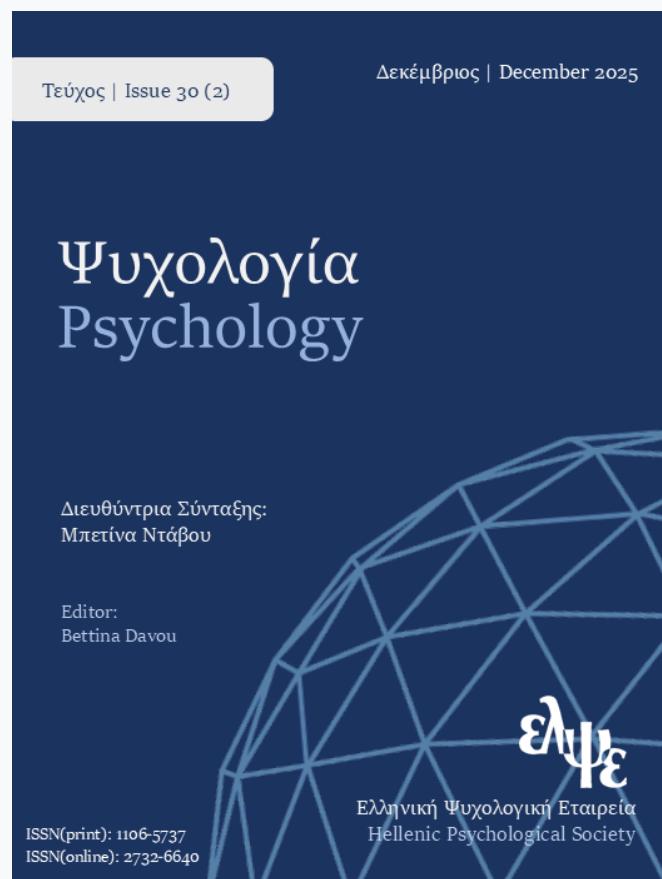


Psychology: the Journal of the Hellenic Psychological Society

Vol 30, No 2 (2025)

Special Section: Individuals, relationships and community in the digital era



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doi: [10.12681/psy_hps.43958](https://doi.org/10.12681/psy_hps.43958)

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To cite this article:

Deni, C. C., & Papachristou, C. (2025). The group behind the glass: An interpretative phenomenological analysis of online group psychotherapy in the time of Covid-19 in Greece. *Psychology: The Journal of the Hellenic Psychological Society*, 30(2), 296-312. https://doi.org/10.12681/psy_hps.43958

The group behind the glass: An interpretative phenomenological analysis of online group psychotherapy in the time of Covid-19 in Greece

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KEYWORDS

Online psychotherapy
Groups
Covid-19
Interpretative
phenomenological analysis

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ABSTRACT

The aim of the study was to investigate the experience of group psychotherapists about online group psychotherapy during the Covid-19 lockdown period. The study examined the psychotherapists' experiences regarding the groups' online conduction, the challenges and possibilities that emerged, as well as the effect of the online therapeutic setting on group interaction and on therapeutic interventions. Semi-structured individual interviews were conducted with 15 group psychotherapists, from different therapeutic approaches. Interpretive Phenomenological Analysis was applied for data analysis. A major finding concerns the specific character of the online psychotherapy setting, which had to be adjusted and reconceptualized to the physical distance and the technology involvement. Remote participation in the group seemed to weaken the setting against ruptures and to disrupt confidentiality. According to findings, the online setting proved less adequate in establishing relationships and group cohesion. It was found that: a) due to the lack of physical presence in a common shared space, the perception of the group in its whole is limited and b) the absence of a physical space both enables or obstructs self-disclosure and feelings of intimacy, and intensifies aggression. Online group therapy was viewed as less effective and more as a solution out of necessity during the pandemic, with yet a positive subjective therapeutic outcome. The clinicians' ability to adapt therapeutic practice, according to conditions is important in order to ensure a safe environment for the provision of psychotherapy in times of crisis. Since online psychotherapy requires specific skills and training, the results contribute by making specific suggestions to understanding and adopting effective online group interventions.

The COVID-19 pandemic has had significant psychosocial impact, leading to panic, anxiety, depression, post-traumatic stress disorder (Dubey et al., 2020; McBeath et al., 2020) guilt, helplessness and concern about maintaining employment, income and security (Holmes et al., 2020; Kokou-Kpolou et al., 2020; Li et al., 2020). The above psychological difficulties associated with isolation and loneliness, due to social distancing, led to a mental health crisis. At this juncture in time, online psychotherapy has emerged as the most viable option for dealing with the mental health issues related to the pandemic and the ones that intensified because of it. The number of therapists that provided online therapy increased and online interventions became the norm (American Psychological Association, 2020).

The shift from the in-person-therapy room to videoconferencing includes significant changes in the therapeutic setting and procedures. This has been already investigated by previous researches, mostly in regard to individual online therapy and led to specific findings that speak for the particularities of both settings and the advantages and disadvantages of each. Specifically, online psychotherapy offers the possibility of continuity of care and access to psychotherapy and reduces time and travel cost (Connolly et al., 2020; Simpson, 2009). Also, it proves helpful for clients who have difficulty with physical intimacy, clients with anxiety disorders, autism

spectrum disorders, (Simpson et al., 2005; Simpson et al., 2003; Simpson & Morrow, 2010), clients with mood disorders or post-traumatic stress disorders (Bouchard et al., 2004). Despite the undoubted advantages of online psychotherapy, recent research suggested that therapists struggled in transitioning to remote psychotherapy, as they perceived themselves less capable in cultivation of working alliance with clients, and faced difficulty to communicate, interpret and express emotions and empathy (Lin et al., 2021). Even though research on individual online therapy is growing rapidly, there is still a gap in literature when it comes to virtual group therapy.

The Covid-19 related health crisis forced a shift towards the virtual group setting and subsequently prompted questions about the therapists' experience and perception of online groups. Research so far indicates that online groups can produce almost the same therapeutic outcomes as traditional group practice, (Connolly et al., 2020,; Banbury et al., 2018; Gentry et al., 2018). At the same time, therapists consider online therapy effective, easy and flexible (Brooks et al., 2013). However, in the group therapy setting, complex and simultaneous interactions take place that make it less controllable and much more demanding for a therapist. According to Weinberg, (2020) online interventions may impact on connecting with others and have significant obstacles compared to face-to-face groups. In virtual groups, therapists seem to lose control over the therapy setting and have to deal with issues related to confidentiality, interferences, physical absence, as well as the difficulty in detecting non-verbal cues (Connolly et al., 2020) and the coordination and adequate communication with clients (Brooks et al., 2013).

Also, implementing group therapeutic factors such as working alliance and group cohesion, may be challenging online. Group cohesion is a central element of group process and the most significant predictor of group's efficacy and positive outcome. Gullo et al., (2022) found that therapists struggled to foster working alliance and cohesion in online groups and Weinberg (2021) suggests that cohesion can be established online but it takes more time to develop in comparison with face-to-face groups. Nevertheless, Weinberg proposes that more research is needed, especially on specific elements in online group therapy regarding the establishing of group cohesion and the online therapeutic processes, and highlights the unique chance the COVID-19 pandemic offers regarding this (Weinberg, 2020).

In this spirit, the recent study of Gullo et al., (2022) explored the issue of remote group therapy during the COVID-19 era through quantitative research. However, this quantitative research relies on preconceived knowledge and assumption possessed by the researchers, placed in a specific cultural context and time of group therapy practice. Despite its significance and scope, due to its quantitative nature this research overlooks the perceptions of the participants themselves and cannot unveil the underlying meanings and processes behind observations. With our study we aimed exactly at this gap of knowledge. We wanted to uncover and to describe in detail the experiences of the participant therapists in this new online group setting, and to understand how they interpret and gave meaning to these new and forced by circumstances experience. Regardless of any limitations, online group psychotherapy was the most effective means of support during Covid-19 pandemic bringing back the lost sense of connection with others while providing safety from spreading the virus, (Marmarosh et al., 2020).

Aim of the study and research questions

The realization of the forced transition from the group circle to videoconferencing, along with the experience of the global health crisis, our personal experience with transitioning to online therapy and the fragile balances during the pandemic, urged us to conduct the present research. The lack of a physical shared therapeutic space for the group and the transfer of complex group interactions and dense group information exchange into an online setting created the interest and need to understand this development and the impact of the different setting on the group through the therapists' lens. The ultimate goal was to offer new knowledge regarding online group psychotherapy in the specific context of Greek society during the pandemic, to understand the effects of the transition of group therapy from a physical to an online setting on group dynamics, group cohesion and

effectiveness and thus contribute to the broader discussion regarding the conduction of online therapeutic groups. We interviewed group therapists of different therapeutic approaches to gain insight into their personal experiences, challenges, and advantages of conducting online group sessions. Our research intended to answer two main questions: 1) How did therapists experience online group sessions during the pandemic and quarantine? 2) What were the implications of this experience for therapists, clients, and group psychotherapy from the therapist's point of view?

Method

In our study we aspired to explore the potential of the online environment to provide psychotherapeutic support and to form adjustments for good practice during times of crisis based on the therapists' own experiences and not by testing preconceived constructs in a sample. Thus, we chose qualitative methodology for our study as it aligns with the research questions and its objective of an in-depth exploration of complex phenomena, such as the group therapy process. Qualitative methods offer the possibility to capture, analyze and understand the feelings, thoughts, experiences and attitudes of the participants - subjective phenomena that quantitative research has difficulty including (Isari & Pourkos, 2015). Moreover, qualitative methodology provides the theoretical and methodological background for generating new knowledge and alternative understandings in an inductive manner. In other words, the researcher develops theories and concepts from his data. The aim is to discover new knowledge and understanding and along with the participants to construct a reality seen from their own perspective and through their experience (Larkin & Thompson, 2012).

At the same time, in qualitative methodology, research attempts to examine a phenomenon within a specific socio-cultural context and to analyze it holistically (Isari & Pourkos, 2015). Therefore, the qualitative method was chosen to study online group therapy as a relatively new phenomenon in the history of psychotherapy, as a whole, contextualized and in relation to the wider social and cultural situation in which it takes place.

Interpretative Phenomenological Analysis (IPA) has as its theoretical background phenomenology, hermeneutics, and an ideographic approach (Pietkiewicz & Smith, 2014). Specifically, IPA was chosen as the most appropriate qualitative method to explore the experience of group therapists during the pandemic because it focuses on the perspective of the participants and captures holistically and in detail the individual experience and its meaning (Smith & Osborn, 2003).

Phenomenology, as a philosophical and epistemological basis, is concerned with the world as it is presented to people through their lived experiences in specific contexts (Pietkiewicz & Smith, 2014). Based on this perspective, the current research focuses on the individual, subjective experience of the participant therapists and aims to highlight their viewpoint.

Similarly, the second epistemological basis of IPA, hermeneutics, relates to the process of deciphering the language and perspective of the participants by the researcher in order to construct their personal meaning. This dynamic endeavor enables the researcher to become an "internal observer" through a process known as "double hermeneutics" (Smith & Osborn, 2003). In this process, participants first make sense of their experiences, and then the researcher attempts to clarify this meaning (Pietkiewicz & Smith, 2014).

IPA provided the opportunity to gain insight into and understand the therapists' perspectives regarding their online group therapy experiences and processes, recognizing its significance and meaning for them (Larkin & Thompson, 2012). Therefore, although the process aims to study the world of the participants, it inevitably reflects it through the eyes and personal interpretation of the researcher (Willig, 2015).

Participants

We interviewed 15 professional group psychotherapists (beginning in October 2020 and ending in December 2020), who conducted online group therapy during the pandemic with already existing groups that transitioned

from physical to online therapy. The inclusion criteria for the sample selection were: a) professional status and training as group therapists, b) experience with conducting group therapy before the pandemic, c) transition and continuity of pre-existing groups online during the pandemic.

The sample consisted of 11 women and 4 men, aged between 33-65 (mean 46.7) years. Their years of experience in group therapy are between 2-33 (mean 14.5) and the groups had 4-12 members (mean 7.6). Among the therapists who participated in the study, 7 were psychiatrists-psychotherapists and 8 were psychologists-psychotherapists. The participants followed different theoretical approaches: five followed the psychodynamic approach, three drama therapy, two the existential approach, one followed psychodrama, one Cognitive Behavioral Therapy and psychodrama, one the systemic approach and two followed a synthetic approach (Table1). The sample size was set at 15 participants to strike a balance between the depth and breadth of information, as we aimed to capture the experiences of therapists from different group therapy approaches. Despite the realistic restrictions and challenges in identifying therapists who transitioned their groups online and agreed to participate to the study, we recruited a sample of 15 therapists, which is considered sufficient in methodological terms (Creswell, 2016), and which also proved to be the point of reaching theoretical saturation regarding our research question, while maintaining the idiographic nature of the method.

Data collection

Due to measures to prevent the spread of Covid-19, most interviews were conducted online and only two were conducted face-to-face. Verbal and written debriefings were conducted to ensure consent and confidentiality in the research. The interviews lasted 25 minutes on average, and were conducted between October and December 2020. The interviews were recorded and transcribed for data analysis. We used semi-structured interviews as they allow the collection of information about the perceptions, experiences and behaviors of individuals in the present and past on a specific topic (Harrell & Bradley, 2009). The interview guide was developed after reviewing the relevant literature and drawing from the objectives and research questions (Table 2). Two pilot interviews were conducted in order to adjust the interview guide and to ensure a smooth flow in the interview process and derivation of sufficient information.

Data analysis

The analysis began with multiple readings of the transcripts, generating linguistic, descriptive, and conceptual comments. From these comments, we identified and named the emergent themes. Themes were then grouped into clusters based on their similarities and differences, and the researcher referred back to the interviews to confirm the compatibility of the themes with participants' experiences. In this way we developed the superordinate themes. A summary table was formed, and representative quotes were selected to support the themes. Some themes excluded (Smith & Osborn, 2003) based on the researchers' interpretation and interests (Willig, 2015). The themes were compared across participants to create a comprehensive table of emergent themes and superordinate themes. The final step involved a written report of the analysis, organized around the themes and featuring representative text excerpts (Smith & Osborn, 2003). To ensure the reliability of our interpretations and reduce bias, we applied, the research triangulation method (Larkin & Thompson, 2012). This involved enlisting the assistance of two experienced researchers with prior expertise in interpretive phenomenological analysis. These researchers independently analyzed two transcribed interviews, and their emergent themes were compared with the primary researcher's own interpretations. Any disparities were resolved through collaborative discussions.

Throughout the research process, personal and epistemological reflection played a critical role. The researchers actively engaged in self-reflection, considering their own personal beliefs, feelings, and preconceptions regarding the research topic. Additionally, the researchers conscientiously examined their language choices, practices, and decisions throughout the research to maintain objectivity and minimize potential

biases. The researchers' background as clinical psychologists who emphasize on understanding the subjective experience of individuals and the construction of personal meaning, influenced their decision to use interpretive phenomenological analysis, to investigate therapists' experiences. Furthermore, the researchers' personal interest in group therapy played a decisive role in selecting the research topic, specifically focusing on therapists' perspectives. The spatio-temporal context of the COVID-19 pandemic and quarantine, with its profound impact on people's lives and the rise of new needs and opportunities, gave birth to the idea of this work and guided the selection of the sample and shaped the research procedure. The sample was chosen based on whether therapists continued their group therapy online during the pandemic, reflecting the shift to virtual communication. Also, due to the limited number of therapists who continued online and therefore the difficulty of finding a sample, we approached therapists regardless of their theoretical orientation. However, as we tried to maintain a high professional and theoretical background, we emphasized the necessary training and professional experience of the therapists. Although most of the interviews were conducted online, which possibly limited the personal contact and relationship with the interviewees, this approach allowed the researchers to comprehend the challenges and possibilities of virtual communication, gaining firsthand experience of online meetings.

Results

Four main themes emerged from the data analysis that describe the therapists' perceptions and experience of the online group work during the pandemic:

The challenges and demands of the virtual space as a new therapeutic setting

Under the threat of corona virus, the psychotherapy groups were forced, according to the therapists, to move to a new and "safe" place. The internet, appeared as the only avenue for the groups' survival, yet using it as a psychotherapy place was a new experience for most of the therapists. Even though technical connection problems may have been disruptive and caused frustration to most participants, they seem to not have significantly affected the therapeutic condition. Experimentation and gradual familiarization with the means, contributed to satisfying virtual continuity of the groups, which is consistent with the literature (Békés & Aafjes-van Doorn, 2020; Feijt et al., 2020): "In the beginning we were not familiar with Zoom so our effort in the first two sessions was with Skype which was quite defective for many people because of the bad connection. It was difficult. The way everyone participated in the session was not equal".

The transition to videoconferencing created a new reality for psychotherapy that required new kind of interventions and reconfiguration of the techniques, as it was found in previous research (Feijt et al., 2020; McBeath et al, 2020). Therapists who work with approaches that focus on physical interaction, such as psychodrama and drama therapy, were faced with the difficult task of reconfiguring their therapeutic tools and search for appropriate techniques that can be applied in the online session. At the same time, some therapists tried to simulate the way members logged in the online session to the way they entered the therapist's office, as documented in similar studies (Robledo Yamamoto et al., 2021). Parallel to Burgoyne & Cohn, (2020) findings, logging in the online group, removes the ritual of entering or exiting the therapist's office, which symbolically creates a transitional time period presumably important for preparation and processing before and after therapy.

"Uhm, I was enabling the platform 10 minutes earlier, like I was in the office and someone would come early. So, whoever came in, they could casually talk to each other a little bit. I wasn't necessarily present. I had the platform enabled and I was in the room as I would be in person. At the time of the meeting, I would also come in and we were actually waiting for everyone to tune in. That was a bit of a ritual. I was trying to create a sensation like we were in the office.".

The transition to cyberspace also brought on the need to redefine the setting. New rules and boundaries needed to be set and a setting was formulated to meet both the members' and the processes needs, but also to

take into account the limitations of online communication. One of the challenges experienced, was to ensure a private space, free of interference, in order to ensure both confidentiality and uninterrupted flow of psychotherapy. All therapists noted that the ruptures occurred either from their own place or their clients'. However, since the "individual's" setting could not exclude these interferences, they were tolerated and considered as an expected part of the new reality for psychotherapy: "but of course, they were heard. You could hear the person across the street who might be arguing with his child, my cat meowing. There were these kinds of interferences.". The lack of absolute confidentiality on the internet, along with the clients' responsibility of maintaining the setting, caused ruptures in some groups therapists led.

Internet connection was a fundamental requirement for participation in the group, and a good quality connection ensures satisfactory attendance and the creation of a therapeutic framework with as few connection problems as possible: "If you don't have a good internet line, it's like you're not really present.". As each member is in their own familiar environment during the sessions, the therapists tried to discuss with their group members behaviors that could significantly blur the boundaries of the framework. The group members were advised to take care of their needs beforehand so that the group session's character would not be disrupted: "Basically, we shouldn't relax the rule we already know here – we don't drink, we don't eat, we don't smoke.". At the same time, the issue of appearance and how each member participates in the group was raised:

"It was also important that the members didn't sit on the couch in sweatpants as if they were at home. They should be at their desk with this commitment that they are facing each other and talking as if we are in therapy room. It wouldn't be good to see people lying down, sitting comfortably, and having psychotherapy enter their living room".

According to the above, patients' commitment to therapy played a significant role in establishing an appropriate setting from their room. "I think that commitment and desire are the ones that define the setting. [...] This means, that everyone in their room was creating a working setting". Ensuring group privacy was a challenging issue for clients since isolation from other family members was sometimes impossible as it is found in previous research (Maier et al., 2021; Robledo Yamamoto et al, 2021). Our findings are consistent with Downing et al.'s (2021) and Weinberg's (2020) work which suggested that the virtual setting, is more tolerant to ruptures and removes completely the control the therapist has over the formation of a safe and stable setting. Although, the online setting has been an important tool for psychotherapy, it has demanded more concentration and effort among the participants to monitor and coordinate groups, resulting in physical fatigue, frustration and participation with less calmness and receptivity, as it reported to prior research (Connolly et al., 2020; Feijt et al., 2020; McBeath et al., 2020).

Comparison between online and in person therapeutic setting in group psychotherapy

According to the therapists, the characteristics and experience of the in person therapeutic setting are contrasted with the online one and the issues that it raises. For most, it cannot promise the development of a strong and authentic therapeutic relationship without a prior face-to-face experience. However, an already established therapeutic relationship can gradually adapt to the online setting. On the contrary, therapists claim that the therapeutic relationship formed online, is qualitatively inferior, or even incomparable with the one formed in face-to-face interaction. This finding contradicts the results of some studies (Connolly et al., 2020; Simpson & Reid, 2014) but is consistent with the results of others (Ertelt et al., 2011; Kotera, et al., 2021). According to Békés, et al, (2021) as therapists gain more experience with online therapy, they evaluate the quality of the online therapeutic relationship more positively. Perhaps this result could be explained by the limited experience of most therapists and the short time since the coordination of their online groups. "Teletherapy is something that came out now to fix some problems. I mean I don't think you can form a therapeutic relationship [...] I think you can't compare these two therapeutic relationships with each other.".

Most therapists had to modify their behaviour and their role within the groups. The physical distance and the interference of the technological means caused some to be more active, guiding and intervening in the groups, while others withdrew. The interpretation of this attitude was influenced by the therapeutic approach of the therapists who experienced it. For example, the psychodynamic therapists felt that additional activity from their side in the online setting was very different from their standard psychodynamic attitude: "Only that, as coordinators we talked much less. We let them talk more because we didn't want to cause interruptions. In person we might have talked more." "I had to be way more active".

On the other side, for one existential therapist this active attitude was seen as necessary and more helpful for the group under the specific conditions: "However, the therapist via zoom becomes even more of an entertainer. He has to talk to people with a joyful mood, with vitality. If it is necessary in face-to-face group, on Zoom you need it even more. ".

Several participants mentioned their hesitations about the internet being a place where group cohesion and emotional bonding could emerge. A group that has existed and interacted for a long time face-to-face can withstand the transition online and maintain its internal cohesion, but for a first-time online group, this places a challenge. Similarly, for most therapists, the online setting does not favor the cultivation of emotional connection and "bonding" of the group. A group that is initially created online does not achieve the level of closeness and internal cohesion of groups that have existed and interacted face-to-face, as found in the literature (Lopez et al., 2020). In parallel with Kotera et al.'s (2021) study, it seems that group cohesion is uncertain in the online setting as the emotional connection between persons is dispersed or even hindered by distance or the interference of the "glass" and cannot compete with the connection formed during face-to-face interaction. Participants expressed a clear ambivalence towards the efficacy of online therapy, highlighting the challenges of forming genuine connections in a virtual environment. One participant stated, "When you are a newcomer, you can't (...) adapt. And that's my big question: Can a group operate online from the beginning? That means I wouldn't start a group online.". This reflects a broader concern among therapists regarding the viability of establishing therapeutic relationships in an online format, especially for new groups.

Similarly, the connection with the co-therapists has changed due to teletherapy. Physical distance has prevented direct, non-verbal communication between the co-therapists and the presence of the co-therapist who offers support, understanding and cooperation has been significantly reduced. "And the co-therapist is also a "box" in front of you. (Before online) there was a communication on another, non-verbal level. A look of understanding, like "yeah, I understand now what's going on". That, is now missing".

For therapists, teletherapy allows special interventions and therefore some clients are not considered suitable to participate in them. The client's psychopathology is an important parameter. Suicidality, psychosis, borderline personality disorder with several hospitalizations are conditions with increased demands in terms of therapeutic support that the online setting cannot offer. Also, a client's fears or delusions of being monitored, were considered a barrier to online psychotherapy as they compromise the feeling of safety to share and actively participate in therapy. This finding is in accordance with the literature (Feijt et al., 2020 Connolly et al., 2020) that argues that the virtual frame poses limitations in terms of the cases where an expert feels safe to take on. For the participants, lack of proximity in teletherapy impedes the emergence of a collaborative relationship, for clients who are in crisis or experiencing severe mental health difficulties. "A person who has a difficulty with the setting, meaning they have a difficulty [...], working together, for that I think Skype is not helpful. In what sense doesn't it help? It doesn't help to contain the whole thing.". This seems however to apply more to some approaches than others, and it is only fair to mention that during the pandemic more structured interventions, as the online implementation of Dialectical Behavior Therapy, were adopted in order to provide substantial and ongoing support for individuals dealing with severe mental health challenges (Hood et al., 2023), emphasizing the heightened need for structure in the online environment.

Physical absence and distance in the online session

A major finding was the effect the lack of involvement of the body had on the online group sessions, as well as the physical distance between the group participants. Participants were joining the group sessions from their personal space, bringing the group closer to their private life. Physically detached while also being part of the group, disclosure and exposure were no longer the same. The physical distance from the group was reported by many therapists to be an issue that interacted significantly with the process of therapy and the therapists' and clients' private lives. The physical presence subjectively helped to regulate the flow of the discussion and thus the dynamics and cohesion. In the virtual setting body language could not perform this function, resulting in a subjectively experienced chaotic and disruptive situation and turned the sessions often into a sluggish and superficial process without spontaneity among group members as mentioned also in the recent research by Ben-David et al, (2021): "it acted somehow, (...) restrictively, (...) a lack, a limitation, a lack of depth, a lack of vitality. Especially that. A lack of vitality, energy. That's why I say it was depressant".

In online therapy the body is ostracized due to the physical distance resulting in limited perception of non-verbal communication and subsequently loss of the emotional content. The therapists, found it significantly difficult to simultaneously observe the members, comprehend the non-verbal content, connect and perceive what is unfolding in the group. This finding is in line with other studies on groups that showed that observing and perceiving non-verbal communication was a challenge for therapists in online group sessions (Ben-David et al., 2021; Gullo et al., 2022; Kotera et al., 2021; McBeath et al., 2020).

"I was trying to look at everyone's expressions. Because when you're in the room it's not just what you say or what others say, it's to observe the expressions and the actions. And they're observing yours as therapists. Uhm, that part was largely missing. And just the fact that we were (visible) from the waist up, the fact that you can't follow all the looks, all the expressions at the same time. This is. (.) You can't catch the non-verbal content. "

"Exactly. The lack of physical presence. The physical part but also the emotional part that is expressed through the body, through expressions. Uhm (.) this is largely lost, both for them and for us as therapists in general."

Furthermore, many participants referred to a sense of detachment having the feeling of being simultaneously in and outside the group. This seemed to give them a different angle of what was taking place in the group and a different, potentially beneficial perception of themselves and the group.

"It was easier to distance myself. Sometimes being within the group was more difficult for me to understand what was going on, because I was one of them. Maybe that distance, and having them across from me and automatically not being there, helped me a lot".

According to one therapist, the same may have happened for the clients as well. Being "across" from the group, while also participating in it, may have helped group members gain a more comprehensive view and understanding of the events within the group, with beneficial outcomes for themselves:

"I think that the members, similarly, could have a different kind of perspective, more detached, more holistic, from another point of view on various issues concerning others and the group. Sometimes this was productive, it was creative."

Since the body was literally out of the picture on screen, the face became the focus. Similar to Biancalani et al., (2021) findings, the observation of facial expressions was able to make up for the body absence: "Because the faces are very close, they took primacy. So yes, the body was lost but the face took primacy. I mean, I started to observe their expressions better.".

Also, even though the body is excluded from online therapy, it doesn't mean it doesn't exist or hasn't existed. Similarly, remembering the bodies of the therapists and group members', as they had experienced them in face-to-face sessions, and maintaining an imaginary body helped the interaction. Members and therapists were able

to keep the memory of the embodied interactive existence of others and use it to perceive and communicate in the virtual environment. "We had the advantage of having made a therapeutic journey and had experienced the concept of physical presence in the group. [...] So, we could imagine human bodies and make associations. I think it helped a lot". The therapists observed that some clients were deeply affected by the absence of physical presence. They often expressed their need for physical contact with other members, as they were accustomed to being in face-to-face groups. A psychodrama therapist, sensing her clients' need for physical contact, encouraged them to verbally express this need: "And many of them missed the physical presence very much. They really asked for hugs, 'I miss hugging, I miss seeing you, I miss touching you, acting things out with psychodrama techniques.". The therapist in an attempt to cover up for this missing element of physical intimacy introduced the verbalization of these needs as substitute. "I encouraged them a lot to express that. We may not be able to hug, but we can say, 'Right now I would like to hug you, I would like to hold your hand'". This reminds of the suggestion implied by Alessandra Lemma to reintroduce the body in online therapy e.g. by explicitly addressing somatic sensations verbally during a session as the integration of bodily cues can assist containment (Lemma 2017, Lemma 2021).

The therapists also noticed that aggression intensified among group members, which they attributed primarily to the physical distance of online groups during this period.

"Aggression intensified very much, uhm (...) Maybe it has to do with the "glass" and the impersonal conditions and the absence of a body. That is how I understand it. It's not the same to have someone next to you, in the next armchair, a talking body sitting cross-legged, tensing up or relaxing. It's definitely harder to attack the person next to you, than the glass"

This finding is in accordance with Suler (2004), who demonstrates that disembodied interactions through internet can reduce inhibitions and due to a feeling of being at a "safe distance", someone can be less conscious and less sensitive about deviant behavior and its consequences to others.

The change in therapeutic setting brought on a significant variation in self-disclosure and in the exposure of personal information to the group. Some clients, because of their personal space security and physical distance became more hesitant and more reserved about what they shared with the rest of the group. As a therapist describes, a member of her group felt that the group was watching and invading their personal space, intruding, and leaving behind the feeling of what had occurred in the group. She then added that she experienced the same feeling when she found herself facilitating the group from her own home. What took place within the group, especially the conflict between the members, left a lingering "echo" in her space, making her question whether it was right to participate in the group from home.

"Ummm, it helped me, though, to see this aspect I mentioned about the echo afterward. Because they clashed intensely. Particularly this one group during that meeting, and, probably because of that, when I turned off Skype that evening, it felt very different doing it from my home. That's when I said, 'Was it the right thing to do?'

On the contrary, for others the virtual place felt safer and provided an opportunity for an easier release and self-disclosure, compared to face-to-face sessions. As described in previous research, therapy from home can provide clients with an additional sense of security and comfort, minimizing anxiety and pressure (Maier et al., 2021). This tendency was something that promoted alliance and connection with other group members, as it shown to prior research (Ben-David et al., 2021; Biancalani et al., 2021).

"So, members who were more reserved while face-to-face, were released on the platform and could talk more easily. [...] It freed them up. Some said things they couldn't say in person. Some others instead said: 'the thing we have discussed' in order to not say something like an adultery, so they can avoid reporting it online".

Based on the above reported experiences and observations the therapists concluded the importance of a physical space for conducting psychotherapy. This space ensures the necessary confidentiality and creates security. It creates physical security, i.e. the uninterrupted flow and development of the group without interference, as well as emotional security. The certainty that everything that takes place in this physical space remains there, safe and impenetrable from outsiders led specific individuals to feel protected and free to express and experience, to connect and participate in the psychotherapy process. "Going to a specific place is very meaningful because it is a space that creates safety. It defines the setting, gives security and privacy which it is symbolized by the space itself".

According to Winnicot (1984), this space is the therapeutic environment of "holding" which refers to the physical space where psychotherapy takes place but also the emotional space where the therapeutic relationship, trust, empathy and the opportunity of containing are located. According to therapists, that physical safe space does not exist online. Emotional safety is uncertain since the not given physical presence limits the therapist's ability to secure the holding environment. It becomes apparent that, for the participants, the online setting, due to the physical distance, cannot comprehensively contain the experience of group psychotherapy.

Subjective evaluation of group online therapy

The dystopian condition of the pandemic, combined with the mandatory quarantine, led to significant changes in social and professional everyday life. Therapists detected a regression among the group members, which they associated with the pandemic. Quarantine and staying at home created a safety zone that protects but also causes members to settle in and be inactive.

"Maybe some people may have regressed a little bit, they were a little bit comfortable with that situation.

They got into a cocoon that was not easy to get out of. So this condition might have been a little bit convenient. Staying home, with not much of anything".

As described by McWilliams (2004), regression refers to the unconscious reversion to prior cognitive, emotional and behavioral habits due to emotionally stressful situations. The global pandemic was undoubtedly an event with significant impact on the lives of clients and negatively affected their therapeutic development. Although, the consistency of the group, the universality of the experience and the opportunity of sharing it provided, proved comforting. Moreover, it contributed to the psychological support of members in difficult conditions, as other studies also report (Biancalani, et al., 2021) and to the strengthening of the bonds among group members. Additionally, online group sessions offered time flexibility as it is reported also in related research (Biancalani, et al., 2021; Kotera et al., 2021). Even though groups were conducted in a very different way during the pandemic, all therapists agreed that online therapy provided a sufficient therapeutic outcome. The therapeutic goals were achieved and groups provided support and help in difficult times, despite any limitations and obstacles. These findings are consistent with a recent meta-analysis that indicates that videoconference interventions had the same efficacy as in-person interventions (Batastini et al., 2021) and with previous research, before the COVID-19 pandemic, that supports the similarity of results between online group treatments and face to face interventions (Zerwas et al., 2017). The experience of the pandemic and lockdown provided new perspective and new knowledge in relation to the process of psychotherapy.

"It was a very powerful experience, so I could say it was not necessary a bad thing. It was possible to run smoothly. And we always have the belief that in psychotherapy we can make use of everything".

However, as in prior studies (Biancalani, et al., 2021; Lin et al., 2021), despite the advantages, therapists prefer in person therapy sessions and support that online therapy was a last resort solution due to extraordinary circumstances rather than a method they would like to establish: "I think it was the next best thing. We used it as an emergency solution but we would prefer therapy in person".

The online group was a challenging and unusual endeavor, especially for therapists with no previous experience with teletherapy. Considering the above, the therapists pointed out the need for sufficient clinical experience, training and supervision as essential for those who work with online groups. The difficulties encountered differ from face-to-face groups and therefore the therapist should be adequately prepared and ready to deal with them (Weinberg, 2020). Our participants pointed, as in Burgoyne & Cohn's, (2020) study, that since the setting is also different for clients, therapists have to be alert to clients' reactions or difficulties and seek feedback from them.

"I'm not sure I would recommend this to someone who is just starting their career. I mean, I would be very cautious; they would need to have a very good supervision with a very experienced supervisor, and a lot of clinical experience, because the phenomena that are developed are very difficult. I would be very cautious, especially with new colleagues" "Training is needed. There needs to be a setting that corresponds to the specific method".

Finally, therapists stressed the importance of maintaining each group's identity during online sessions. Therapists noted that they should manage their own anxieties and stay focused on their therapeutic role: "Despite any anxiety, they need to step back and hold onto their therapeutic thoughts without straying from their role." Also, they emphasized that each type of therapy must keep its distinct approach, despite the online format: "The therapy shouldn't lose its identity, like turning drama therapy into talk therapy or art therapy into psychoanalysis".

Discussion

The study described through qualitative methodology the therapists' experiences of online group therapy, highlighting the specificity of the online environment when it comes to therapeutic interventions, confidentiality, physical interaction and communication. The use of Interpretative Phenomenological Analysis provided us with the opportunity to gain insight to the group therapy room behind the glass, understand their lived experience and elaborate new ideas about the so far existing theory and practice of online group therapy. Therapists experienced online group setting as inherently more vulnerable to interferences since it is a product of many individual settings coming together that add to the degree of complexity and the probability of "noise" outside and within the group. The responsibility and control for the formation of a safe setting lies in the hands of the clients, resulting in the inadequacy of forming a strong therapeutic relationship and in creating group cohesion without prior face-to-face experience, and in the uncertainty of confidentiality. The therapist's role changes. The struggle in reframing, stretching and holding a setting for a constructive group interaction and therapeutic work to happen, may be depriving his/hers focus from other group processes and dynamics.

At the same time, the absence of physical presence and the "safe distance" can lead to a lack of depth in therapy, intensify conflict and aggression. The focus on the face in combination with imagining or recalling memories of the others' bodies come into action and contribute to the communication and perception of others. Clients' participation in the group from their personal safe space, sometimes facilitated self-disclosure and increased intimacy, and other times limited their active participation. These trends highlighted the way in which the absence of a shared physical space among the group participants and the therapist, that can be both physically and emotionally safe, influence the therapeutic practice online.

Overall, the dystopic conditions due to the virus and quarantine measures, were obstacles to therapeutic process, causing clients to regress to earlier stages of treatment, emotions and reactions. Despite the challenges, the pandemic offered a fruitful period for reflection and therapists were able to use appropriately online therapy for the survival of the groups and the support of the clients. However, even though therapists acknowledge the therapeutic evolution of groups and the usefulness of online setting, they regard it as a last resort solution, but

not a long-term replacement of in-person therapy. The virtual environment poses challenges for therapists, which they can address with appropriate training and sufficient experience.

The results of the present research shall be considered within its limitations. As in all qualitative research, due to the small and specific sample, results cannot be generalized, but interpreted within the given realm. Moreover, qualitative research is vulnerable to confirmation and personal biases. Our expectations about online group therapy, our personal beliefs, experiences and preferences could unintentionally influence the way we interpreted and analyze the data or the information we focused on.

As the majority of participants were female therapists, the inclusion of more male therapists might have provided a different perspective and offered the possibility to explore the way gender influences the experience of online therapy.

Although this research has attempted to highlight the therapists' phenomenological experience of online therapy, a limitation is the lack of parallel feedback from group members, as results depict their own single perspective. According to the existing literature prior to the outbreak of COVID-19, clients had a more positive attitude towards online therapy, as they considered it more convenient, comfortable, and less stressful (Simpson et al., 2005). However, these findings reflect a time when clients had the option to choose between remote and face-to-face therapy. Therefore, for a more comprehensive understanding of group dynamics in the online setting during Covid-19 pandemic it would be important to study the perspective and experience of clients. One aspect of online psychotherapy to be studied further is the "spatial" arrangement on the screen. The fact that participants look face-to-face at each other through the camera while seeing themselves and others framed within "boxes" is a significant alteration of the group psychotherapy setting.

Also, the therapists followed different therapeutic approaches, differing in their orientation to therapy, which prevented an in-depth study of how each approach worked in the online setting. Furthermore, the therapy groups to which the participants referred, were groups that existed before the pandemic. Another point to explore would be the function of groups that were created and developed online and in the midst of the pandemic. Finally, the stressful circumstances for both the researcher and the participants, in which the research conducted, should be mentioned as a limitation. The threat of illness and the restrictive living conditions, as well as the researcher's personal experience as an online therapist had a significant impact on data collection, analysis and writing of the research.

As a conclusion to this research, we suggest considering implementation of our results into the therapeutic practice. Overall, the need for further training and professional support for mental health professionals in the provision of online interventions is highlighted. Creating training programs in online psychotherapy will provide professionals with the capacity to deliver their services with fluency and confidence adjusted to the specific needs and characteristics of the online setting. Familiarity and ongoing training in technology, as well as a commitment of institutions and psychotherapy organizations to invest in platforms that are both user-friendly and ensure confidentiality, can pave the way towards the provision of high-quality mental health services.

Therapists should bear in mind the distinct character of the virtual environment, such as the psychical absence, the challenges of confidentiality and privacy and include their clients in dialogue regarding its challenges and benefits. Therefore, rules should be set at the outset and decisions should be made jointly with clients, in order to understand the limitations of online therapy and ensure a professional and safe environment for both sides. In particular, having a good internet connection so as to limit the interruptions and problems with video and audio proves crucial. One of the most important parameters, is to ensure a specific and consistent space for psychotherapy, as quiet and private as possible. Therapists should work from their office rather than from their home, so that they can ensure privacy and separate their work from their personal life. According to Weinberg (2020), when therapists take care of the setting, they show that they are concerned and caring about the needs of their clients. It would be important to clarify to clients, the importance of privacy and confidentiality that needs

to be maintained as they are entirely in control of their 'individual' setting. The creation of a secure "virtual" space can give the feeling of a holding environment. At the same time, as online work can be quite tiring for the therapist, taking a break from screens between sessions and a comfortable chair could be beneficial in order to monitor and participate in a more relaxed way.

Although, online setting removes physical presence and a significant amount of information, therapists could be trained to observe facial expressions more carefully. Indeed, even if the body is not visible on screen, our clients continue to have a body that experiences and feels at the same time. One suggestion that could be made is to integrate the experience of the body more actively into the therapeutic process by encouraging clients to talk about their bodily sensations and use body language, such as facial expressions, shoulder posture, distance from the screen and gestures.

In conclusion, the online setting requires excellent cooperation and communication between therapist and clients. It is necessary to reinforce feedback from our clients and we must be willing to adapt and take responsibility for any mistakes or failures. In the online setting, maintaining the presence is often more volatile and this requires to emphasize that we are active, present and connected with our clients.

The sudden transition to online psychotherapy and the uncertainty caused by the pandemic has confronted many therapists with significant challenges and sowed doubt about their clinical skills and effectiveness. However, even under these circumstances, clinical judgment, adaptability and dedication have been, and always remain, the most important assets to cope and provide support and care to our clients in every possible way. Although we do not know how the pandemic and online therapy will affect our lives in the long term, given the demands for psychotherapy, it is imperative for the therapeutic community to adopt the best practices and guidelines in order to ensure that the clients' needs are met.

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Η ομάδα πίσω από το «γυαλί»: Μια ερμηνευτική φαινομενολογική ανάλυση της διαδικτυακής ομαδικής ψυχοθεραπείας στην εποχή του Covid-19

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KEYWORDS IN GREEK

Διαδικτυακή ψυχοθεραπεία
Ομάδες
Covid-19
Ερμηνευτική φαινομενολογική ανάλυση

ABSTRACT IN GREEK

Ο στόχος της μελέτης ήταν να ερευνήσει και να αποτυπώσει το βίωμα ομαδικών ψυχοθεραπευτών/τριών από την πρωτόγνωρη εμπειρία της ομαδικής διαδικτυακής ψυχοθεραπείας στη διάρκεια της καραντίνας του Covid-19. Μελετήθηκαν οι εμπειρίες των ψυχοθεραπευτών/τριών αναφορικά με τη μετάβαση των ομάδων στο διαδίκτυο, τις προκλήσεις και τις δυνατότητες που αναδύθηκαν καθώς και η επίδραση της διαδικτυακής συνθήκης στο θεραπευτικό πλαίσιο, στην αλληλεπίδραση, στις θεραπευτικές παρεμβάσεις, αλλά και τα αποτελέσματα της ψυχοθεραπείας, υπό το πρίσμα της πανδημίας. Πραγματοποιήθηκαν ημι-δομημένες ατομικές συνεντεύξεις με 15 ομαδικούς/ες ψυχοθεραπευτές/τριες διαδικτυακών ομάδων, διαφορετικών θεραπευτικών προσεγγίσεων. Για την ανάλυση των δεδομένων εφαρμόστηκε η μέθοδος της Ερμηνευτικής Φαινομενολογικής Ανάλυσης. Κύριο εύρημα αποτελεί η ιδιαιτερότητα του διαδικτυακού πλαισίου ψυχοθεραπείας, που εξαιτίας της παρεμβολής της τεχνολογίας και της χωροταξικής απόστασης, απαιτεί την αναδιαμόρφωση των θεραπευτικών παρεμβάσεων και των κανόνων που το διέπουν. Ταυτόχρονα, η εξ αποστάσεως συμμετοχή στην ομάδα φάνηκε να αποδυναμώνει το πλαίσιο απέναντι σε ρήξεις και να διακυβεύει την εχεμύθεια. Σύμφωνα με τα ευρήματα, αναδύθηκε η ανεπάρκεια του διαδικτυακού πλαισίου στη εγκαθίδρυση των σχέσεων και της συνοχής της ομάδας. Διαπιστώθηκε η επιφανειακή και περιορισμένη αντίληψη της ομάδας εξαιτίας της έλλειψης σωματικής παρουσίας και η λειτουργία της απουσίας του φυσικού χώρου ως επιτρεπτική ή αποτρεπτική συνθήκη για την αυτοαποκάλυψη. Παράλληλα, αναδείχθηκε η αναγωγή του εγχειρήματος αυτού, ως λύση ανάγκης στους χαλεπούς καιρούς της πανδημίας, και το θετικό θεραπευτικό αποτέλεσμά του, παρά τους περιορισμούς. Παρατίθενται προτάσεις εφαρμογής μιας στάσης κλινικής ευελιξίας και προσαρμοστικότητας στη θεραπευτική πράξη, για την εξασφάλιση ενός επαγγελματικού και ασφαλούς περιβάλλοντος παροχής ψυχοθεραπείας σε στιγμές κρίσης και σημαντικών αλλαγών.