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A qualitative exploration of patients' experience of online psychotherapy

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Abstract

The aim of this study was to explore patients' experience with online psychotherapy and integrate findings in the practice of online psychotherapy. Sixteen patients (N=16) of psychodynamic psychotherapy were interviewed after the closure of their psychotherapy process. The semi-structured interview explored the online experience compared to the in-room psychotherapy experience. Responses were analyzed using thematic analysis.

Four themes were identified: (i) satisfaction versus dissatisfaction; (ii) depth of work; (iii) practicalities versus limitations; and (iv) relationship and therapeutic alliance. The results indicate that online psychotherapy is experienced as an optimal alternative

Despite challenges, online psychotherapy appears to be a feasible method of intervention. Several factors which could have been expected to be limiting, could be overcome and used to the benefit of the process and results.

Keywords: pandemic, online psychotherapy, in-room psychotherapy, patients, psychodynamic

Introduction

The Covid-19 Pandemic and the consequent forced switch to online working seem to be the preface of a global shift towards online social and work life. Although online psychotherapy,

counseling and other mental health services have been provided long before the Pandemic, the latter has generated the opportunity for online mental health services to become a normal routine for patients and professionals all over the world, regardless of specific contexts (Webster et al., 2020; Wind et al., 2020). The increasing research in regard to online psychotherapy points to the need to deepen understanding of online psychotherapy, as well as to develop guidelines towards the optimization of online psychotherapy process (Pugh & Dixon, 2020). Most of the research, however, has focused on psychotherapists' perspective on online psychotherapy, with patients' experience being less investigated. The aim of this study was to explore patients' experience with online psychotherapy, highlighting positive and negative experiences in regard to the setting, relationship and the process. The core questions were: How did patients experience the switch from in-room to online psychotherapy? How was their direct experience with online psychotherapy contrasted to in-room psychotherapy? How were the therapeutic relationship, applicability of techniques, safety, emotional connectedness experienced in online psychotherapy?

The study was conducted with patients of psychodynamic psychotherapy. Psychodynamic psychotherapy is one of the three main modalities practiced in Albania and the first one provided according to the European training standards for psychotherapy, only after 2000'. Being conducted in the context of a short tradition in psychotherapy and psychotherapy focused research, this study contributes to the developing psychotherapy research in the country and provides complementary insights to improving the current and future practice of online interventions.

Literature review

Online psychotherapy is not a novel experience for the community of psychotherapists and counsellors worldwide. The increase of access to internet services and popularization of online communication, particularly in the last three decades (Knaevelsrud & Maercker, 2006), has provided and increased opportunity for mental health professionals and mental health patients to reach each other beyond physical boundaries (Probst, et al., 2020). Prior to the Covid-19 Pandemic, online psychotherapy was mostly delivered to vulnerable and isolated patients such as HIV positive patients, post-partum depressive women in remote areas, war-veterans, etc. (Markowitz et al., 2021). The onset of the Covid-19 Pandemic, faced the community of mental health professionals and patients with the forced choice of online psychotherapy and therefore changed the way how psychotherapy is perceived, practiced and received (Wind et al., 2020). Despite the skepticism (Békés et al., 2021; Connolly et al., 2020) and negative attitudes towards online psychotherapy, psychotherapists and patients around the world embraced the new practice quickly and integrated it to their professional practice (Wind et al., 2020) and self-care routine (Moeller et al., 2022).

Despite skepticism in regard to online psychotherapy, by both clinicians and patients (Connolly et al., 2020), increasing evidence over the last decades shows that online psychotherapy can be effective for most clinical conditions (Fernandez et al., 2021; Carlbring et al., 2018; Swartz, 2020) in a comparable level with in-room psychotherapy (Poletti et al., 2020; Simpson & Reid, 2014). For a long time, cognitive-behavioral psychotherapies were considered more suitable for online psychotherapy (Weinberg, 2020) as compared to psychodynamic and relational approaches which focus on interaction and relational aspects. However, with the forced increase of online psychotherapy due to Covid-19 Pandemic, the research about the effectiveness of online psychotherapy focusing on different

modalities has increased as well. Such research indicates that online psychotherapy can be effective for psychodynamic (Gordon et al., 2015; Humer et al., 2020), relational approaches (Dennis et al., 2020), gestalt and experiential psychotherapies (Pugh & Dixon, 2020), and person-centered psychotherapy (Humer, et al., 2020).

Although there is a growing mass of evidence showing that online psychotherapy is comparable to in-room psychotherapy in terms of patients' satisfaction (Christensen et al., 2020; Hubley et al., 2016) and effectivity (Backhaus et al., 2012; Poletti et al., 2020), experts and psychotherapists raise concerns about the quality and features of distinct aspects of the therapeutic process (Békés et al, 2021). Research on working alliance, closeness, connectedness, applicability of techniques and safety have generated diverse evidence, indicating that all these aspects of the therapeutic process can be limited, unaffected, or, at times, even improved in online compared to the in-room setting.

A review conducted by Simpson et al. (2021) indicated that key components of the psychotherapeutic process, such as empathy, working alliance, safety and connectedness were not noticeably different between online and in-person therapy, and in some cases were even reported to be improved compared to in-room therapy. This is shown to be particularly true in the case of patients who have specific pathologies such as social anxiety (Simpson et al., 2021). However, other studies have showed psychotherapists' challenges in establishing and maintaining the therapeutic relationship particularly in face of technological obstacles, lack of training, fatigue and insecurity (McBeath et al., 2020; Messina & Löffler-Stastka, 2021). Additionally, while most patients find it possible to develop a good therapeutic relationship, some report the relationship to be more impersonal, with less intimate and intense communication compared to in-room sessions (Hensel et al., 2020; Pugh and Dixon, 2020; Tarp & Niels, 2017).

Technological, logistic and space arrangement issues are often reported as impeding factors to the overall psychotherapeutic

process as being associated with poor non-verbal communication (Paradisi et al., 2021), poor eye contact and modified proxemics (Drag, 2020), reduced sensory perception of the patient (MacMullin et al., 2020), distractions and interferences (Pugh & Dixon, 2020), increased stress when establishing connection (Stefan, 2021). Such impediments are associated with reported feelings of superficiality, distance and poorer emotional work (Moeller et al., 2022). Particularly challenging online psychotherapy is reported to be with particular diagnoses such as schizophrenia (Hasson-Ohayon & Lysaker, 2021), or children and adolescents (Erlandsson, 2022). Prior to establishing an online practice, psychotherapists have widely expected such factors to affect the quality of psychotherapy (Békés et al., 2021). Research, however, suggests that the number of patients and psychotherapists who report such factors affecting the overall quality and effectiveness of online psychotherapy is limited (Békés et al., 2021; Berryhill et al., 2019; Fernandez et al., 2021; 2020; Stefan, 2021). Pugh and Dixon (2020) suggest that sometimes experienced psychotherapists can convert such obstacles into intervention tools or therapeutic material.

In regard to applicability of techniques, findings are mixed, yet insufficient. Psychotherapists of different experiential modalities share divided opinions in regard to the applicability of chair work related techniques with positive feedback being most frequently reported (Pugh & Dixon, 2020). Similarly, psychotherapists' reports on emotional work are dominated by positive feedback (Thompson-de Benoit & Kramerb, 2021) differently from body and movement techniques which, not surprisingly, are associated with more controversy and limitations (Eve, 2022). Cognitive behavioral techniques were expected to have the highest applicability. However, surprisingly, a study with psychotherapists of different modalities in online psychotherapy, conducted by Boldrini et al. (2020), showed that cognitive behavioral psychotherapists reported more frequent psychotherapy interruptions compared

to psychodynamic psychotherapists. Such results lead to the assumption that although the body of research regarding online psychotherapy has increased significantly, there is still a lot to explore in regard to factors that contribute to effectiveness of online psychotherapy, as well as develop guidelines for effective online psychotherapy (Pugh & Dixon, 2020).

There is little doubt that online psychotherapy is being proved to be a credible and beneficial way to provide treatment to patients when direct contact is not possible due to geographical distances (Markowitz et al., 2021), health concerns or specific pathologies which impede direct contact (Simpson et al., 2021). In face of the global changes following the pandemic Covid-19 and supported by the growing mass of research, online psychotherapy is expected to be adopted and integrated to the routine practice of psychotherapists all over the world. However, although online psychotherapy is proving to be equally effective as in-room psychotherapy, therapists remain uncertain about how to provide online psychotherapy most efficiently (Pugh & Dixon, 2020). Exploring patients' and psychotherapists' experiences with distinct process and technique related aspects of online psychotherapy can contribute to developing understanding and guidelines on how to adapt online psychotherapy in the best efficient way.

Methods

Participants

This was a qualitative study based on text analysis. Participants were 16 mid- and long-term psychodynamic psychotherapy patients at termination of their psychotherapy process. The participation criteria required for patients to have had at least 6 months of experience with in-room psychotherapy prior to switching to online psychotherapy and that patients had a planned termination of psychotherapy. Of participants, there were 9 women and 7 men, with age ranging from 26 to 48 years old.

Table 1. Descriptive characteristics of participants (N = 16).

Variable	category	<i>n</i>
Gender	Women	9
	Men	7
Age	25 – 29	3
	30 – 34	4
	35 – 39	4
	40 – 44	3
	44 – 49	2
Total duration of therapy	< 1.5 years	3
	1.5 – 2 years	3
	2 – 3 years	4
	3 – 4 years	4
	> 4 years	2
Duration of therapy before online psychotherapy	6 - 12 months	4
	12 - 18 months	3
	18 - 24 months	5
	> 24 months	4

Procedure

At the end of planned psychotherapy, 23 subjects were invited to share their experience with online psychotherapy in a follow-up session two weeks after the last session. Subjects were informed

that the information could be used for study purposes and asked permission in advance. All subjects accepted; 16 of them met the criteria to participate in this study. The follow up session was conducted through a semi-structured interview which explored subject's a) feelings about the decision to switch to online psychotherapy, b) direct experience with online psychotherapy (efficiency, techniques applicability, relationship with psychotherapist), c) contrast between in-room and online psychotherapy. The interview was recorded with the approval of the participants and interviews were transcribed for the purposes of this study.

The study was conducted in Tirana and data were collected from April 2021 to July 2022.

Data analysis

The transcribed interviews were processed using thematic analysis as described by Braun and Clarke (2006). Interviews were analyzed as full body text, avoiding fragmentation of the text in a question-by-question mode. This procedure allows to identify and analyze overlapping themes across sections. As the thematic analysis procedure suggests (Braun & Clarke; Maguire & Delahunborg, 2017) there were conducted repeated parallel reading of the participants' responses in order to get familiarized before generating initial codes. For the sake of this thematic analysis, open coding was used meaning that there were not used pre-set codes. Instead, codes were developed and modified throughout the coding process. Codes were then associated with themes representing the core experiences as expressed by participants. The generation of themes was guided by the frequency of occurrence across cases, while analytical decisions were made based on the relevance of answers in relation to the research

question. Finally, themes were organized into superordinate headings and a report was written.

Results

The thematic analysis identified 4 core and interrelated themes.

Superordinate theme 1: Satisfaction versus dissatisfaction

Powerful or positive experience. Most of the patients reported reluctance at the start of psychotherapy and a level of discomfort with the forced choice of online psychotherapy, due to pandemic. However, for most of them (n=12) online psychotherapy resulted to be a normal continuation of their in-room psychotherapy experience. For them online psychotherapy turned out to be a satisfactory experience with powerful impact in their life. Some of the powerful experiences and insights they shared include a) feelings of safety, continuation and of being reached out; b) exploring personal creativity in managing difficult situations; c) exploring perseverance and their ability to face life adversity, d) the relief of discovering to have choices even in front of most adverse life circumstances; e) increased contact with the psychotherapist as both trying to cope with the new setting and mutual difficulties (explored in theme 4).

It worked very well for me. Nothing really changed, same work, same intensity, same reflections. It felt even closer sometimes.

I never thought it would work; technology has never been my thing. I was afraid I would lose everything, my progress and my safe place which I had built slowly overtime. That was one of the scariest things for me when quarantine started... being left alone and unable to be reached out.

Other reported positive experiences, as reported by patients and described in the following themes, were comfort in accessing sessions, reduced efforts to reach psychotherapy physically, reduced costs of transport, closeness, deep emotional work and increased time and opportunity to maintain focus on emotional work after the session had finished.

Limited or neutral experience. Four patients shared neutral or limited experiences with online psychotherapy. They reported

that online psychotherapy was a forced choice and as such they found it hard to enjoy its benefits. They found the relationship with their psychotherapist became more superficial and conversations more 'intellectual'. In several cases they felt that their experience was dominated by limitations caused by technological and physical obstacles (theme 3). Compared to in-room psychotherapy experience, online psychotherapy was experienced as less effective, with poorer visual contact and poorer emotional work. Instead of deep emotional work, it was experienced mostly as preserving the therapeutic relationship and maintaining the presence of the psychotherapist in their lives.

... I didn't want to interrupt our work and I wanted to maintain my routine, but I definitely prefer in-room psychotherapy. Online I felt a bit distant and not very comfortable at times.

Most of the patients, however, either with positive or limited experience of online psychotherapy, reported that having had a previous relationship with their therapist before the onset of the online work made it easier for them to continue working.

Table 2. Superordinate themes and subthemes.

Superordinate theme	Subtheme
Satisfaction versus dissatisfaction	Powerful or positive overall experience (12)
	Limited or neutral experience (4)
Depth of work	Intense experience (11)
	High self-consciousness (9)
	Disconnection from the process (7)
Practicalities versus limitations	Intrusive experiences (15)
	Comfortable and accessible (14)

	Logistical and technological issues (16)
Relationship and working alliance	Connectedness and intimacy (11) Emotional security (9) Altered and distant relationship (5)

Superordinate theme 2: Depth of work

Intense experience. Contrary to general expectations, online psychotherapy was experienced as intensive by most of the patients. Some of them recalled moments during online psychotherapy when they felt deeply emerged in emotional work, easier than in in-room sessions. Few patients highlighted that this was true particularly at the beginning of online psychotherapy, probably because the contrast between the expectations and the concrete practice made it very visible, or remarkable; others did not make such a distinction related to phases of therapy

Sometimes I was so emerged into feelings and emotions that I couldn't realize the sessions were coming to the end. Sometimes it felt easier even from the normal sessions in the room. I don't know, maybe because I felt so safe and comfortable, or maybe I felt my therapist closer ... I don't know.

Self-consciousness. In some cases patients reported increased self-consciousness during the sessions, particularly during emotional or experiential work. Focusing on their faces as experiencing intense, mostly negative, emotions felt awkward, uncomfortable and distracting from fully experiencing and processing emotional content. In some cases, patients reported that such moments were interpreted by their psychotherapist as moments feeding resistance.

I remember one session when I was feeling desperate and was crying heavily when suddenly I realized my distorted face. It looked so ugly and felt bizarre then I stopped. I couldn't go back to the same feeling that session. It has similarly happened in other sessions later.

Hearing their own voices on headphones and looking at their faces on camera, was a frequent experience for some of the patients, but for most of them it did not interfere with the overall process.

Disconnection from the process. For few patients, physical distance was experienced as or associated with psychological distance. For four of them online psychotherapy felt distant most of the time, while for others this was true only on certain moments. This was true, particularly during experiential work, when patients reported more moments of feeling disconnected from the psychotherapist (theme 4). In these moments, work seemed to be characterized by rationalizations more than by emotional work and insights. Similarly, some patients reported that in some cases, it took more effort and focus to connect to their inner experience particularly when it hard feelings were involved. They recalled moments when they wished being in the same room with the psychotherapist so they could experience their feeling/s at the full range, indicating physical presence being associated with intimacy and safety.

It felt like I could say as much as I wanted, and still my words wouldn't be enough to make her (the psychotherapist) understand how I felt... It seemed like my feelings and emotions wouldn't reach her.

Superordinate theme 3: Practicalities versus limitations

Intrusive experiences. Patients reported that using devices for online psychotherapy exposed them to increased stimuli, such as notifications of emails, messages or phone calls. Also, differently

from in-room sessions where they were alone with the psychotherapist and isolated from outside stimuli, in online sessions they were exposed to different outsider stimuli such as images or noises from their or (sometimes) psychotherapists home setting.

I once saw a thermometer in the library behind her back, and I thought if she or someone in her family had caught Covid. I had a panic attack that evening.

Similarly, patients shared being distracted by their fantasies of others in their home, in the psychotherapist's house, or others who could be possibly seeing them while they were having their session in the car. Some patients recalled that some of such moments were brought into the session and were interpreted in the light of transference or other process related dynamics, which in their turn, fed their psychotherapy with more working content (theme 4).

It was hard sometimes to find an appropriate place where to park my car and have a session. I was in alert if someone could pass by and think of me having an intimate relationship with an older women [laughs]. I remembered we talked a lot with my therapist about this fantasy.

When I heard my son crying in the other room, I found it hard forcing myself to staying focused in the session, without thinking if my son needed something and if my husband was handling it well.

Comfortable and accessible. Online psychotherapy allowed all patients to overcome health, safety and geographical constrains. For all patients who participated in the study, online psychotherapy was the only choice to maintain pieces of their routine they had prior to the pandemic. Most of the patients experienced online psychotherapy as easily accessible and comfortable, particularly after the first weeks of the experience, when they could solve technological and logistic issues and

figure out how the new experience would work. For some patients, online psychotherapy turned out to be particularly comfortable and safe in moments of deep and hard emotional work, when switching from the psychotherapy setting to outside life would have been particularly demanding in a traditional in-room setting.

Those sessions when I realized the abuse I'd endured as a kid, were so hard that I couldn't leave my bed for hours. I was so glad I didn't need to leave from your office to work.

Logistical and technological issues. For most patients, the only limitations of online psychotherapy were related to a) technological constraints, such as internet connection or quality of devices, and b) logistical issues, particularly finding the appropriate space for their own sessions. As reported by patients, poor internet connection slowed, distorted or fragmented verbal and visual communication and interfered with emotional work and empathy (theme 2). The establishment of the online communication, guaranteeing the space, the quality of the device, the quality of connection, etc., provoked increase anxiety for most of the patients, particularly at the beginning of the pandemic.

I agreed with my husband for him to stay at the bedroom with our son, so I could have my sessions in the living room, where internet connection is strongest.

In regard to the appropriate space for their own sessions, some of the patients had difficulties ensuring a safe, comfortable and sustainable space for themselves. In some cases they needed to make special arrangement with other family members, or use their car as a personal and private place to have their sessions.

Superordinate theme 4: Relationship and working alliance

Connectedness and intimacy. Some patients reported experiencing online psychotherapy as a very close, personal and intimate relationship. Few of them recalled these feelings being particularly evident at the very first sessions of online psychotherapy, immediately after the onset of the lock down. Three patients explained this feeling related to a sense of connectedness based on the shared experience of vulnerability in the face of a shared life challenge.

I used to think of her (my psychotherapist) as a person living in her clinic. I was aware of her having her own life and family, but could not really see that. And then, suddenly, she was at your place, I could see her library and occasionally hearing noises from her home setting, probably sharing same concerns as me ... she became a real person to me.

Apart from the pandemic togetherness, other patients experienced the online communication as happening in a very personal, personal digital room which created some particular physical closeness. The narrow communication setting which was limited of most of environmental and nonverbal communication cues, kept communication strictly focused on verbal and emotional content, creating a particular feeling of closeness and intimacy.

When he talked to me, I could hear his voice coming so straightforwardly to my ears that it felt like touching me physically. That was even a stronger feeling when I had my headphones on.

Patients reported that the fact that their psychotherapists maintained most of the rules and principles as in in-room setting, helped them keep unchanged the sense of their relationship.

My therapist didn't send me any notification to remind me when I forgot about the session. At first it frustrated me, but then I realized that this is how it's always been. It happened that when I first forgot or was late, I found my therapist waiting for me in our 'digital room', just as it was before for her waiting for me in her room. We of course, discussed then about why I forgot.

Emotional safety. Emotional safety was experienced and reported in two levels. First, patients made less efforts to arrange psychotherapy sessions. Canceling or rearranging was easier for most of them. In some cases, patients recalled times when they could arrange and have sessions in unusual times due to particular needs or constraints that they were experiencing, causing them feel more comfortable and safer in their relationship with the psychotherapist. On the other hand, patients reported that it felt easy and comfortable not having to make extra efforts to reach physical the psychotherapist's clinic (theme 3), but it also allowed them to feel less exposed, as well as to start the session from an equal position.

I was feeling so less guilty asking her to change the session time and I was sure we would find a way anyway.

... Remember when my husband got Covid, and I had to take care alone of him and of my sons (2). I couldn't have any session before 11.00 pm. I was in panic, and all alone ... I kept talking to my therapist in my mind all day long... I felt like knowing that at the end of the day, I would see and talk to her, kept my sanity during the day.

Altered and distant relationship. While for some patients, online psychotherapy happened in a digital personal room, for others the relationship had to penetrate through a 'digital wall'. Coming from an in-room experience, some patients (4) found it hard to maintain the same quality of relationship during online psychotherapy. They reported having frequent moments of feeling alienated, uncomfortable or of feeling awkward, or

having troubles starting communication. They explained it with the missing physical space, bizarreness of the 2-D communication, missing real and direct eye contact, inability to access nonverbal cues, and in two cases, perceived increased pressure to start or continue conversation/exploration without any 'warm up'. Missing eye contact and nonverbal cues were indicated by most of the patients as side factors which were present, but did not determine the quality of the relationship with the psychotherapist.

Discussions

The results of this study suggest that online psychotherapy is experienced by patients as an opportunity to overcome barriers to accessibility and, as such, positive associations dominate the experience. Beyond accessibility advantages, online psychotherapy is experienced as providing therapeutic opportunities, and it is also associated with obstacles and limitations.

Despite initial reluctance, most patients found online psychotherapy practical and effective to a comparable extent with in-room psychotherapy. Research on patients' experience with online psychotherapy is limited; however, findings of this study go in line with other outcome research on online psychotherapy which explore data reported by psychotherapists (Backhaus et al., 2012; Berryhill et al., 2019; Fernandez et al., 2021).

Exploration of themes generated by patients' reports on their experience with online psychotherapy indicated that the applicability of psychotherapy was, to a high extent, perceived by patients as having little or no difference from in-room psychotherapy. Research focused on psychotherapists' experience suggest similar results even when the psychotherapy modality implies the use of physical techniques such as chair

work in gestalt or psychodrama modalities (Pugh & Dixon, 2020).

In addition, the working alliance seems to have no overall decline during online psychotherapy, apart from minor fluctuations appearing mostly at the beginning of the online experience. Patients however, report that the good working alliance is maintained best when patients know the psychotherapist in advance. Such results are confirmed by research dating decades before (Cook & Doyle, 2002) and other following the pandemic (Moeller et al., 2022; Stefan et al., 2021). As important aspects of the working relationship, closeness and connectedness were frequently reported by patients as being generally not affected by the online experience, despite the initial concerns. Studies about connectedness and emotional closeness as perceived by psychotherapists indicate similar results, with psychotherapists finding connectedness and closeness not being affected by the online experience (Békés et al., 2021).

Fewer was the number of patients who experienced reduced emotional work and relationship quality with the psychotherapist. These experiences were associated with the physical distance and the "digital wall", and are supported by other studies based on psychotherapists' experience (Bell et al., 2020; Pugh & Dixon, 2020). Some patients in this study reported feeling online experiences as less personal or with alienated intensity, which is also reported by other studies focusing on patients' experience (Moeller et al., 2022). Moeller et al (2022) findings which suggest, however, that even when online therapy is experienced as less intensive and personal, it serves as preventive of relapse and as a tool for establishing a helping relationship. Similarly, in this study, nearly 25% of participants reported that although their online experience was less than optimal, it helped them maintain their routine and their relationship with the psychotherapist

Online psychotherapy, as reported by the patients in this study, encountered several problems, mainly related to technology, logistic, and space arrangements. In few cases, such impediments were experienced and reported as obstructing the process, however most patients found such impediments not comprising the overall process. Some other limitations related to online communication, as reported by most patients, were comprised eye-to-eye and non-verbal communication, physical and phantasy interferences, and increased self-consciousness which was caused by the presence of camera. Limited non-verbal communication, a variable impeding closeness and overall communication in online psychotherapy have also been reported by other research (Paradisi et al., 2021). Pugh & Dixon (2020) indicate that, sometimes, experienced psychotherapists report converting obstacles into opportunities to the therapeutic process which may contribute to an increased intensity of emotional work in online compared to in-room psychotherapy. This may explain, at least partially, the number of patients in this study who have experienced online psychotherapy as an intensive experience, sometimes even more than the in-room psychotherapy. For example, interfering stimuli from the surroundings may feed transference fantasies or resistance, and can be interpreted and used as therapeutic tools in psychodynamic therapy, which is the case of patients in this study.

Limitations

This study has its limitations. First, the patients who participated in the study are patients who had agreed to switch from in-room to online psychotherapy; therefore, it can be assumed that they already had a positive inclination towards online psychotherapy. In addition, for the sake of comparison between in-room and online psychotherapy, participants in this study were selected to

have prior experience with in-room psychotherapy. This makes for participants to switch to online experience with an already established therapeutic relationship and does not allow exploring and contrasting these findings with the experiences of other patients who have established their psychotherapy experience directly online. Finally, participants in the study reported their experience with online psychotherapy at the end of their psychotherapy process, months after they had returned to in-room setting. Therefore, they could not report their immediate experience, which does not exclude the possibility of inaccuracies or contamination of memories by the following processing in psychotherapy.

Conclusions

As online psychotherapy is being integrated more and more in the routine practice of psychotherapy, it is important to include patients' experiences in developing a wider perspective of how mental health professionals can improve the experience of online psychotherapy to the best benefit of their patients. This study showed that patients are acceptant to online work and find it satisfactory and beneficial. All patients prefer in-room compared to online psychotherapy; however, they are motivated to work on overcoming limitations and obstacles of the online setting. Patients prefer having known their therapist before starting the online work and report that online psychotherapy creates premises for a more superficial and/or altered relationship to their therapist. However, for most of them natural impediments characterizing the online setting were best managed when their therapists discussed and used them as therapeutic tools or material. While it is important to make adaptations to the characteristics of online setting, this study suggests that preserving process principles and relationship features, such as

therapeutic posture, boundaries, or responsibility, are central to the efficacy of psychotherapy.

With most studies suggesting that online therapy can be equally satisfactory as the in-room therapy, this study adds to those showing that, in order for it to be effective, psychotherapists and mental health professionals need to find ways to use characteristics of online work to the benefit of the therapeutic process. Training in online psychotherapy must be included in the traditional psychotherapy curricula.

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