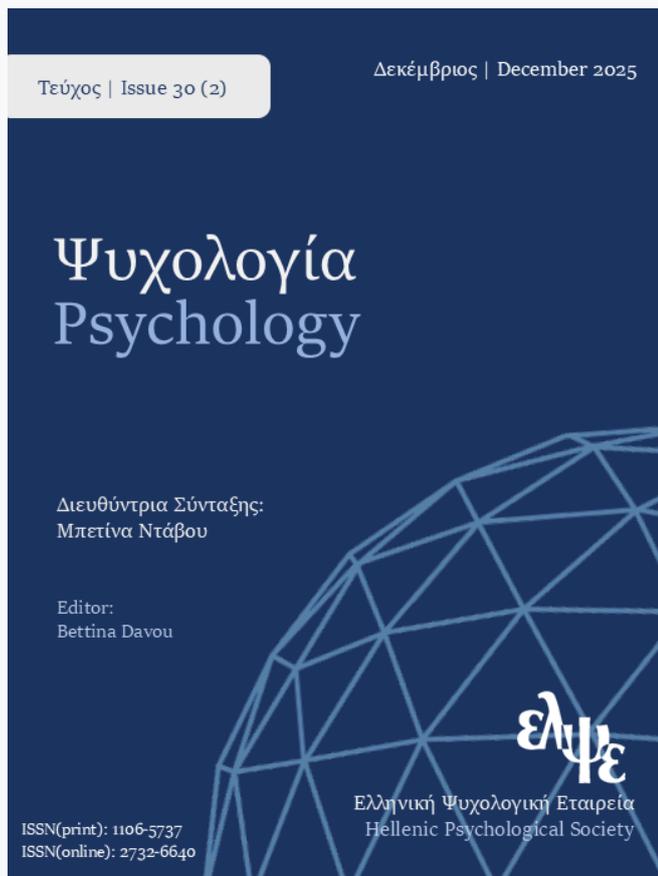


Psychology: the Journal of the Hellenic Psychological Society

Vol 30, No 2 (2025)

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



In search of the therapeutic relationship online: A qualitative research study with clients shifting from in-person to online therapy

Konstantina Nioti, Evangelia Koulouktsi, Christina Papachristou

doi: [10.12681/psy_hps.43971](https://doi.org/10.12681/psy_hps.43971)

Copyright © 2025, Κωνσταντίνα Νιώτη, Ευαγγελία Κουλουκτσή, Χριστίνα Παπαχρήστου



This work is licensed under a [Creative Commons Attribution-ShareAlike 4.0](https://creativecommons.org/licenses/by-sa/4.0/).

To cite this article:

Nioti, K., Koulouktsi, E., & Papachristou, C. (2025). In search of the therapeutic relationship online: A qualitative research study with clients shifting from in-person to online therapy. *Psychology: The Journal of the Hellenic Psychological Society*, 30(2), 313–331. https://doi.org/10.12681/psy_hps.43971

ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

In search of the therapeutic relationship online: A qualitative research study with clients shifting from in-person to online therapy

Konstantina NIOTI¹, Evangelia KOULOUKTSI¹, Christina PAPACHRISTOU¹¹Department of Psychology, Aristotle University of Thessaloniki, Thessaloniki, Greece

KEYWORDS

Qualitative research
Online therapy
Face-to-face therapy
Videoconferencing
Therapeutic alliance

CORRESPONDENCE

Christina Papachristou
Aristotle University of Thessaloniki,
Department of Psychology, School of
Philosophy
University Campus, Thessaloniki, 541
24
cpapachr@psy.auth.gr

ABSTRACT

The aim of the present study was to investigate the subjective experiences of clients who have shifted from face-to-face treatment to online psychotherapy due to pandemic restrictions or personal reasons. The researchers applied qualitative research methods. Fifteen people between 19 and 55 years old participated in the research, of which 13 were women. Data was collected through semi-structured interviews and analyzed using IPA. Online psychotherapy compared to face-to-face treatment shows a lot of resemblance for the majority of the sample, but it cannot replace it. The experienced deficits that emerge from the comparison between online and in-person therapy and are attributed to aspects inherent to the online setting: the lack of physical proximity, limited embodied interaction, the interference of the camera, the partial dissolution of the professional context, issues of privacy and confidentiality, the lack of commuting as a ritualized embodied dimension of psychotherapy, that helps process and integrate the therapeutic experience. The value of the already established therapeutic alliance acting as reference point and an embodied memory during face-to-face therapy is emphasized. Online psychotherapy remains a useful way to provide mental health services. Due to its challenges and distinct features, it might need to be applied in a more targeted manner, adjusted to the client's needs, the therapeutic approach, and external circumstances, while carefully weighing the pros and cons. The therapeutic relationship remains the core factor for a subjective feeling of client satisfaction. It remains to be answered whether a therapeutic relationship established online without previous in-person experience differs qualitatively from one already established face-to-face.

Amidst the rapid technological advancements of recent decades, online therapy has emerged as a key area of focus in psychotherapy research (Stoll, et al., 2020). The online framework has changed the traditional face-to-face (FtF) psychotherapy and seems to be playing a catalytic role in the therapist-client relationship and the psychotherapy process. Online psychotherapy, meaning the provision of mental health services in physical distance over the internet (Recupero & Rainey, 2005) can take various forms and it includes the use of telephone and electronic devices, video calling and messaging (American Psychological Association, 2015). It can be either synchronous with direct therapist-client interaction or asynchronous, in which the relationship is indirect, as with the use of emails, digital questionnaires or chats (American Psychological Association, 2015; Andersson & Titov, 2014). Yet, the prevailing form of online psychotherapy that imitates the most unmediated psychotherapy in physical proximity that has risen during the Covid-19 pandemic is online therapy via videoconferencing.

Pre-pandemic period

Before the outburst of Covid-19, online psychotherapy was a controversial, partially researched topic, with proponents and opponents. Although research data proved the effectiveness of online therapy (Barak et al., 2008; Germain et al., 2009), it did not seem to convince the therapeutic community, who expressed doubts towards the transformation of the traditional framework to an online one. Therapists had significant concerns about online psychotherapy and lacked training in the application of technology in the therapeutic process (Békés et al., 2021). Most therapists preferred in-person sessions due to safety and efficacy concerns. The shift to online therapy was already underway, with studies focusing on the challenges and efficiency of teletherapy, as well as its acceptance by therapists and clients (Tajan et al., 2023). At that time, research focused mainly on the therapists' perspective, leaving little space for the recipients of the therapy.

Among the advantages of online therapy, advocates cited the ability to provide psychological services remotely, enabling support when geographical distance makes intervention difficult (e.g. rural and isolated areas), when commuting is time, energy and financially consuming or in cases of restricted mobility (Amichai-Hamburger et al., 2014; De Bitencourt Machado et al., 2016; Ritterband et al., 2003). They suggested that it is a low-threshold treatment (Amichai-Hamburger & Hayat, 2013) from which isolated groups, housebound older adults, victims of domestic violence and migrants can profit from and it shows financial benefits as it cuts down the cost of therapy for both client and therapist (American Psychological Association, 2015; Tang et al., 2001; Thomas et al., 2021).

Despite the documented benefits there were concerns, mostly regarding the quality of the therapeutic relationship, confidentiality and effectiveness. There were concerns as to whether the online framework and the restrictions in non-verbal stimuli (Jerome & Zaylor, 2000) can affect the establishment of a strong therapeutic relationship (Cook & Doyle, 2002), as the presentation of visual and auditory stimuli do not reflect the complete framework and body of client and therapist (Jerome & Zaylor, 2000). Data at this point were contradicting as some studies showed that some clients develop rapport more quickly through online therapy than Face-to-Face (Cook & Doyle, 2002), while for others this was not the case (Norwood et al., 2018). It was not clear as to which are the factors that account for the difference. Moreover, questions regarding the violation of relationship boundaries and privacy were raised as the camera allows access to the private sphere of the participants (Burgoyne & Cohn, 2020). Ethical constraints, privacy, confidentiality and effectiveness issues (Amichai-Hamburger et al. 2014; Ragusea & VandeCreek, 2003; Recupero & Rainey., 2005) led a large percentage of clinicians to restrain or avoid the use of online psychotherapy (Wells et al. 2007). Research was limited and it raised more questions than answers.

Post pandemic period

However, the Covid-19 pandemic forced a rapid shift towards online psychotherapy, and as a result, the attitude of psychotherapists towards teletherapy has evolved significantly. To avoid the spread of the virus, it was considered important to restrict face-to-face psychotherapy. In order not to disrupt already existing therapeutic processes and ensure the continuation of them, therapists were required to immediately shift from in-person therapeutic services to online ones and to adapt to the new circumstances (Boldrini et al., 2020). Therefore, many psychotherapists began conducting online sessions through platforms (Békés & Aafjes-vanDoorn, 2021; Reatto et al., 2023) such as Skype, Zoom etc. According to Cardoso et al. (2023), factors that appeared to be crucial for therapists and enhanced engagement with online therapy during the pandemic were the confidence in their professional skills and a stable internet connection, while for the clients was the familiarity with the use of the internet. Although psychotherapists adapted fast to the new

situation, the majority still preferred face-to-face interventions, as they believed they created a stronger therapeutic alliance (Kanafani et al., 2023). This rapid change highlighted the need for specialized training and education (Lodha & De Sousa, 2023) as it became obvious that psychotherapists had limited experience and training in providing online therapy during the initial stages of the COVID-19 crisis (Beck-Hiestermann et al., 2021).

As mentioned above, before the pandemic, research on online psychotherapy was limited and focused mainly on the comparison between online and face-to-face therapy and the effectiveness of the former, mainly from the therapists' point of view. Clients were hardly studied, with research focusing on their satisfaction and the effectiveness of the intervention. Quantitative studies regarding clients' perspectives on online psychotherapy seem to be more prevalent than qualitative ones. Additionally, research highlights the importance of literacy regarding online health services in client-therapist communication about online health information, underscoring the need for further qualitative studies in this area (García et al., 2022).

Amidst the blossoming of online therapy during the pandemic, research activity regarding this topic also flourished. Specific questions that preoccupied professionals in the pre-pandemic period were quickly addressed during the pandemic due to the explosive use of online therapy. For instance, Macedo et al. (2022) found the therapeutic relationship equivalent in both online and face-to-face therapy, with technology enhancing access to mental health support. Similarly, studies by Eichenberg et al. (2022) and Leuchtenberg et al. (2022) showed that clients and therapists found the therapeutic alliance, empathy, and organization similar across both formats. Fernandez et al.'s (2022) meta-analysis confirmed the effectiveness of online therapy, especially for anxiety, depression, and PTSD, with CBT proving particularly adaptable to virtual sessions. Although the studies confirmed the effectiveness of online psychotherapy and established it as equivalent to face-to-face therapy, they also revealed new dimensions, raising more qualitative questions. This is highlighted in the research of Moeller et al. (2022), who noted that the online setting might not suit all disorders, such as depression, where leaving home can have therapeutic value. Furthermore, in the post-COVID period, special attention was given to the lack of physical proximity and the absence of transitional space and time before and after online sessions (Sayers, 2021). Garcia et al. (2022) who also noted this absence of a transitional space in online therapy sessions argued that commuting aids in integrating the therapeutic experience and recommended adopting similar rituals for online sessions. These studies raise the question of whether such elements are irreplaceable or can be compensated for, perhaps through the use – as suggested – of rituals. Self-viewing on camera was another new aspect of online therapy studied by them. Both therapists and clients felt disrupted by self-viewing, which caused changes in their awareness of their bodies' interaction and sensation (Garcia et al. 2022). The above opened the discussion on how technology affects body consciousness and the dynamics of therapeutic interaction. Also, the perspective of clients began to be examined more systematically. Giordano et al. (2022) investigated how clients perceive online therapy, focusing on aspects such as the new virtual setting and the therapeutic relationship. Individual experiences varied, highlighting the importance of client subjectivity. The focus on subjectivity opens the way to design personalized online interventions and adapt them to the needs of each client. Moreover, as mentioned earlier, the pandemic's rapid transformation required both therapists and clients to adapt without delay. The former may not have been properly prepared for such a change or its implementation, as the change was sudden. Larsen & Gilstad (2022) highlighted the need for practitioners to adapt as clients increasingly bring online health information, potentially challenging their authority. Both clients and practitioners must adjust, with clients needing eHealth literacy and practitioners adopting new communication strategies.

Thus, what is observed in the post pandemic period, is that the pandemic has changed the way we talk about mental health, strengthening its recognition as a priority, while online psychotherapy has been a means

of adaptation and resilience. Post pandemic discourse in online psychotherapy rethinks technology not merely as a tool, but as something that shapes experiences. Online psychotherapy is part of the dialogue on how to give meaning to relationships without physical presence. The current discussion of online psychotherapy is not just an analysis of its effectiveness but a part of the broader transformation affecting relationships, roles, social interactions, technological applications, and professional practice.

Purpose of the study

The purpose of this study was to investigate the experience of Greek clients with online therapy through in-depth qualitative research. Its aim was to study the subjective experiences of clients who shifted from face-to-face treatment into online psychotherapy through video-conferencing due to pandemic restrictions. Through this exploration, the researchers aimed to highlight the challenges and benefits that these people faced and to promote the results to the psychological community to facilitate the implementation of online therapy in Greece. Based on the literature review and the objectives of this research, the research question was formulated as follows: How do clients experience video-conferencing psychotherapeutic sessions after having first undergone in-person psychotherapy?

Method

In this study, qualitative methodology was followed as it focuses on the quality of experience rather than on cause-and-effect relationships (Pietkiewicz & Smith, 2014). Interpretive Phenomenological Analysis (IPA) was deemed to be the most appropriate for the data analysis. IPA is a qualitative research approach with an interpretative character, focusing on how people understand their life experiences. Researchers using IPA are particularly interested in what happens in the daily flow of specific individuals' lives, especially when something significant occurs (Smith et al., 2009). Additionally, it acknowledges that access to participants' experiences is obtained through their narratives, which the researcher must interpret to understand the experience. This process creates a "double hermeneutic" approach, where the researcher tries to make sense of the participants' effort to make sense of their own experiences (Smith et al., 2009). In the first level of the double interpretative process, participants described their experience of the shift from in-person psychotherapeutic setting to online format based on their thoughts, feelings, and perceptions. At the second level of interpretation, the researchers sought to interpret these descriptions and understand the deeper meanings and the ways participants made sense of their experience, linking it to theoretical frameworks and existing knowledge.

Participants

In the present study, purposive sampling was applied, as it allows the selection of a sample that will best serve the objectives and question of the study (Isari & Pourkos, 2015). The selection criteria specified that participants must have undergone both face-to-face and online psychotherapy, with the in-person sessions taking place before the online ones, received support from the same therapist in both settings, and used an online platform that enabled both visual and auditory communication between the client and therapist. To gather the sample, the researchers employed snowball sampling, which is an effective technique for qualitative research (Leighton et al., 2021). The sample consists of 15 individuals, 13 of whom are women. The average age was 29.2 (See Table 1).

Researchers developed an informed consent form to ensure participants understood their anonymity, voluntary participation, and research objectives, following the principles of the Helsinki Declaration for ethical research. They designed the study in a way to minimize harm and respect individual privacy. All interview

materials and data were securely stored and destroyed after the study's completion. Data was anonymized and pseudonyms were applied.

Table 1. *Sample description*

Demographics/Duration and type of therapy	
Gender	
Male	2
Female	13
Age	29,2 years (Avg)
Highest Educational Level	
Bachelor's Degree	
Vocational Training Institutes Degree	10
High School Diploma	1
	4
Type of therapy	
Individual Psychotherapy	
Group therapy	12
Individual and Group therapy	1
	2
Duration of online psychotherapy (Months)	6,5 months (Avg)
Duration of F-t-F psychotherapy (Months)	32,7 months (Avg)
Psychotherapeutic Approach	
CBT	2
Systemic	2
Psychodynamic	1
Gestalt	3
NDI	1
Person-centered Therapy	1
Integrative Therapy	1
Counseling	1
Trauma Focused Therapy	1
Not Aware of the type	2

Data Collection

Data was collected from January 2020 until March 2021 through semi-structured interviews. Open-ended questions were designed based on current literature and the research question including six thematic sections: General information on taking up psychotherapy and shift to online therapy, Online session frame, Emotional and non-verbal dimension, Relationship to the therapist, Privacy and security, Functionality/effectiveness of online therapy. The median duration of the interviews was approximately 30

minutes. The data were recorded and transcribed by both researchers. Not only were the spoken words transcribed, but also non-verbal elements, such as pauses and intonations, which were considered significant for the analysis. Due to the COVID-19 restrictions interviews were conducted online. Despite the obligation to collect data remotely, it was considered by the interviewers as beneficial to data collection. The use of videoconferencing would simulate the context of online psychotherapy and would likely lead to a recall of the online therapeutic frame providing more in-depth data.

Data Analysis

The data analysis was based on the stages of IPA (Smith et al., 2009). In the first stage the researchers transcribed the recordings and got acquainted with the material by reading it multiple times. The second stage included a more systematic reading of the texts, where the researchers, who made annotations in the margins, noting theoretical connections, potential emerging themes, and questions, conducted first-degree coding independently. After this preliminary coding, the researchers met to discuss their individual findings, comparing and contrasting their codes. This collaborative discussion led to adjustments and revisions of the initial codes, ensuring that a comprehensive understanding of the data was achieved. In the third stage, the researchers tried to identify connections between themes and to form meaningful units. To further enhance the credibility of the analysis, excerpts from the interviews were presented weekly to an independent group of researchers and to the supervisor, who provided feedback on the coding, helping to refine and validate the themes that were emerging from the data and ruled out the researchers' own biases through necessary modifications, ensuring that they remained true to the participants' lived experiences. In the fourth stage a summary table was created which included the topics and sub-topics. The process of the above stages was followed separately for each interview. In the last stage, a synopsis of the summaries was created, and a list of topics emerged that reflected the experience of the entire sample. This systematic and iterative approach to data analysis ensured a thorough interpretation of the participants' experiences, aligning closely with the principles of IPA and providing a robust framework for understanding the psychological phenomena under study.

In this study, researchers followed Willig's (2013) quality criteria to describe participant characteristics and the research context. By adhering to IPA principles, they ensured credibility through systematic data engagement as previously outlined, enhancing both internal consistency and clarity of analysis. Triangulation was implemented in both data collection and analysis by involving different interviewers, as well as a group of external researchers to reflect on the different stages of data analysis. This approach also enables enhanced data reliability and validity in qualitative data research terms and against selective perception and interpretive bias (Patton, 1999). Regarding the criterion of reflexivity, it is to be noted that the researchers were advanced undergraduate psychology students in Aristotle University of Thessaloniki, with one having undergone three years of in-person psychodynamic therapy before shifting to online therapy during the Covid-19 pandemic. Researchers documented their thoughts, ideas, and observations in form of memos in a Reflexive Journal at all research stages and discussed them with the extended team, e.g. that they held a negative view of the online process and online therapy, influenced by their own experience and the broader context of the pandemic environment.

Results

Two (2) main themes with 9 sub-themes emerged from the analysis. Two key aspects of psychotherapy were central to the participants' experiences as they sought to redefine their therapy experience and adapt to the

online setting: the therapeutic setting and the therapeutic relationship. These elements were in a dynamic interplay, shaping each participant's unique journey through therapy.

Online therapeutic setting

The online setting completely reconfigures therapy. A new technological dimension was introduced into the therapeutic environment, the virtual environment, Internet and its digital tools with clients needing to suddenly adapt to it and being confronted with the absence of commuting to and from a physical space, as well as issues of privacy, renegotiation of boundaries and self-mirroring due to the medium.

Adaptation to the online environment. Therapy shifted abruptly to a new online framework in which the therapeutic approaches and processes had to adapt. Where participants would previously have visited the therapist's office in person, they now had to connect to the Internet, familiarize with and navigate the appropriate platform. The main challenges participants faced involved the typical practical difficulties of online therapy, particularly issues with connectivity and lack of familiarity with the digital tools. Participants found the structure of online sessions comparable to in-person therapy, though specific approaches with a focus on experiential elements, such as Gestalt therapy, were notably affected by the online format. "The therapeutic approach we follow contains a lot of experiential exercises that have helped me a lot. From a distance we couldn't do all that anymore, we could only talk." (Anna, 23 y.o.)

Interestingly, 13 out of 15 participants reported about technical difficulties they dealt with in order to connect, stressing a feeling of being hindered by the online situation. As trivial as it may sound, connectivity difficulties, camera freezing and breaks had for the majority an impact both on the session flow, as on themselves, leaving an aftertaste of something being lost. Anna, 23 years: "...in some very vulnerable moments of mine the signal would drop and the flow would be completely cut off and then by the time we got it back it was as if the moment had been lost..." (Anna, 23 y.o.) Anna mentions signal interruptions, yet this could also refer to a broader disruption in the connection with the therapist. The therapeutic bond is a key element of successful therapy, and technical issues may break this connection, causing the session's flow to be disrupted and the moment lost.

One participant resorted to another place outside home to ensure a better Internet connection, to preserve continuity of the setting, pinpointing the need of a stable flowing connection and the importance of continuity in therapy. The ultimate goal remains ensuring a stable setting and that the session takes place, even if this requires moving to a different environment. "...yes, quite often because my internet is generally very bad. At one point, I was going to my parents' place to do the session." (Rania, 24 y.o.)

Participants' familiarity with the Internet was crucial in helping them adapt to the online setting. In this regard, it is important to note that the younger the participants, the more familiar they were with using the Internet. "It doesn't bother me, I am familiar with the use of it. Especially if my connection is good." (Elpida, 19 y.o.) While the older participants had to take additional actions, as asking their children for help, in order to connect.

Sonia, 55 years: "It's not something I like, it is not easy to use and I'm not one of those who know the computer very well. [...] in the meantime, when I had my children here, I felt safer because I thought, okay, I'll call one of my children to help me log in..."

In both situations it becomes apparent that therapy and the entrance to the virtual therapeutic setting interfere and are in direct interplay with other realms of the lives of the individuals, whatever this might mean for the individual dynamic.

Additionally, several participants had difficulty talking on camera reporting an unfamiliar feeling to which they gradually adapt, which raises questions about how the introduction of the camera as a third instance interferes with both therapist and client individually and their relationship (Papachristou, 2023). "In the beginning it was something strange that we didn't do, but gradually you get used to it, it's nothing that difficult." (Evangelia, 43 y.o.)

Lack of commuting to and from the therapist's office. The majority of the participants (12) experienced the lack of commuting to and from the therapist's office in online therapy as a convenient situation due to the time-saving benefit as an outgrowth of not having to travel. Theodora, 24 years: "...I felt that it made my life easier to have a session without needing to set aside, say, two hours for it. I can just spend an hour at home and that's it." (Theodora, 24 y.o.). At the same time, three participants described commuting to the therapist's office as a way to enter and leave the therapeutic process gradually, pointing out that therapy is not restricted to the session itself. For them, the therapeutic process begins the moment they leave for the therapist's office and ends once they return home; the absence of this ritual makes the treatment feel incomplete.

Stefanos, 35 years: "[...] I have a very strong loss of pre-contact and post-contact. Because, going to my therapy and leaving my therapy, I have the time, those ten minutes that I walk to get to my therapist's office, I have the time somehow to get into it, to do a pre-contact. And when I leave, I have the time until I get home, to process what happened. On the online sessions I miss that a lot. Because to connect I need 15 seconds to get from the living room to the bedroom and another 15 seconds to get back."

In a survey by Békés et al. (2021) studying the main challenges faced by therapists when shifting from face-to-face to online psychotherapy, the results showed that among their main concerns was "there is often no transitional space and thus opportunity to adjust one's mindset between therapy and other aspects of life". Two participants, in fact, with a history of depression reported that it was convenient that they did not have to leave their home to go to the office because of the general difficulty of leaving the house. "[...] I have a hard time sometimes getting out, so it was quite convenient that I just went a little further over there, I opened the laptop and had him." (Natalia, 21 y.o.).

Martha, 21 years: "I don't know if it's good for a person with depression to be so isolated in their house. While I'm very comfortable with that at the moment, when it's time for me to start going out in the world again, I don't know how uncomfortable I'll feel afterwards."

Martha's concern reflects a common struggle among people with depression: while isolation at home can offer safety and comfort, it can also trap individuals, making it increasingly difficult to re-engage with society. Similarly, Moeller et al. (2022) noted a participant who felt that, although staying home feels comfortable during depressive episodes, it could hinder the therapeutic benefits of being outside.

Personal space as a setting for therapy. Eight participants described the online setting as an inappropriate space for sessions as they felt their private space is being violated and "contaminated" by therapy-specific features. Unlike a therapist's office, which is a professional, controlled and neutral space designed to provide quiet, privacy, lack of interference and unnecessary stimuli, personal space seemed to carry the risk of increased distractions and difficulty in ensuring privacy. "...for psychotherapy, I don't like it. I am not used to it. My home is something more personal. I don't usually express my problems here." (Niki, 25 y.o.)

For her, home is a deeply personal space where she typically doesn't express her problems. Psychotherapy needs a safe environment for clients to open up. The connotations loaded matrix of the personal space interferes with the matrix of the therapeutic space, and at least in our sample this seems for

some somehow problematic. Neither the therapeutic space feels protected nor the personal space free from “disturbances” as boundaries are blurred.

Yet, for other participants (7) even though the boundaries between the therapeutic space and the personal space are blurred and the therapeutic setting more informal, this seemed to comfort them.

Iokasti, 25 years: "Whereas at home it's much more, much more comfortable, you're in your own space, you're with your pyjamas and even after the session let's say if I wanted to cry, I felt comfortable, that I'm at home, that's it. So, it was much easier I think."

Martha, 21 years: "Well, it's very nice that I can smoke. I want to emphasise that because I'm also very nervous, especially when I'm talking about stressful things, like everybody else, so I like that I can roll a cigarette while I'm talking. I'm more relaxed, more at ease"

Nevertheless, for the majority the therapist's office was the most suitable place for a session offering a contoured and protected space assigned to the ritual of therapy, "Being in an office helped me a lot. It has a specific framework, which is also very well structured and ethically made." (Martha, 21 y.o.), even if for some the office setting seemed to be more challenging triggering insecurities and concerns of exposure. "I mean when I was there, like in all social situations you're not just with a friend. You're thinking about how you're going to sit, what you're wearing. Many things are more inconvenient, while at home you don't care." (Theodora, 24 y.o.)

The therapist doing the session in his/her office and the visual access to it via camera proved to be an important factor for participants enforcing continuity and a feeling of safety. For Stefanos, it's as though the therapist is virtually bringing him into their space, providing a sense of familiarity and stability, which helps him feel more grounded during the session. "I think it helps. Um, the fact I see familiar things somehow like she is taking me there with her." (Stefanos, 35 y.o.)

On the contrary, visual access to the therapist's personal space seemed counterproductive. For Rania, viewing the therapist's apartment blurred the boundaries of the professional relationship. Similarly, Anna's experience of hearing the therapist's children during a session disrupted the therapeutic setting and introduced distractions. "When I was seeing the (therapist's) apartment I felt more like I was meeting a friend and having a coffee." (Rania, 24 y.o.), "...because we also had interference from her children at some point. I heard them once." (Anna, 23 y.o.)

Ensuring privacy. Furthermore, in the online setting participants seemed to be striving more in order to maintain basic requirements of the therapeutic setting as privacy, continuity and safety, which made the in-person setting appear as more suitable for therapy. "...but yes, when my father or brother were also at home, I made sure I was in a secluded room, and everyone else was gathered in another place, I was kind of afraid for my privacy." (Anna, 23 y.o.). Some attributed limitations in emotional expression and intensity to the lack of privacy. "But emotionally, in the office, I felt comfortable breaking down and sobbing. At home, I can't do that, maybe because my partner is in the next room." (Lydia, 25 y.o.). The above excerpts reveal that the therapist's office is not just a physical space but also serves as a symbol of safety and seclusion, allowing participants to feel free to explore and express deep emotions without the fear of their privacy being violated. Studies conducted during the pandemic period (Boldrini et al., 2020; Giordano et al., 2022) found that the lack of personal space in the clients' homes presented a significant barrier to the proper implementation of online psychotherapy.

Self-mirroring. The camera acted as a mirror for participants, giving them visual access to how they look during the session. This was disorienting for several of them who expressed feelings of discomfort and the desire not to see themselves during the session.

Natalia, 22 years: "What bothered me the most was that I could see myself down there. I was able to see how I look. I was paying attention to my appearance. [...] I might have been more restrained for that reason, let's say if I had very emotional moments or I was moved or I was ready to cry. I could see my face and I didn't like it at the time, so I was kind of more restrained."

In Natalia's case, the camera hindered her emotional expression, as the visibility of her vulnerability made her hesitant. Garcia et al. (2022) note that self-viewing disrupted both therapists and clients, altering their awareness of bodily interactions. For one participant, the camera felt intrusive, exposing her apartment to the therapist and fostering a sense of vulnerability and fear of criticism, highlighting how the camera can amplify clients' anxieties and conflicts.

Lydia, 25 years: "When I was viewing myself and my apartment through the camera, I was feeling uncomfortable, especially when you're concerned about your appearance and what others will see, [...]. It's like inviting someone to your home when it's a mess. [...] This is a personal issue for me; it stems from deeper things, but yes, I struggle with this."

Online therapeutic relationship

The role of pre-existing relationships between clients and therapists was crucial in the shift to the online setting. While many participants encountered initial challenges, the trust established during in-person sessions facilitated their adjustment. However, the online format also posed barriers to emotional expression. Overall, the findings illuminate the complexities involved in sustaining therapeutic bonds within a digital environment.

Maintaining the therapeutic bond. In this study, the therapeutic bond remained strong for participants, as they had already built a connection with their therapists beforehand. For most participants (14 to 15), this pre-existing relationship persisted in the digital environment and was key to continuing the therapy despite any challenges. While the majority initially found the shift challenging, they reported gradually becoming more comfortable talking to the camera:

Stefanos, 35 years: "It helps a lot that we had a personal relationship before. That we had met each other in real life and had already built a relationship. If this had not been done, I think it would be much more difficult, not impossible, but definitely much more difficult."

Similarly, research has shown that clients generally adapt well to online psychotherapy over time, finding it effective and satisfying (Giordano et al., 2022; Shklarski et al., 2021). They perceive a positive therapeutic relationship online, despite some initial challenges in shifting from in-person therapy.

The quality of relationship. The online environment seems to affect the perceived quality of the therapist-client relationship. Participants referred to a lack of immediate contact. Interestingly, several participants touched upon the effect of the camera on communication and transmission of information with the majority considering this type of communication as inferior due to the limited non-verbal information and the absence of the physical body. "For me, psychotherapy is a physical experience as well. Your body connection, the interaction I mean. It is different to see just a head. You cannot see the non-verbals." (Rania, 24 y.o.)

Petros, 25 years: "...I believe that there is also the non-verbal dimension, which is exactly as important as the verbal one, which does not exist that much in the interaction via camera, because as I said before, I can only see the (therapist's) head."

Furthermore, it is mentioned in two cases that the online setting has given an informal tone to therapy meaning a less professional character not always welcomed by clients. This finding is in line with the discussion of the embodied aspect in psychotherapy and observations of other researchers that describe the

prevalence of a narrative dimension rather than an experiential one in online therapy (Bizzari, 2022). "...but there are fewer professional boundaries." (Petros, 25 y.o.). Nevertheless, one participant emphasized exactly the opposite. It is precisely this informal tone that characterizes online therapy that benefited them as it created a more comfortable environment that enhanced the feeling of connection. mentioned, "That (informal tone) made me feel closer to her" (Elpida, 19 y.o.), while another participant reported feeling "alone" during online sessions. Relationships in online therapy appear vulnerable to external distractions and interruptions, which disrupt focus and weaken the therapeutic connection. This shift can lead to a sense of isolation and diminish the vital relationship that underpins effective therapy. "[...]lately I've noticed that I cannot see other people's eyes very clearly and I stare at the wall, the books. It's like I am talking to myself, like I'm alone, I don't know." (Sonia, 55 y.o.)

The dynamics in emotional expression. Emotional expression is central to the psychotherapeutic relationship because it allows the therapist and client to build trust, deepen their connection, and work through the underlying emotions driving the client's thoughts and behaviors. Seven (7) participants reported that online therapy made it difficult to express themselves emotionally. They felt they were talking on a descriptive superficial level without emotional nuances or emotional load.

Martha, 21 years: "Online is harder for me to express any feelings. I mean, I remember what happened and I remember how I felt, but I cannot cry easily and release all this intensity in front of a camera, like I did when I was in her office."

It seems that the camera acts as a barrier to her emotional expression, limiting her ability to open up and share her inner thoughts and feelings. This difficulty in authentic expression may be related to the absence of a suitable therapeutic framework that could provide her with a safe space to express herself freely, as the camera can be perceived as an intrusion or a third observing eye interfering with the relationship.

Yet, two participants benefited emotionally from the online environment, as the camera functioned as a shield creating a protective distance between them and the therapist lowering defense mechanisms, "...maybe sometimes it's a little easier for me, because you know, you do not have that many defenses. The distance, you know, kind of unlocks them [...] The exposure is easier through the camera." (Myrto, 41 y.o.). The distance provided by the screen seems to allow individuals to reveal emotional aspects of themselves that they might not dare to share in face-to-face interactions. Mitchell (2020) also found that the physical distance between client and therapist online helps the client explore different levels of intimacy and shame within the therapeutic relationship. Yet, this raises also questions of premature or over-exposure in a distant protected relationship that might be difficult to transfer to embodied encounters in real space.

At the same time, some participants noticed no significant differences in emotional expression between the two settings. "No, I cried on camera too, because my general expressions in psychotherapy involve crying. It gives me a sense of relief. So, just as I cried in the office, I also cried online. (Elpida, 19 y.o.)

Confidentiality. Another aspect of interest is the dimension of confidentiality related to online process. Nine participants reported no concerns. Crucial factor seems to be the fact that they trusted their therapists. Also, the visual access to the therapist's office, the therapeutic contract and information on privacy and confidentiality were reasons for not having such concerns. "I feel secure that he certainly wouldn't do anything weird with the data." (Theodora, 24 y.o.), "...uh, once he was in his office, I didn't even go into the process of thinking about who was around him." (Natalia, 21 y.o.).

Trust is a result of a successful therapeutic relationship and contributes to its effectiveness. When clients trust their therapists, they are more likely to share vulnerable thoughts and feelings, facilitating

deeper therapeutic work. However, two participants reported concerns about possible leakage of the session content, which could affect the therapeutic relationship and process.

Martha, 21 years: "Well, I don't know, there's this idea that our phones are listening to us, which seems true given the targeted commercials that we see. I don't know how much anyone cares to listen to my psychotherapy sessions, but the thought of something I discuss then appearing in commercials would really freak me out."

It appears that the context of online therapy can raise confidentiality concerns especially in individuals with safety issues, weak boundaries and more vulnerable to paranoid intrusions. A therapeutic relationship built on trust in the pre-Covid in-person setting seems to mitigate these issues. However, in light of what Martha described, if clients do not feel that their personal information is adequately protected, their trust may be undermined.

Discussion

The purpose of this study was to explore the experience of individuals in Greece who shifted to online therapy after having undergone in-person therapy. The results of the study highlighted two key pillars of psychotherapy: the therapeutic setting and the therapeutic relationship. These dimensions were instrumental in shaping participants' subjective experiences. Understanding them sheds light on how individuals navigate the complexities of online psychotherapy and the unique challenges and benefits they encounter in this digital landscape.

The analysis of the data showed that participants' experiences varied significantly; for some, online therapy was more convenient, while for others, it became an obstacle or source of discomfort. These differences seem to be linked to how each individual interprets their experience and specific therapy itself. Subjectivity plays a crucial role in the therapeutic process (Willig, 2013), as each participant perceives and experiences therapy in a unique way. A common theme identified by almost all participants was the importance of the pre-existing relationship with their therapist. Although the therapeutic framework is essential in developing the therapeutic relationship, in our case the pre-established bond was what facilitated a smooth shift to the new virtual setting. According to Moeller et al. (2022) who qualitatively studied the experience of clients who had received online psychotherapy, two participants specifically reported that prior acquaintance with their therapists was very beneficial to the online condition. They reported though, that the online context was "less intimate and personal" and preferred face-to-face sessions.

Similarly, participants highlighted aspects of the embodied experience in online therapy, such as the non-verbal communication, the more informal tone of sessions, the absence of transitional space and physical presence, and the shifting boundaries. There is no bodily aspect involved in preparing for or processing the online session and clients need to return directly to their lives (Sayers, 2021). A minority of participants in this study recognised this as a limitation. Conversely, the majority emphasized the convenience and timesaving advantages of online sessions, particularly the removal of travel requirements. In contemporary society, where efficiency is highly valued, the online modality appears to be especially beneficial. It facilitates engagement without the need for prior preparation or commuting. Emotional expression varied among participants, with some feeling more open while others experienced constraints. These qualitative changes are important because online therapy fundamentally alters key dimensions of the interaction, particularly those related to non-verbal cues and physical presence. According to similar research, the limited or incomplete perception of body language, facial expressions, and scent is experienced as a deficiency in online psychotherapy (Garcia et al., 2022; Leukhardt et al., 2021). Non-verbal communication plays a crucial role in F-t-F therapy, allowing therapists to read subtle emotional cues (Philippot et al. 2003). The shift to online

settings limits access to these cues, which may reduce the therapist's ability to fully understand the client's emotional state.

The therapeutic framework and relationship were in constant interplay, with each influencing the other. The primary changes and adaptations concerned the online therapeutic setting. The therapist constructs the elements of this framework partly consciously and partly unconsciously (Gutheil et al., 1993). These elements include scheduling appointments, session duration, payment arrangements, and the therapy space itself. However, in this study, the framework components were not entirely controlled by the therapist but were also influenced by the nature of the online medium. Therapeutic setting sets the foundation for the therapeutic relationship. However, in this case, the therapeutic relationship had already been established through in-person sessions, so the study focused on the impact of the new framework and how participants experienced the relationship within it.

One of the key findings was the renegotiation of boundaries in online therapy. Boundaries in therapy have been defined as "the envelope within which treatment takes place [...] to create an atmosphere of safety and predictability" (McLeod, 2013). According to McLeod (2013), boundaries can be set around various aspects of the relationship such as: time, physical space, information, intimacy and social roles. However, online therapy challenges these traditional boundaries. By definition, therapist and client are physically distant, communicating via audio-visual means, and the session environment also changes. While the therapist may remain in a traditional office, the client's environment can vary, from personal spaces to parks or even cars. This necessitates a renegotiation of boundaries, resulting in a "gray area" within online therapy. For instance, in traditional in-person psychotherapy, the therapist's self-disclosure typically serves a therapeutic function (Glass, 2003). However, in online settings, this changes; therapists might not be in their offices, which allow clients access to aspects of their personal lives and challenges established boundaries. Also, participants indicated that behaviors such as wearing pyjamas or smoking during sessions—actions generally avoided in face-to-face interactions—became both possible and, in some cases, beneficial to the therapeutic process. However, it is crucial to recognize that what a client perceives as helpful and beneficial may not inherently constitute a therapeutically advantageous condition. Therapists must carefully consider this distinction and frame their interventions accordingly. Glass (2003) noted this "gray area" of boundaries, asserting that most boundary crossings are not inherently problematic; instead, they are intentional, benign deviations tailored to meet the needs of the client. Nevertheless, these crossings pose a risk to the therapeutic alliance. The diminishing emphasis on therapist "neutrality" and "opacity" has fostered greater therapeutic flexibility but also opened the door to idiosyncratic practices. These aspects are critical to the discussion around online psychotherapy, as understanding these dynamics can lead to better preparation and implementation of the therapeutic process. Identifying the "grey area" resulting from boundary crossings allows therapists to adjust their approaches, ensuring that the changes they make do not harm the therapeutic alliance. Accepting these new parameters can promote creativity and flexibility in therapy, providing a more tailored experience for clients. However, it is necessary for therapists to maintain a balance between flexibility and professional ethics in order to avoid arbitrary practices that may disrupt the trust and safety of the therapeutic environment.

Privacy emerged as a significant concern among participants. Many were at home with others nearby, leading to discomfort and a sense of vulnerability during therapy, as they could not ensure the confidentiality of their discussions—a concern echoed in other studies (Boldrini et al., 2020; Giordano et al., 2022). This underscores the necessity of thoughtfully addressing boundaries prior to initiating online therapy, emphasizing the importance of establishing a private environment to facilitate effective treatment.

Recognizing these dynamics is crucial for both therapists and clients as they work through the nuances of online therapy, ensuring that the therapeutic process remains secure and supportive.

The continuation of therapy and the successful shift to an online setting were closely linked to the previously established relationship. Consequently, it is likely that clients who initiated therapy online from the outset experienced the virtual environment in a markedly different manner. The established rapport and trust can help ease the shift and their willingness to adapt to new modalities of therapy. At the same time, it is important to note that this shift occurred out of necessity during the pandemic and could have been experienced as temporary and a good enough opportunity to bridge a situation. It is interesting that none of the participants mentioned that embodied aspects of therapy or their lack were incorporated consciously into therapy, as it is suggested now. We understand this mostly as a result of the lack of experience with the online setting and the necessary reflections that followed during and after the pandemic and the booming discussion on the dimension of embodiment. Future research would benefit from focusing on the experiences of clients who started therapy online without any prior F-t-F interaction, as this could offer deeper insights into the dynamics of online psychotherapy. It is intriguing to examine how an entirely online psychotherapeutic relationship is experienced in the absence of physical communication and body language. In the same manner, it would be interesting to examine the vice-versa process and the shift from a virtual setting to an F-t-F therapeutic setting and how both clients and therapists experience it. This research raises important questions about the complexity and clarity of such relationships, how power dynamics are established, and whether continuity can be maintained.

Most participants were women, with only two men included in the sample. Therefore, the results capture mostly the female perspective, necessitating a further investigation of the subjective experience of men. Qualitative methodology aims to understand subjective experiences, but it limits generalization due to small sample sizes. Phenomenological analysis highlights the role of language in communicating experiences, recognizing that language both describes and constructs reality (Willig, 2013). Individuals' expressions are shaped by their linguistic skills, cultural contexts, and social norms, necessitating an analysis that uncovers both explicit statements and the underlying meanings in language. To overcome these, we suggest that incorporating quantitative methods alongside qualitative approaches could provide a more comprehensive understanding of the phenomenon. Since language, cultural context, and social norms play significant roles in shaping individuals' experiences, future research could explore these variables across different cultural settings.

In our study, participants' online experiences were grounded in the therapeutic relationships they had previously built in-person, which helped mitigate disruptions during online sessions. However, this relationship evolves into a triadic dynamic in online therapy, incorporating the virtual environment alongside the therapist-client interaction. This new context introduces unique dynamics that can significantly impact the therapeutic process, with each participant interpreting the shift to online therapy subjectively. While comparing face-to-face and online psychotherapy aids understanding, it's important to recognize that online therapy is inherently different. Given its effectiveness and widespread use, further research is essential to enhance its application on a larger scale.

References

American Psychological Association. (2015). *What you need to know before choosing online therapy*. <https://www.apa.org/topics/telehealth/online-therapy>

- Amichai-Hamburger, Y., & Hayat, Z. (2013). Internet and personality. In Y. Amichai-Hamburger (Ed.), *The social net: Understanding our online behavior* (pp. 1–20). Oxford University Press. <https://doi.org/10.1093/acprof:oso/9780199639540.003.0001>
- Amichai-Hamburger, Y., Klomek, A. B., Friedman, D., Zuckerman, O., & Shani-Sherman, T. (2014). The future of online therapy. *Computers in Human Behavior*, *41*, 288–294. <https://doi.org/10.1016/j.chb.2014.09.016>
- Andersson, G., & Titov, N. (2014). Advantages and limitations of Internet-based interventions for common mental disorders. *World Psychiatry*, *13*(1), 4–11. <https://doi.org/10.1002/wps.20083>
- Barak, A., Hen, L., Boniel-Nissim, M., & Shapira, N. (2008). A Comprehensive Review and a Meta-Analysis of the Effectiveness of Internet-Based Psychotherapeutic Interventions. *Journal of Technology in Human Services*, *26*(2–4), 109–160. <https://doi.org/10.1080/15228830802094429>
- Beck-Hiestermann, F. M. L., Kästner, D., & Gumz, A. (2021). Onlinepsychotherapie in Zeiten der Corona-Pandemie: Querschnittsbefragung deutscher Psychotherapeuten [Online psychotherapy during the COVID-19 pandemic: A cross-sectional survey of German psychotherapists]. *Psychotherapeut*, *66*(5), 372–380. <https://doi.org/10.1007/s00278-021-00519-0>
- Békés, V., Aafjes-van Doorn, K., Luo, X., Prout, T. A., & Hoffman, L. (2021). Psychotherapists' challenges with online therapy during COVID-19: Concerns about connectedness predict therapists' negative view of online therapy and its perceived efficacy over time. *Frontiers in Psychology*, *12*, 705699. <https://doi.org/10.3389/fpsyg.2021.705699>
- Bizzari, V. (2022). Absent bodies: Psychotherapeutic challenges during COVID-19. *Psychopathology*, *55*(6), 335–344. <https://doi.org/10.1159/000524711>
- Boldrini, T., Schiano Lomoriello, A., Del Corno, F., Lingiardi, V., & Salcuni, S. (2020). Psychotherapy during COVID-19: How the clinical practice of Italian psychotherapists changed during the pandemic. *Frontiers in psychology*, *11*, 591170. <https://doi.org/10.3389/fpsyg.2020.591170>
- Burgoyne, N., & Cohn, A. S. (2020). Lessons from the transition to relational teletherapy during COVID-19. *Family process*, *59*(3), 974–988. <https://doi.org/10.1111/famp.12589>
- Cardoso, N. D. O., Tagliapietra, K. D. R., Salvador, E. Z., & Machado, W. D. L. (2023). Adherence to online psychotherapy during the COVID-19: A scoping review. *Psico-USF*, *28*, 117–132. <https://doi.org/10.1590/1413-82712023280110>
- Cook, J. E., & Doyle, C. (2002). Working alliance in online therapy as compared to face-to-face therapy: Preliminary results. *CyberPsychology & Behavior*, *5*(2), 95–105. <https://doi.org/10.1089/109493102753770480>
- De Bitencourt Machado, D., Braga L., P., Trelles S., C., Bassols, A. M., Sfoggia, A., Kowacs, C., Krieger, D. V., Torres, M. B., Gastaud, M. B. Wellausen, R. S., Teche, S. P., & Eizirik, C. L. (2016). A psychodynamic perspective on a 99 systematic review of online psychotherapy for adults. *British journal of psychotherapy*, *32*(1), 79–108. <https://doi.org/10.1111/bjp.12204>
- Fernandez E., Woldgabreal Y., Day A., Pham T., Gleich B., Aboujaoude E. (2021) Live psychotherapy by video versus in-person: A meta-analysis of efficacy and its relationship to types and targets of treatment. *Clinical Psychology & Psychotherapy*, *28* (6), 1535–1549. <https://doi.org/10.1002/cpp.2594>
- García, E., Di Paolo, E. A., & De Jaeger, H. (2022). Embodiment in online psychotherapy: A qualitative study. *Psychology and Psychotherapy: Theory, Research and Practice*, *95*(1), 191–211. <https://doi.org/10.1111/papt.12359>

- Germain, V., Marchand, A., Bouchard, S., Drouin, M. S., & Guay, S. (2009). Effectiveness of cognitive behavioural therapy administered by videoconference for posttraumatic stress disorder. *Cognitive behaviour therapy*, 38(1), 42-53. <https://doi.org/10.1080/16506070802473494>
- Giordano, C., Ambrosiano, I., Graffeo, M. T., Di Caro, A., & Gullo, S. (2022). The transition to online psychotherapy during the pandemic: a qualitative study on patients' perspectives. *Research in Psychotherapy: Psychopathology, Process, and Outcome*, 25(3). <https://doi.org/10.4081/ripppo.2022.638>
- Glass, L. L. (2003). The gray areas of boundary crossings and violations. *American Journal of Psychotherapy*, 57(4), 429-559. <https://doi.org/10.1176/appi.psychotherapy.2003.57.4.429>
- Gutheil, T. G., & Gabbard, G. O. (1993). The concept of boundaries in clinical practice: theoretical and risk-management dimensions. *The American journal of psychiatry*, 150(2), 188-196. <https://doi.org/10.1176/ajp.150.2.188>
- Isari, F., & Pourkos, M. (Eds.). (2015). *Ποιοτική μεθοδολογία έρευνας* [Qualitative research methodology]. Σύνδεσμος Ελληνικών Ακαδημαϊκών Βιβλιοθηκών.
- Jerome, L. W., & Zaylor, C. (2000). Cyberspace: Creating a therapeutic environment for telehealth applications. *Professional Psychology: Research and Practice*, 31(5), 478. <https://doi.org/10.1037/0735-7028.31.5.478>
- Kanafani, T., Hassain, A., Correa, T. D., Sheen, M., & Yekani, H. A. K. (2023). The Effectiveness of Online vs Face-to-Face Psychotherapy During the COVID-19 Pandemic in the United Arab Emirates. *Journal of Psychology and Neuroscience*. 34-53. <https://doi.org/10.47485/2693-2490.1069>
- Larsen, C. B., & Gilstad, H. (2022). Qualitative research studies addressing patient-practitioner communication about online health information. *International Journal of Environmental Research and Public Health*, 19(21), 14004. <https://doi.org/10.3390/ijerph192114004>
- Leighton, K., Kardong-Edgren, S., Schneidereith, T., & Foisy-Doll, C. (2021). Using social media and snowball sampling as an alternative recruitment strategy for research. *Clinical simulation in nursing*, 55, 37-42. <https://doi.org/10.1016/j.ecns.2021.03.006>
- Leuchtenberg S., Gromer D., Käthner I. (2022). Videoconferencing versus face-to-face psychotherapy: Insights from patients and psychotherapists about comparability of therapeutic alliance, empathy and treatment characteristic. *Counselling & Psychotherapy Research*, 23(2), 389-403. <https://doi.org/10.1002/capr.12538>
- Leukhardt, A., Heider, M., Reboly, K., Franzen, G., & Eichenberg, C. (2021). Videobasierte Behandlungen in der psychodynamischen Psychotherapie in Zeiten der COVID-19-Pandemie [Video-based treatments in psychodynamic psychotherapy during the COVID-19 pandemic]. *Psychotherapeut*, 66(5), 398-405. <https://doi.org/10.1007/s00278-021-00532-3>
- Lodha, P., & De Sousa, A. (2023). Ethical challenges and dilemmas of online psychotherapy. In S. Patnaik, X. Wang, & A. K. Sangaiah (Eds.), *Accelerating strategic changes for digital transformation in the healthcare industry* (pp. 363-381). Academic Press. <https://doi.org/10.1016/B978-0-443-15299-3.00001-4>
- Macedo F. L., Tonon A. P., Caritá E. C., Persico B. F. G. & Sidnéia da Silva S. (2022). Brief presential and online psychodynamic psychotherapy: patients' perception. *International journal of developmental research*, 12(07), 57707-57710. <https://doi.org/10.37118/ijdr.24421.07.2022>
- McLeod J., (2013). *An Introduction to Counselling (5th ed)*. Open University Press.
- Mitchell, E. (2020). "Much more than second best": Therapists' experiences of videoconferencing psychotherapy. *European Journal for Qualitative Research in Psychotherapy*, 10, 121-135. <https://ejqrp.org/index.php/ejqrp/article/view/111>

- Moeller, A. M., Hansen, J. P., & Andersen, P. T. (2022). Patients' experiences of home-based psychotherapy via videoconference: A qualitative study. *Archives of Psychiatric Nursing*, 39, 91-96. <https://doi.org/10.1016/j.apnu.2022.03.004>
- Norwood, C., Moghaddam, N. G., Malins, S., & Sabin-Farrell, R. (2018). Working alliance and outcome effectiveness in videoconferencing psychotherapy: A systematic review and noninferiority meta-analysis. *Clinical Psychology & Psychotherapy*, 25(6), 797-808. <https://doi.org/10.1002/cpp.2315>
- Papachristou, C. (2023). Sensual deprivation and therapy during the COVID-19 pandemic. In C. Moutsou (Ed.), *Dialogues between psychoanalysis and architecture: The relational space of the consulting room through the senses*. Routledge.
- Patton, M. Q. (1999). Enhancing the quality and credibility of qualitative analysis. *Health Services Research*, 34(5 Pt 2), 1189-1208.
- Philippot P, Feldman R, Coats E. 2003. The role of nonverbal behavior in clinical settings. In: Philippot P, Feldman R, Coats E (Ed), *Nonverbal Behavior in Clinical Settings* (pp. 3-13). Oxford University Press. <https://doi.org/10.1093/med:psych/9780195141092.001.0001>
- Pietkiewicz, I., & Smith, J. A. (2014). A practical guide to using interpretative phenomenological analysis in qualitative research psychology. *Psychological journal*, 20(1), 7-14. <https://doi.org/10.14691/CPPI.20.1.7>
- Ragusea, A. S., & VandeCreek, L. (2003). Suggestions for the ethical practice of online psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 40(1-2), 94-102. <https://doi.org/10.1037/0033-3204.40.1-2.94>
- Reatto, L. L., Werbart, A., Oasi, O., De Salve, F., Ierardi, E., Giordano, M., & Riva Crugnola, C. (2023). Understanding psychoanalytic work online and back to the couch in the wake of the COVID-19 pandemic: an investigation among Italian psychoanalysts. *Frontiers in Psychology*, 14, 1167582. <https://doi.org/10.3389/fpsyg.2023.1167582>
- Recupero, P. R., & Rainey, S. E. (2005). Informed consent to e-therapy. *American journal of psychotherapy*, 59(4), 319-331. <https://doi.org/10.1176/appi.psychotherapy.2005.59.4.319>
- Ritterband, L. M., Gonder-Frederick, L. A., Cox, D. J., Clifton, A. D., West, R. W., & Borowitz, S. M. (2003). Internet interventions: In review, in use, and into the future. *Professional Psychology: Research and Practice*, 34(5), 527-534. <https://doi.org/10.1037/0735-7028.34.5.527>
- Sayers, J. (2021). Online Psychotherapy: Transference and Countertransference Issues. *British Journal of Psychotherapy*, 37(2), 223-233. <https://doi.org/10.1111/bjp.12624>
- Shklarski, L., Abrams, A., & Bakst, E. (2021). Navigating changes in the physical and psychological spaces of psychotherapists during Covid-19: When home becomes the office. *Practice Innovations*, 6(1), 55. <https://psycnet.apa.org/doi/10.1037/prio000138>
- Smith, J. A., Larkin, M., & Flowers, P. (2009). *Interpretative phenomenological analysis: Theory, method and research*. Sage.
- Stoll, J., Müller, J. A., & Trachsel, M. (2020). Ethical issues in online psychotherapy: A narrative review. *Frontiers in psychiatry*, 10, 993. <https://doi.org/10.3389/fpsyg.2019.00993>
- Tajan, N., Devès, M., & Potier, R. (2023). Tele-psychotherapy during the COVID-19 pandemic: A mini-review. *Frontiers in Psychiatry*, 14, 1060961. <https://doi.org/10.3389/fpsyg.2023.1060961>
- Tang, W. K., Chiu, H., Woo, J., Hjelm, M., & Hui, E. (2001). Telepsychiatry in psychogeriatric service: a pilot study. *International Journal of Geriatric Psychiatry*, 16(1), 88-93. [https://doi.org/10.1002/1099-1166\(200101\)16:1%3C88::AID-GPS282%3E3.0.CO;2-W](https://doi.org/10.1002/1099-1166(200101)16:1%3C88::AID-GPS282%3E3.0.CO;2-W)
- Thomas, N., McDonald, C., de Boer, K., Brand, R. M., Nedeljkovic, M., & Seabrook, L. (2021). Review of the current empirical literature on using videoconferencing to deliver individual psychotherapies to adults

with mental health problems. *Psychology and Psychotherapy: Theory, Research and Practice*, 94(3), 854-883. <https://doi.org/10.1111/papt.12332>

Wells, M., Mitchell, K. J., Finkelhor, D., & Becker-Blease, K. A. (2007). Online mental health treatment: Concerns and considerations. *CyberPsychology & Behavior*, 10(3), 453-459. <https://doi.org/10.1089/cpb.2006.9933>

Willig, C. (2013). *Introducing qualitative research in psychology* (3rd ed.). McGraw-Hill Education.

ΕΜΠΕΙΡΙΚΗ ΕΡΓΑΣΙΑ | RESEARCH PAPER

Αναζητώντας διαδικτυακά τη θεραπευτική σχέση: Μια ποιοτική μελέτη με θεραπευομένους που μετέτρεψαν τη δια ζώσης ψυχοθεραπεία σε διαδικτυακή

Κωνσταντίνα ΝΙΩΤΗ¹, Ευαγγελία ΚΟΥΛΟΥΚΤΣΗ¹, Χριστίνα ΠΑΠΑΧΡΗΣΤΟΥ¹¹Τμήμα Ψυχολογίας, Αριστοτέλειο Πανεπιστήμιο Θεσσαλονίκης, Θεσσαλονίκη, Ελλάδα

KEYWORDS IN GREEK	ABSTRACT IN GREEK
Ποιοτική έρευνα Διαδικτυακή ψυχοθεραπεία Δια ζώσης θεραπεία Βιντεοκλήση Θεραπευτική συμμαχία	<p>Σκοπός της παρούσας μελέτης ήταν να διερευνήσει την υποκειμενική εμπειρία θεραπευομένων που μετέτρεψαν τη δια ζώσης θεραπεία σε διαδικτυακή λόγω περιορισμών κατά την περίοδο της πανδημίας ή για προσωπικούς λόγους. Οι ερευνήτριες εφάρμοσαν ποιοτικές μεθόδους έρευνας. Στην έρευνα συμμετείχαν δεκαπέντε άτομα ηλικίας μεταξύ 19 και 55 ετών, εκ των οποίων οι 13 ήταν γυναίκες. Τα δεδομένα συλλέχθηκαν μέσω ημι-δομημένων συνεντεύξεων και αναλύθηκαν με τη χρήση της ΕΦΑ. Η διαδικτυακή ψυχοθεραπεία μπορεί να προσεγγίσει σημαντικά τη δια ζώσης θεραπεία, αλλά για την πλειονότητα των συμμετεχόντων δεν μπορεί να την αντικαταστήσει. Τα ελλείμματα και τα οφέλη που αναδύθηκαν προκύπτουν από τη σύγκριση της διαδικτυακής με τη δια ζώσης θεραπεία και αποδίδονται σε πτυχές που είναι εγγενείς στο διαδικτυακό περιβάλλον: η έλλειψη φυσικής εγγύτητας, η περιορισμένη δια ζώσης αλληλεπίδραση, η χρήση της κάμερας ως μέσο επικοινωνίας, η διαφοροποίηση του επαγγελματικού πλαισίου, τα ζητήματα ιδιωτικότητας και εμπιστευτικότητας, η απουσία της μετακίνησης προς το γραφείο. Τονίζεται η αξία της ήδη εδραιωμένης θεραπευτικής συμμαχίας που λειτουργεί ως σημείο αναφοράς και ως βιωματική μνήμη κατά τη διάρκεια της πρόσωπο με πρόσωπο θεραπείας. Η διαδικτυακή ψυχοθεραπεία παραμένει ένας χρήσιμος τρόπος παροχής υπηρεσιών ψυχικής υγείας. Λόγω των προκλήσεων και των ιδιαίτερων χαρακτηριστικών του, ενδέχεται να χρειάζεται να εφαρμοστεί με πιο στοχευμένο τρόπο, προσαρμοσμένο στις ανάγκες του πελάτη, την θεραπευτική προσέγγιση και τις εξωτερικές συνθήκες, ενώ θα πρέπει να σταθμιστούν προσεκτικά τα πλεονεκτήματα και τα μειονεκτήματα. Η θεραπευτική σχέση παραμένει ο βασικός παράγοντας για το υποκειμενικό αίσθημα ικανοποίησης του θεραπευόμενου. Μένει να απαντηθεί κατά πόσον μια θεραπευτική σχέση που δημιουργείται διαδικτυακά χωρίς προηγούμενη πρόσωπο με πρόσωπο εμπειρία διαφέρει ποιοτικά από μια θεραπευτική σχέση που έχει ήδη δημιουργηθεί δια ζώσης.</p>
CORRESPONDENCE Χριστίνα Παπαχρήστου Αριστοτέλειο Πανεπιστήμιο Θεσσαλονίκης, Τμήμα Ψυχολογίας, Φιλοσοφική Σχολή Πανεπιστημιούπολη, Θεσσαλονίκη, 541 24 cpapachr@psy.auth.gr	