.6%)	9 (56.3%)
Theoretical Orientation (N)			
Psychodynamic Psychotherapy		7 (77.8%)	
Schema Therapy		2 (22.2%)	
Years of Experience (SD)		11.8 (8.56)	