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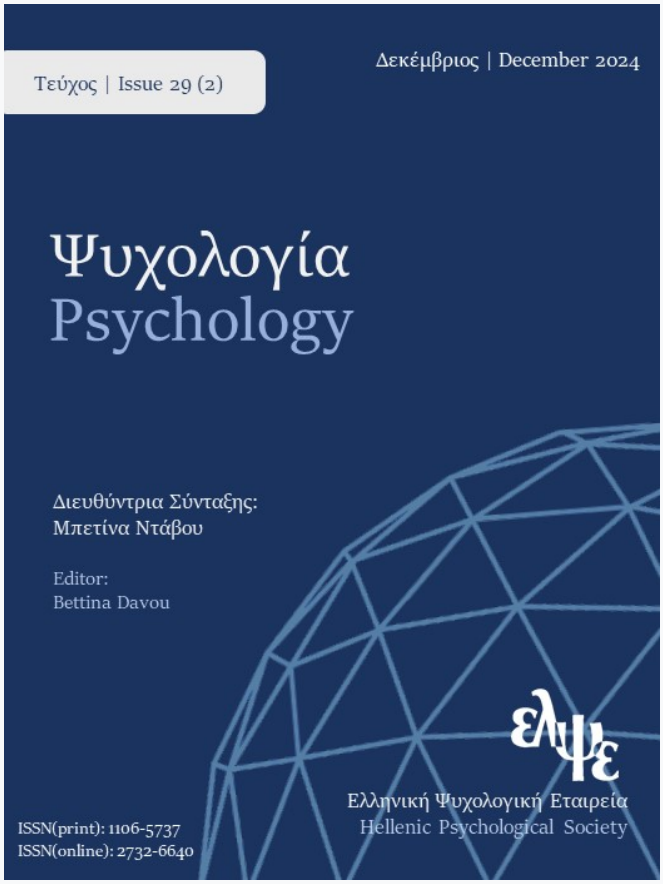

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ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Systemic therapists' experience of the enforced transition to online therapy due to the COVID-19 pandemic: A qualitative study

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KEYWORDS

Online therapy
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ABSTRACT

With the outbreak of the COVID-19 pandemic, psychotherapists who were used to seeing their patients in face-to-face settings adapted to providing online therapy via videoconferencing, regardless of their previous knowledge or attitudes toward remote psychotherapy. Given the sudden switch to a digital therapeutic modality, this study was designed with the aim of exploring systemic therapists' experience of the enforced transition to online therapy due to the pandemic. Twelve certified systemic therapists (60% women, 40% men; M_{age} = 38.75 years old; $M_{years\ in\ practice}$ = 11.58) participated in semi-structured interviews that were organized around past, present, and future dimensions of their overall experience of using online video technology professionally. Thematic analysis of the transcripts revealed five main themes depicting participants' struggles, adjustments, and expectations from practicing remotely. Therapists reported that prior familiarity with online individual therapy was a facilitating factor in this rapid change. Difficulties included establishing therapeutic boundaries in online practice as well as relational challenges with clients and co-therapists. However, participants perceived online systemic therapy to emerge as a new systemic milieu that may provide further therapeutic possibilities, and they expressed positive expectations about its effectiveness. Based on the findings of this study, problems with maintaining therapeutic alliance and cohesion as well as new potential client's resistances, especially in group, family, and couple online systemic therapy, warrant further research. As online technology has eventually become an alternative mode of therapy in clinical practice, the insights from systemic therapy may prove beneficial in the field of online psychotherapy.

Introduction

The COVID-19 pandemic and the subsequent containment efforts accelerated the use of digital technology in the field of psychotherapy since the common in-person practice was at odds with the prevailing social distancing, isolation, and quarantine measures (Humer et al., 2020; Mac Mullin et al., 2020; Tomaino et al., 2022). At the same time, the increased mental health needs due to the upheaval caused by the pandemic amplified the demand for timely psychological intervention (Brooks et al., 2020; Fiorillo et al. 2020; Sharma et al., 2020). In response to these pressing needs, psychological treatment rapidly moved online. Although online therapy had already been implemented as an evidence-based practice (Békés & Aafjes-van Doorn, 2020), the sudden switch to online video technology provoked several dilemmas and challenges to psychotherapists who were used to treating patients face-to-face with personal contact. The common baseline of this enforced transition was that the therapeutic setting, which is determined by therapists as an integrative part of psychotherapy (Yotsidi & Kounenou, 2021), was utterly imposed by external factors, outside the inner system of therapy. Based on systemic theory that brings

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together various aspects of reality considering the context in which human behaviour occurs (Goldenberg & Goldenberg, 1991), examining how systemic therapists perceived and experienced the switch to online psychotherapy may provide directions on how to move forward to tackle the challenges in clinical work in this unique period of transition.

Putting systems at the core of therapeutic work, systemic therapy is deemed to have unique contributions to the field of online psychotherapy (Beet & Ademosu, 2022). Indeed, by shifting attention away from individual factors to rather focus on relational processes and interactions between the systems (von Schlippe & Schweitzer, 2015), systemic therapy may provide more holistic viewpoints regarding the emerging new "routine" practice of digitally offered mental health services. Yet, there is a limited number of studies mapping how the delivery of services using a telehealth platform was experienced by systemic therapists in different cultures and contexts, although early reflections by systemic therapists across the globe amidst the pandemic indicated the need to understand how contextual and cultural issues may influence systemic and family online therapy (Amorin-Woods et al., 2020). The present study contributes to the existing literature by investigating how systemic-oriented therapists working with individuals, families, and groups in Greece experienced the enforced transition to remote psychotherapy due to the coronavirus pandemic, with the aim to shed light on the dilemmas, challenges, and possible benefits gained from the remote delivery of psychological services.

Remote psychotherapy

Remote psychotherapy, according to which mental health care is provided electronically, includes a wide range of technologies such as the use of telephone, e-mail, and teleconferencing. Digital mental health practices incorporate synchronous and asynchronous communication methods alike. As there is still no agreement upon the adoption of common definitions (Borcsa et al., 2021), digital mental health is described in various ways: e-mental health; online therapy services; online interventions; online therapy; e-therapy; cybertherapy; computer-mediated therapy; Internet-based therapy; teletherapy; telemedicine; tele-mental health; telepsychology, and others. The rapid technological developments worldwide enabled online real-time psychotherapy with people-in-therapy, as a synchronous way of communication. Online therapy has the advantage of overcoming geographical and practical barriers by providing mental health services to people who can hardly access in-person therapy because of remote place of residence, lack of healthcare access, physical disability, busy schedule, or for reasons of personal stigma (Humer et al., 2020).

Prior to the COVID-19 pandemic, early evidence indicated that teleconferencing offers great potential for delivering effective therapeutic services. Surveys showed that there are comparable results between remote psychotherapy (via Internet or telephone) and in-person psychotherapy (Bashshur et al., 2016; Hubley et al., 2016; Mohr et al., 2012), while the efficacy of various approaches of psychotherapy through digital practices was demonstrated for a variety of clinical conditions (e.g., anxiety disorders, depression, eating disorders) prior to the pandemic (Borcsa et al., 2021). Despite empirical evidence of both the efficacy and effectiveness of remote psychotherapy, therapists expressed reservations regarding the online delivery of psychotherapy (Schuster et al., 2018). Particularly, therapists were more skeptical about remote psychotherapy compared to patients (Connolly et al., 2020) who reported greater satisfaction with remote service delivery than therapists (Shulman et al., 2017; Thomas et al., 2018). For example, while therapists gave a lower rating to the therapeutic relationship through teleconferencing in comparison with face-to-face sessions, patients from their side did not notice any difference between the two forms of psychotherapy (Ertelt et al., 2011). Additionally, therapists reported more problematic experiences with actual technical difficulties in online therapy than patients (Schopp et al., 2006).

Given the therapists' concern about applying online video technology in their practice (Cipolletta & Mocellin, 2018), the situation around the COVID-19 pandemic provoked unprecedented challenges for many of them who were enforced to abruptly stop in-person sessions and move to online therapy (Aafjes-van Doorn et al., 2024).

Therapists who might have been reluctant to provide online psychological services in the past, due to their negative attitudes or perceptions, and questioned the effectiveness of digital forms of therapy, were called upon to adapt to the new online modality to continue caring for their clients (Békés & Aafjes-van Doorn, 2020; Humer et al., 2020). Such a negative approach toward remote psychotherapy on behalf of the therapist could influence the therapeutic process and hinder the clinical outcomes (Reese et al., 2016).

Nevertheless, recent research demonstrated that psychotherapeutic interventions delivered online were as effective as in-person interventions (Davis et al., 2024; Krzyzaniak et al., 2021). Again, positive experiences were reported by clients, as they appreciated the accessibility and convenience of online therapy, and felt gratitude for the continuation of treatment during the pandemic (van Kessel et al., 2024; McBeath et al., 2020). Along these lines, clients' perceptions of experiencing positive regard on behalf of their therapists were found to remain the same or become even slightly higher in teletherapy as compared to in-person therapy pre-pandemic (Farber & Ort, 2024). Mixed results, however, were found with regard to the therapists' experiences of remote psychotherapy during the COVID-19 pandemic. Although surveys showed that therapists changed their attitudes towards teletherapy due to perceived competence and positive therapeutic results (Rettinger et al., 2023), other studies indicated that therapists' perceptions of an authentic therapeutic relationship were negatively impacted in teletherapy, mainly due to their feeling of being less present in online sessions than in-person ones (Aafjes-van Doorn et al., 2024). Similarly, with regard to the quality of therapists' experience of online therapy, another study showed higher levels of boredom and lower levels of flow in online therapy compared to in-person therapy (Messina & Loffler-Stastka, 2021). In the same study, therapists reported a decline in their clinical skills in online therapy compared to traditional therapy, including engaging patients in the therapeutic alliance, managing transference and countertransference, and maintaining therapeutic neutrality. These differences in the recent findings indicate that several determinants may influence therapists' attitudes to online psychotherapy. Indeed, pandemic behavioral fatigue, years of clinical experience, and the therapeutic approach have been found to shape therapists' experience of remote psychotherapy (Aafjes-van Doorn et al., 2024; Rutkowska et al., 2023).

A survey comparing psychodynamic, humanistic, systemic, and behavioral therapists' experiences with remote psychotherapy during COVID-19 demonstrated that the acceptance and use of digital technologies were influenced by the therapists' theoretical background (Humer et al., 2020). Previous studies stated that the psychodynamic orientation was associated with more negative attitudes to remote psychotherapy on behalf of the therapists (Gordon et al., 2015; Wangberg et al., 2007), while behavioral approaches were found to be associated with a more positive attitude to remote psychotherapy (Perle et al., 2013; Wangberg et al., 2007). Research also showed a higher degree of acceptance of teletherapy by therapists with systemic orientation compared to therapists of psychodynamic or existential orientation (Perle et al., 2013). However, other studies found no association between the theoretical orientation and the therapists' attitudes toward remote psychotherapy (Cipolletta & Mocellin, 2018), indicating that other more complex and contextual factors may also affect therapists' experience of online psychotherapy.

Online systemic therapy

Systemic therapy focuses on family interactions, dynamics, and emerging patterns rather than on individuals as separate and disconnected-from-the-system entities. Human behaviour is understood within the bounds of time and the context of relationships as well as other limits of the broader systems, which are interpreted differently by each person. Thus, systemic therapy aims at identifying and addressing stagnant and dysfunctional patterns of family behaviour (Pocok, 2013). Given the complexity of the multifaceted relationships that develop between therapists and other members of a system, whether it is a group, family, or couple therapy (Pomini, 2021), it was inevitably more challenging for systemic therapists to switch to remote service delivery. Such a multilayered therapeutic relationship is characterized by different degrees of intensity in terms of working alliance, proximity, and transference-countertransference issues compared to the dyadic therapist-client relationship in individual

psychotherapy. Furthermore, family and couple therapy is usually conducted by two or more co-therapists (i.e., the therapeutic team) creating a situation that may not be easily reproduced in the online modality (Borcsa et al., 2021).

Despite the aforementioned complexities of working with systemic psychotherapy remotely, little is known about how systemic therapists perceived online therapy as well as how they experienced the abrupt transition to telehealth during the COVID-19 pandemic. An early account of the role of technology in working with families was reported by Springer (1991) who revealed several untapped therapeutic possibilities offered by telephone family therapy. More recently, though, Borcsa and Pomini (2017) found that only 4% of family therapists adopted technology as a means to deliver online systemic therapy. In addition to the limited use of systemic therapy prior to the pandemic, systemic therapists' knowledge about the implementation of Information and Communication Technologies (ICTs) remained poor (Borcsa et al., 2021). A systematic review of couple and family therapy via videoconferencing revealed that a few relevant studies have been conducted (i.e., 28 studies), while only three of them included couples (de Boer et al., 2021).

Yet, during the COVID-19 pandemic, a large increase in teletherapy uptake by family systemic therapists (McKee et al., 2022) and an overall positive experience delivering systemic therapeutic services virtually were reported (Mc Kenny et al., 2021). On the other hand, a few qualitative studies examining the attitudes, practices, and needs of systemic therapists during the coronavirus pandemic produced mixed results. According to the therapists' views, online systemic therapy includes practical opportunities, such as maintaining contact with families (Simons et al., 2022), engaging resistant clients, connecting family members who live in different places as well as an increased sense of co-construction in the therapeutic process (Beet & Ademosu, 2022). On the other hand, there were a number of difficulties and negative experiences related to the therapeutic relationship and technique, including concerns about safety management such as client safety in speaking out freely at home (Simons et al., 2022), attuning to nuanced expression of emotion (Beet & Ademosu, 2022; Orlowski et al., 2022), establishing alliances with new clients or repairing alliance ruptures (Orlowski et al., 2022), and applying systemic techniques to intervene in family relationships (Mc Kenny et al., 2021; Orlowski et al., 2022). Notably, supportive teletherapy policies and availability of infrastructure and training were reported to facilitate teletherapy uptake by systemic therapists (McKee et al., 2022). Considering these differences in the available research findings, as Helps and Le Coyte Grinney (2021) have also pointed out in their meta-narrative review, more research into virtually delivered systemic therapy is needed to determine the prerequisites and challenges of working online with individuals, couples, and families.

Current study

Since the COVID-19 pandemic has led to the imperative need for remote mental health care, the time was ripe to examine online therapy experience from the therapist's point of view and explore systemic therapists' reflections on the unforeseen switch to remote service delivery. Given that therapists' attitudes and expectations about online therapy have a significant impact on the clinical outcomes of therapy (Reese et al., 2016), it is important to understand how an enforced transition to online psychotherapy may affect systemic therapists' attitudes to online psychotherapy. Thus, the aim of the present qualitative study was to investigate the way systemic therapists experienced the new setting of online psychotherapy compared to traditional in-person systemic therapy and how they reflected upon this new systemic milieu in delivering psychological services. The research question was as follows: "How did systemic psychotherapists experience an enforced transition to online therapy due to the coronavirus pandemic?"

Recognizing the clinical importance of understanding how systemic therapists made the transition to telehealth, the current study was based on a critical realism approach (Willig, 2012). Specifically, critical realism was employed to comprehend systemic therapists' subjective experiences and the way in which therapists

perceived and experienced enforced online therapy. Although therapists' experiences were mainly understood from a relativist ontological perspective, this study adopted a position of realism for the thematic analysis of data to identify thematic patterns depicting participants' reflections about the dilemmas, challenges, and expectations from the virtual delivery of systemic therapy. Examining how systemic therapists perceived and experienced the switch to online therapy is expected to provide directions on how to move forward to tackling the challenges in clinical work in the new digital era.

Method

Participants

A homogeneous purposive sample of 12 certified systemic therapists (9 women, 3 men) was recruited through the authors' professional acquaintances and snowball sampling (Gray, 2021). All of them were licensed psychologists, certified in systemic therapy, and they were self-employed providing individual, group, and family systemic treatment in Athens (Greece) for at least four years. The participants' ages ranged from 30 to 55 years old (M_{age} = 38.75), 9 participants had a master's degree, and most of them were experienced therapists having nine or more years of clinical experience ($M_{years\ in\ practice}$ = 11.58). Most participants (8 out of 12) reported having experienced online systemic therapy prior to the start of COVID-19 pandemic (Table 1).

Table 1. *Participants' Demographic and Professional Characteristics*

Cases	Gender	Age	Educational level	Clinical experience	Prior online experience
Case 1	Female	50 years old	Master's degree	22 years	Yes
Case 2	Female	42 years old	Master's degree	20 years	Yes
Case 3	Female	34 years old	Master's degree	6 years	Yes
Case 4	Female	32 years old	Master's degree	6 years	Yes
Case 5	Female	34 years old	Master's degree	9 years	No
Case 6	Female	43 years old	Master's degree	17 years	Yes
Case 7	Female	35 years old	Master's degree	9 years	No
Case 8	Female	55 years old	Master's degree	25 years	Yes
Case 9	Male	48 years old	PhD	5 years	No
Case 10	Female	32 years old	Master's degree	4 years	Yes
Case 11	Male	30 years old	Bachelor's degree	9 years	Yes
Case 12	Male	30 years old	Bachelor's degree	7 years	No

Interview protocol

Considering teletherapy uptake during the COVID-19 pandemic to be a turning point in the field of psychotherapy, the semi-structured interview protocol was developed from the relevant literature on transition processes (Zolfagharian et al., 2019) and on one of the authors' experiences delivering online psychological services for the

first time since the outbreak of the pandemic. The questions were organized on three time-related axes including past, present, and future perspectives of the participants' transitional experience from in-person systemic therapy to online systemic therapy amid the pandemic. Thus, the questions of the study covered the therapists' transition struggles to move to online therapy compared to the traditional setting (past), the transition challenges (present), and the transition opportunities (future), respectively. Overall, the focus of the interview protocol was on the so-called "whole" questions. That is, questions which relate to explaining a whole, or part of, a transition (Zolfagharian et al., 2019). A preliminary set of questions was refined and further modified following a pilot interview with a therapist who had already provided online systemic therapy prior to the COVID-19 pandemic, and who was not included in the sample.

Through a one-to-one semi-structured interview, the aim was to develop a flow based on the therapists' lead, while the interviewer prompted the participants to reflect on their experience in response to open-ended questions (Bryman, 2016). A few initial questions related to the participants' demographics and clinical experience were followed with questions about (a) the participant's prior experience in conducting online systemic therapy, (b) their experience transitioning to telehealth and adapting to an online condition (e.g., therapists' views on how they perceived transition to online therapy and how people-in-therapy might feel about the switch to telehealth setting), (c) challenges for the systemic approach regarding remote psychotherapy (e.g., how the therapeutic relationship may have been influenced; how the interaction between participants may have been changed; how group, family, and couple therapy may have been adapted to an online setting), and (d) the participants' expectations from online systemic therapy and their projections for the future (e.g., which may be the advantages of online therapy for people-in-therapy; how remote systemic psychotherapy may be effective; whether they would perform their clinical work using teletherapy after the pandemic).

Procedure

Participants were recruited from June to October 2021, following the third wave of COVID-19. Upon therapists' agreement to participate and the online provision of informed consent, an interview was conducted via a videoconference platform by the second author. The interviews lasted between 40 and 50 min and the transcripts of the video-recorded interviews were deleted after checking for accuracy by the interviewer. Participation in the study was voluntary and no incentives were offered. Recruitment of systemic therapists who met the criteria of participation in the study continued until a saturation point was reached and the collected data did not produce any new codes (Isari & Pourkos, 2015). All data in the transcripts were anonymous.

Data analysis

The qualitative methodology, and particularly thematic analysis approach, was chosen in the present study to understand, describe, and interpret therapists' overall experience of switching to remote therapy delivery since this was an understudied psychosocial phenomenon (Braun & Clarke, 2006). Thematic analysis is a method for identifying, analyzing, and organising into themes repetitive conceptual patterns that stem from research data through several inter-related stages in the data analysis. Prior to the analysis, all transcripts were read through several times by the researchers to fully perceive each participant's experience and proceed with coding (Tesch, 2013). Throughout the analysis, two of the researchers worked consensually to analyze the transcripts and they reviewed previously coded transcripts whenever each new code was identified. An auditing review was conducted by the first author in cases of ambiguity or discrepancy to reach a consensus and ensure that the analysis illustrated accurately all the meaning units that were present in the transcripts. The emerging codes were grouped under categories to reflect overarching themes of the main patterns of therapists' experience, as these surfaced from the transcripts rather than being imposed on the data.

Hence, the researchers undertook an inductive approach to analyze the data so that conceptual patterns appear from it and, following comparison and collation, additional categories and broader themes emerge (Isari

& Pourkos, 2015). With the aim to connect and integrate topics in a coherent way, a deductive approach was also used for theme analysis based on the relevant literature. The combination of inductive and deductive thematic analysis was considered appropriate for developing an explanatory framework that could incorporate the main topics of the phenomenon under investigation (Willig, 2012).

Results

The qualitative findings of the present study are structured around thirteen categories and five themes which were identified from the interview data and they are illustrated in excerpts according to the therapists' own narratives (Table 2).

Table 2. *Themes and Categories of Thematic Analysis*

Axes	Themes	Categories
Past: Transition struggles	1. The role of familiarity with online setting	1) Transferring previous experience of online individual therapy
		2) Reluctance when previously unpracticed
		3) «From the group circle to a digital screen»: an unprecedented situation
	2. Difficulties in keeping the (online) therapeutic setting	4) Managing therapeutic boundaries
		5) Concerns regarding the online systemic practices
Present: Transition challenges		6) Therapists' psychosomatic fatigue
	3. Relational concerns	7) The online condition as a form of resistance to therapy
		8) Difficulties in co-therapists coordination
	4. Online systemic therapy as new systemic milieu	9) Tackling physical absence
		10) Beyond time and space
		11) Continuity of therapeutic care
Future: Transition opportunities	5. Positive expectations	12) New skills in online therapy
		13) Belief in the effectiveness of online systemic therapy

Transition Struggles

Theme 1: The role of familiarity with online setting

Transferring previous experience of online individual therapy. All systemic therapists who had experience in online individual therapy prior to the start of COVID-19 pandemic reported that having already been familiar with the online setting in their own time and volition had helped them to switch more easily to the enforced online conditions during the first lockdown in March 2020. Along with being a facilitating factor in practical

terms (e.g., developing digital literacy), therapists' previous familiarity with online individual therapy provided them with a sense of control that made transition to remote service delivery more accepted and manageable.

"The truth is that, for me, this transition was relatively easy {…} So this whole situation was familiar since I was already acquainted with it." (I3)

Prior to the COVID-19 pandemic, online systemic therapy was mainly chosen for reasons pertaining to therapists' ease with technology, or the need to provide psychological services remotely to clients who lived in other geographical areas in Greece or abroad. In all cases, though, previous experience with teletherapy was limited to individual systemic therapy.

"I already had many sessions via videoconference {…} My patients had moved abroad either for studies or, especially since 2011[1], for work. So, this procedure was quite familiar to me, and I was quite prepared for the online individual sessions. The big change for me was to have online group sessions. That was unusual for me" (I2)

Reluctance when previously unpracticed. In contrast, those therapists who had no experience with online therapy before the COVID-19 pandemic reported great difficulty in teletherapy transition and a clear preference for in-person therapy compared to online systemic therapy. They expressed skepticism and they felt "*burdened*" with the enforced digital service delivery of psychological services through a digital platform.

"Back then, both we and people-in-therapy were burdened with a feeling of limitation, suffocation, and helplessness which was weird. For me, in the beginning, it was strange, it was stiff because I aim at face-to-face contact so it was difficult for me." (I12)

«From the group circle to a digital screen»: an unprecedented situation. Almost all participants (11 therapists) stated that the most difficult change they encountered due to the enforced switch to online setting was the unprecedented transition from the in-person group circle to a digital screen. The time to prepare for such a change of high complexity was limited. This sudden shift was accompanied by feelings of worry and vigilance for the effect the new online setting may have on the therapeutic process and outcome.

"The difficulty was with groups because this had to be well-organized. There were technical issues as well, which also occurred in the individual sessions, but they were somehow managed there. For the groups, though, there are high levels of complexity, and because of that more strengths were needed both from us and from the patients." (I8)

"It was difficult. We did not have much time to think about it. It all happened somehow suddenly and our concern was about what we are going to do now, and how groups will continue, and how people in groups will receive adequate psychological support, and how we will continue with normality as much as we can." (I9)

Transition Challenges

Theme 2: Difficulties in keeping the (online) therapeutic setting

Managing therapeutic boundaries. Most therapists had a perceived loss of control of the therapeutic context during online group therapy sessions. To create a sense of cohesion among group members, therapists had to resettle some pre-existing elements in the group therapeutic contract. Particularly, they delimited the rules and encouraged privacy to maintain a well-defined and ethically safe therapeutic framework.

"The main challenge as a mental health professional is to manage to transfer the more neutral condition of the therapeutic office, or the physical meeting space of the group session, within the patient's home {…} This has

[1] The outbreak of the Greek socio-financial crisis.

to do with privacy issues {…} Also, it was difficult to communicate the sense that we have a group session, so we do not lie down on the couch, or we do not wear our pyjamas…" (I12)

"In my opinion, it was also necessary to repeat the rules or advice about the way of functioning of the group… that is, to repeat issues of privacy, confidentiality {…} So somehow rules, conditions, and limitations had to be set again." (I2)

Therapists were concerned with the new online setting and were highly vigilant due to the precipitate transition. However, their concern about managing therapeutic boundaries in the new online modality was not aligned with the results they reported in their work with the members of the therapeutic group, and they contrasted with some therapists' initial expectations.

"Another challenge … or rather concern… was what would happen in terms of group cohesion, members' communication… how they would experience this transition as a group, whether it would affect in some way the working through processes within the group. I did not notice any problem, however, in the groups in the end… I would say that, due to the threatening external condition, there was probably more connection among the members rather than the phenomena of breach, disconnection, or interruption." (I2)

Concerns regarding the online systemic practices. Therapists found it difficult to manage the integration of new members in groups or start a new therapeutic group via the Internet, while they also reported that more time was needed for a therapeutic group to develop.

"… it was difficult to start a therapy group at a distance. However, there was the question that if you do not start the group, these people will not receive any help. So, we started. Finally, when the transition to face-to-face took place in July- and then it was continued on in September- the group found its way, with some turbulences though." (I9)

Furthermore, most participants (N=10) were reluctant to initiate online family sessions, and they avoided it. Those participants who finally decided to hold family or couple sessions reported difficulties in observing non-verbal communication and relational dynamics, which are usually noticeable through body movements.

"I didn't have any experience in online family therapy, I had only online sessions with a couple. The truth is that once I was about to start with a family, but I avoided it… I thought it would be too complicated and because there was a lot of tension in this family, I preferred that it did not take place online, and we postponed it." (I8)

"The couples were an unprecedented condition, too. It was very difficult for me to observe their movements in the room, for example when they sit on a sofa, how they get close to one another, when they take distance or turn their torso, and other simple movements, such as whether one will offer water to the other; that is, some movements in the room that give you important information did not exist online. Instead, I just saw two people looking at a screen. So, I felt a lack of help from non-verbal communication a lot." (I2)

Therapists' psychosomatic fatigue. All therapists pointed out several aspects of psychosomatic fatigue due to the online therapeutic setting, including their difficulty concentrating as well as physical and psychological exhaustion because of the sedentary routine and exposure to the computer screen for many hours.

"It is tiring after all, it is overwhelming; it is also the medium to blame because you are distracted at some point, that is, it is easy not to constantly focus on what takes place, to fix your attention to something else around in the room {…} I would not like to work so many hours, because online format may be easy on certain occasions, which I mentioned, but on the other hand, it is also arduous; namely, one should work fewer hours online." (I8)

Overall, long working hours in front of the screen, the perceived limitations due to difficulties in the interaction with people-in-therapy, and the loss of the opportunity for recognition of raw feelings and nuanced

expression of emotion through non-verbal communication and bodily movements were all mentioned by therapists that reduced work satisfaction and instead increased anxiety and work stress during the pandemic.

Theme 3: Relational concerns

The online condition as a form of resistance to therapy. In the question "How the therapeutic relationship changed in online systemic therapy", most therapists answered that the therapeutic relationship did not change. As it was bluntly pointed out by a therapist, *"Giving an answer about this today, I've not experienced any change in the relationship."* (I3)

However, for most therapists, digital therapy was primarily a means to ensure treatment continuity when a therapeutic relationship had already been established. Thus, therapists were more careful with developing a working alliance with new clients, stating that it was more challenging to build a new therapeutic relationship because it takes more time to establish it in an online setting.

"It takes a long time to establish a therapeutic alliance; that is, it takes more time for therapists, with their presence via a camera, to offer their empathic attitude and unconditional acceptance so that the person in front of them can feel safe and have confidence to talk about their important issues." (I5)

Furthermore, many different views were expressed about the therapeutic relationship in teletherapy. A few therapists mentioned that the therapeutic relationship on the Internet becomes more equal. For example, it was stated that *"Perhaps it is more symmetrical… in the sense that the person-in-therapy feels safe at home; therefore, they enjoy some control in therapy, which they do not have in the office."* (I7)

Similarly, another therapist commented that, in some cases, the distance inherent in the online modality may facilitate the establishment of the therapeutic relationship, depending on the patients' therapeutic needs as well as their mental health issues.

"… perhaps some people open up more when they meet online and feel more comfortable being in their own space; so, in this case, the relationship is probably strengthened more quickly compared to the situation in the office, where they may feel constraints, therefore, maintain some emotional distance… So, it depends." (I6)

Half of the participants expressed their worry about the possibility that the current enforced transition to teletherapy due to the COVID-19 pandemic may mark the beginning of a more permanent shift in the field of psychotherapy, and they wondered about the new dynamics that may emerge in the therapeutic relationship. As a few of their patients continued to choose online therapy even when it was not necessary, therapists were concerned about the covert meaning of such a choice (e.g., potential client's resistance to psychotherapy).

"… we do not know when this may be a kind of resistance to psychotherapy, because the presence or the absence of the patient in therapy is meaningful, and each time we should examine what it means… so, the fact that he is coming or not I wonder is it because it was difficult for him and because of the distance… or it has also to do with other factors in our therapeutic relationship?" (I1)

Difficulty in co-therapists' coordination. Many therapists reported that the ease with which co-therapists connected in the face-to-face setting was somehow lost in the online setting, thus communication became sterile. Particularly, it was mentioned that the physical presence of co-therapists in the in-person sessions enabled them to perceive immediately the nuances of the here-and-now of the therapeutic process, by using physical coordination as a means of therapeutic coordination.

"When we sit side by side, an internal process of coordination takes place between the co-therapists. For example, there are very subtle indications when the co-therapist wants to intervene, so there is better coordination in the in-person modality. Let's say you hear that the other person takes a breath and is about to speak, you

understand this from their posture; this is so important. In videoconference, there was no such possibility to coordinate our bodies and that was difficult for me because I did not know whether my co-therapist wanted to say something; to somehow tune in and not interrupt them when they started speaking because there were some asynchronised moments and you unintentionally interject." (I2)

A therapist mentioned *"It is like playing in a team with your co-therapist. For example, many times, you exchange glances in the team. So, we often lost that in the process of online therapy."* (I12). Such a loss of eye contact in online systemic therapy was considered to hinder the therapeutic process and provoke difficulties in the coordination among therapists.

"We were constantly alert because the other person was not next to you, but they were in the next window {…} I think it was very difficult for us, too, if we consider that there is the "subgroup" of co-therapists. Well, we had several problems and misinterpretations in this case. I remember I was having a hard time; I felt I could not communicate it somehow… so what shall I do … nudge or text them while a group member was talking? It was somehow difficult. And I wonder how this difficulty in communication between the therapists may have looked like to people-in-therapy." (I12)

Tackling physical absence. All therapists adjusted to the online systemic therapy by making changes in the techniques to remain therapeutically present in the digital framework. Thus, they tried to tackle their difficulty in recognizing raw feelings and attuning to nuanced expression of emotion by creating a condition of "being" with the person-in-therapy and conveying somatic experience with the use of more oral descriptions.

"With regard to therapeutic presence, you do not easily understand the feeling, tears blurring their eyes {…} So this may change as to presence. That is, you must adjust your body more to the online format, to say how I feel now, how I am, and to gamble a little. Namely, you do not have so rich stimuli to decode so you must rely on fewer communication channels to be present and connected… {…} That is, in a way, what is mostly missing online, you must spotlight it as much as possible with oral encouragement." (I9)

Transition Opportunities

Theme 4: Online systemic therapy as new systemic milieu

Beyond time and space. All therapists acknowledged that teletherapy provided them with the opportunity to deliver mental health services to those in need and gave them flexibility in scheduling sessions with people who lived in remote areas.

"It was convenient that it was easier to find time and space. I remember a family whose father worked abroad, the mother was in Athens, and they wanted a family session for their daughter who, I think, was ten years old; this online format allowed all three people to meet, let's say in the same "place", which would be prohibitive if they had to come to the office." (I2)

Furthermore, several participants reported that some clients opened up more easily, since they seemed to feel less constrained. As it was stated, *"For some, the absence of direct contact, which triggered relational stress, eventually made them feel free, speak more openly, feel more comfortable, so that they addressed very important issues during the quarantine."* (I10)

However, minimizing the spatial and time distance was reported to be both an advantage and a challenge by most therapists. Particularly, it was mentioned that *"the fact that time is somewhat annihilated is both positive and negative, that is, you do not spend time to travel, which is good, but by not spending time to travel you do not also have this time to think where you were before and where you are going to be later- so this can also be negative."* (I1)

Continuity of therapeutic care. Regarding the therapists' views on how clients experienced enforced transition to online therapy, all participants stated that it was relieving for their ongoing clients to maintain continuity of care amid the COVID-19 pandemic.

"In case we did not have this option, we would not be able to have therapy sessions. I think clients have generally acknowledged that it was very reassuring that they did not miss this therapeutic hour, that they could carry on being either in group sessions or in individual ones thanks to this medium. In other words, there was a substitute which provided great relief in relation to the anxiety of "what else will I lose", for instance." (I2)

New skills in online therapy. Participants had a sense of satisfaction with the new skills acquired about online systemic therapy and their creativity in handling the challenges of adjusting to this novel therapy modality. This led to an overall feeling of self-efficacy.

"Now I'm as sharp as a needle (laughs) on the technical level, too, because I know which application is better in terms of audio and video quality, which application is safer because we have to take these into account. Now I really feel that I have fully adapted…" (I12)

Theme 5: Positive expectations

Belief in the effectiveness of online systemic therapy. Based on their overall experience of online systemic therapy, participants expressed their belief that systemic approach can integrate novel digital modalities in clinical practice. As stated by a therapist, *"I see no significant differences between online and face-to-face systemic therapy in terms of therapeutic outcome. I think online systemic therapy can be effective; I have no doubt about it."* (I2).

On the other hand, the participants mentioned that they will use teletherapy in the future only if it is needed, either as an adjunct or as an alternative mode of therapy. As it was pointed out, in-persontherapy cannot be replaced, since *"live is live*" (I8).

Moreover, all participants suggested that for online systemic therapy to be effective in the future, specific training on how to address technical restrictions and therapeutic challenges as well as ethical and legal issues concerning privacy security and data protection should be incorporated in systemic therapy training programs. Furthermore, all participants highlighted the need for further research, which will guide the next generation of mental health professionals.

Discussion

The purpose of this study was to examine the ways in which systemic psychotherapists perceived and experienced the enforced transition to online therapy due to the COVID-19 pandemic. According to the findings, both challenges and opportunities were evident during systemic therapists' adaptation to the new online setting.

The parameters of familiarity and pre-existing positive attitudes toward teletherapy were found to be facilitating factors that assisted therapists to feel more at ease during the period of enforced transition from in-person to online therapy. Online individual systemic sessions were already implemented in specific cases prior to the pandemic; thus, the online therapeutic setting was somehow internalized to be expanded as a common practice during the pandemic. This was not the case, however, for those therapists who had no previous experience with digital provision of mental health services. The difficulty in adjusting to the new therapeutic demands for online therapy was a shared challenge for all participants in the study when it came to providing group, family, and couple online systemic therapy compared to individual online therapy. Interestingly, therapists' reluctance toward online group therapy was prevalent despite delivering online individual sessions for more than a year since the start of the pandemic until the time of the study (i.e., March 2020 to June 2021).

In line with previous findings (Beet & Ademosu, 2022; Borcsa & Pomini, 2017; Borcsa et al., 2021; Weinberg, 2020), the therapists in our study struggled to maintain therapeutic boundaries and attune themselves to the multilayered relational and emotional dynamics in family or group therapy. Perceived lack of boundaries in online groups; higher levels of therapists' uncertainty in handling the online family therapy setting; and relational concerns due to the increased difficulty in the interactions between therapists and clients as well as in the coordination of co-therapists, were the main challenges encountered in online systemic therapy. Notably, participants were particularly reluctant to conduct online sessions with families and couples, especially as new cases, due to perceived technical limitations which hinder therapists' ability to observe non-verbal cues and relational communication patterns of a family, or a couple, system. Having this cautious attitude toward family teletherapy, the therapists in our study avoided online family sessions. These findings are consistent with previous research highlighting that online psychotherapy with more people at the same time requires further technical and clinical knowledge as well as therapeutic decisions based on available treatment guidelines and technical infrastructure (Beet & Ademosu, 2022; Borcsa et al., 2021; Smith & Gillon, 2021). For example, a recent study (Bradford et al., 2024) found that although clinical outcomes in teletherapy may be as positive as in-person couple therapy, caution should be exercised in terms of differences in the development of the therapeutic alliance. Due to the existing lack of research knowledge and clinical practice in online work with families and groups, more attention should be paid to how the therapeutic context that is established between family/group members and therapists may be reproduced in an online environment (Békés et al., 2023; Pomini, 2021).

Mixed results were found regarding the therapists' relational concerns in the digital systemic therapeutic setting compared to in-person interactions. Many participants reported that the therapeutic relationship did not change in the digital condition. Additionally, it was mentioned that the therapeutic relationship became more symmetrical in online therapy, since people-in-therapy had control over the environment as they were in their own place. On the contrary, other participants experienced a perceived difficulty in establishing a therapeutic relationship online, especially in treating new cases. These findings have been supported by previous studies, which indicated that some therapists consider remote therapy to be equally manageable in terms of building a therapeutic relationship (Békés et al., 2023; Perle et al., 2013), while other therapists appear more skeptical and have a more problematic experience with therapeutic alliance in teletherapy compared to in-person therapy (Békés et al., 2023; Ertelt et al., 2011; Full et al., 2023; Schopp et al., 2006; Schuster et al., 2018; Treanor, 2017). Given the highly subjective and dynamic nature of the therapeutic relationship, there is a need for ongoing research on the relational process both in online and traditional modes of psychotherapy. Furthermore, based on the results of our study, examining how the preference of the online setting may manifest resistance in psychotherapy emerges as a novel research area of great clinical value.

Another interesting finding regarding the transition challenges that the systemic therapists experienced due to the enforced shift to online therapy was the difficulty to achieve co-therapists' coordination due to the loss of physical presence. Co-therapists' physical interaction and non-verbal communication in the in-person therapy was considered to be fundamental for the overall coordination of the therapeutic process. Hence, the detached and limited space of the digital screen prevented co-therapists from coordinating with each other in a direct automatic way, which consequently led them to become more alert and self-conscious. This inevitable super-vigilance between therapists in the online setting often compromised the co-therapists' "subsystem" and impeded their creativity and spontaneity. Digital video technology, then, appears to compromise the therapeutic function of co-therapists' coordination through their physical interaction, which was described as "*mutual playing*" by the participants in the study, thus possibly echoing the therapeutic "playing" introduced by Winnicott (1991). This active ingredient of in-person systemic therapy warrants further research since little is known so far about the role of co-therapists' coordination in the online delivery of systemic therapy.

With regard to therapists' views on how clients experienced enforced transition to online systemic therapy, all participants in the study stated that clients appreciated the continuity of care via the Internet, which contrasted the sense of loss and the stressful condition they were facing during the COVID-19 pandemic. The clients' positive attitudes toward online therapy were disproportionate to the therapists' concerns about the potential aftermaths of teletherapy. This finding is consistent with previous studies which concluded to greater satisfaction with remote psychotherapy on behalf of the clients compared to their therapists (Connolly et al., 2020; Shulman et al., 2017; Thomas et al., 2018). Nevertheless, therapists' concerns appear to be related to the fact that teleworking was an unprecedented and imposed way to implement new untested clinical practices. In addition to the increased levels of alertness, the therapists also reported to have experienced psychosomatic fatigue, lack of concentration, and greater need for self-care due to the perceived difficulties in online therapy. These feelings of discomfort were mentioned to minimize work satisfaction, and instead increase work stress. Previous studies have shown that such feelings may hinder therapists from tapping into their therapeutic skills (Full et al., 2023; Kitchingman et al., 2017; Salyers et al., 2017). Hence, the research question how to promote therapists' adaptation to the digital delivery of services, and boost their resilience in times of crisis is pivotal.

Future research may also address the issue of clients' and therapists' experiences with online therapy vs. in-person therapy in the post COVID-19 era. In our study, all therapists stated that the enforced online transition turned out to be an opportunity to master online therapy, as they have acquired the digital skills to provide online mental health services in the future. Additionally, teletherapy was considered a viable and effective tool for future systemic therapy in specific circumstances, such as to overcome geographical distance or client's mobility problems. Beet and Ademosu (2022) showed the benefits of including family members from different geographical locations in online sessions in a way they had not considered prior to the pandemic. Recent research provided evidence about the effectiveness of digital psychosocial interventions (Yen et al., 2024). However, in our study, there was a clear preference for in-person systemic therapy in the post pandemic era, as also stated elsewhere in the literature (Connolly et al., 2020). Training in online group, family, and couple therapy emerged in our study as an essential prerequisite for future implementation of teletherapy, as was previously identified (Békés et al., 2023; Full et al., 2023; Weinberg, 2020). Furthermore, Geller (2020) suggested that it is necessary for systemic therapists to be trained to overcome biases against online therapy, so to become flexible and open in discovering how to cultivate therapeutic presence and an effective therapeutic relationship in online setting. Along with training in online group, family, and couple therapy, ongoing research on the effectiveness of online systemic therapy will help mental health professionals to become aware of new clinical skills that are necessary to digitally deliver therapeutic services (Borcsa et al., 2021; Full et al., 2023) in this emerging systemic milieu.

As far as the limitations are concerned, the present study cannot achieve generalisability due to the small sample size as well as the specific target group (i.e., systemic therapists) to which interviews were conducted. Furthermore, there was no combination of qualitative and quantitative research methods, which would enable to extend our understanding of how different variables may play a role in shifting to online therapy. Another limitation of this study was that the data were not checked by the participants after the qualitative analysis to increase the fidelity of the results to the raw data. Given the massive socioeconomic changes that took place in the mental health field after the pandemic, it is necessary to continue assessing the various aspects that may play a role in defining the future of teletherapy. Research regarding clients' opinions and attitudes toward teletherapy would be beneficial, in this respect. Furthermore, future mixed-methods studies in relation not only to the systemic approach but also psychodynamic therapy and other insight-oriented treatment approaches may lead to promising tools and guidelines for a future online mental health service model in the post-COVID-19 era (Zhong et al., 2023).

To conclude with, this study sheds light on the systemic therapists' subjective experiences regarding the enforced transition to online therapy due to the COVID-19 pandemic. To the best of our knowledge, this is the

first study that examines how psychotherapists in Greece, and particularly systemic therapists, who were used to seeing their patients in in-person setting, adapted to providing online therapy via videoconferencing, regardless of their previous knowledge or attitudes toward remote psychotherapy. Therapists' concerns, adjustments, and expectations from practicing remotely introduce a new systemic milieu which has come to expand the provision of mental health services. Based on the findings of this study, difficulties with maintaining therapeutic alliance and cohesion, especially in group, family, and couple online therapy, warrant further research. Moreover, the online setting of mental health services delivery may provoke new forms of clients' resistance to psychotherapy, which constitutes a novel research area of clinical value. As digital technology offers an alternative mode of clinical practice, the insights from online systemic therapy may prove beneficial in the wider field of online psychotherapy.

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ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Πώς βίωσαν οι συστημικοί θεραπευτές την αναγκαστική μετάβαση στη διαδικτυακή ψυχοθεραπεία λόγω της πανδημίας COVID-19: Μια ποιοτική μελέτη

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Διαδικτυακή θεραπεία
Εξ αποστάσεως θεραπεία
Συστημική ψυχοθεραπεία
Εμπειρίες θεραπευτών
Αντίσταση στη θεραπεία

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ΠΕΡΙΛΗΨΗ

Με το ξέσπασμα της πανδημίας COVID-19, πολλοί θεραπευτές μετέβησαν από τη δια ζώσης ψυχοθεραπεία στην παροχή θεραπευτικών υπηρεσιών μέσω τηλεδιάσκεψης, ανεξάρτητα από την προηγούμενη εμπειρία ή στάση τους απέναντι στην εξ αποστάσεως ψυχοθεραπεία. Δεδομένης της επιβεβλημένης μετάβασης στη διαδικτυακή θεραπεία σε σύντομο χρονικό διάστημα, η συγκεκριμένη μελέτη έχει ως στόχο να διερευνήσει την εμπειρία των συστημικών θεραπευτών σχετικά με την αναγκαστική μετάβαση στη διαδικτυακή ψυχοθεραπεία λόγω της πανδημίας. Δώδεκα πιστοποιημένοι συστημικοί ψυχοθεραπευτές (60% γυναίκες, 40% άνδρες, $M_{\text{ηλικία}}$ = 38.75 ετών, $M_{\text{έτη κλινικής εμπειρίας}}$ = 11.58) συμμετείχαν σε ημι-δομημένες συνεντεύξεις που διερεύνησαν τις παρελθούσες, τις παρούσες και τις μελλοντικές διαστάσεις της συνολικής εμπειρίας από τη χρήση διαδικτυακών πλατφορμών τηλεδιάσκεψης στην κλινική πρακτική για τη διεξαγωγή θεραπευτικών συνεδριών. Τα αποτελέσματα της θεματικής ανάλυσης ανέδειξαν πέντε βασικές θεματικές που περιελάμβαναν τις δυσκολίες, τις προσαρμοστικές λύσεις, καθώς και τις προσδοκίες των συμμετεχόντων από την εξ αποστάσεως συστημική θεραπεία. Οι θεραπευτές ανέφεραν ότι η προηγούμενη εξοικείωση με τη διαδικτυακή ατομική θεραπεία ήταν ένας παράγοντας διευκόλυνσης αυτής της ραγδαίας αλλαγής. Οι δυσκολίες περιελάμβαναν τη θέσπιση θεραπευτικών ορίων στη διαδικτυακή κλινική πρακτική, καθώς και προκλήσεις στη θεραπευτική σχέση και την αλληλεπίδραση με τους συνθεραπευτές. Ωστόσο, οι συμμετέχοντες θεώρησαν ότι η διαδικτυακή συστημική θεραπεία αναδύεται ως ένα νέο συστημικό περιβάλλον που μπορεί να παρέχει περαιτέρω θεραπευτικές δυνατότητες και εξέφρασαν θετικές προσδοκίες για την αποτελεσματικότητά της. Με βάση τα αποτελέσματα της μελέτης, απαιτείται περαιτέρω έρευνα αναφορικά με τα προβλήματα στη διατήρηση της θεραπευτικής συμμαχίας και τη συνοχή και τις νέες πιθανές αντιστάσεις των θεραπευόμενων, ειδικά στη διαδικτυακή συστημική θεραπεία ομάδας, οικογένειας και ζεύγους. Καθώς η διαδικτυακή τεχνολογία έχει πλέον αποτελέσει έναν εναλλακτικό τρόπο παροχής ψυχοθεραπείας, τα δεδομένα που προκύπτουν από τη συστημική θεραπεία μπορεί να φανούν χρήσιμα στην παροχή διαδικτυακών υπηρεσιών ψυχικής υγείας, ευρύτερα.

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