“It was like falling off a cliff”

An IPA study of the lived experiences of psychotherapists working online during the COVID-19 pandemic in Ireland

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PsSI

Thesis submitted in partial fulfilment of the requirements for

the award of Doctor of Psychotherapy

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and Community Health, Dublin

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June 2023

Dedication

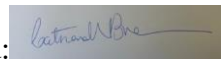
"Freedom is what we do with what is done to us"

— Jean-Paul Sartre, Being and Nothingness

This work is dedicated to freedom, to the ultimate freedom of those whom we have lost due to the COVID-19 pandemic and to the freedom of all those who sacrificed deeply of themselves to support others during this time

Declaration

I hereby certify that this material which I now submit for assessment on the programme of study leading to the award of Doctor of Psychotherapy (DPsych) is entirely my own work and that I have exercised reasonable care to ensure that the work is original and does not to the best of my knowledge breach any law of copyright and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed:  ID no.: 18212507 Date:28 /06 /2023

Acknowledgement

Firstly, I am extremely grateful to each of the participants in this study for the time they gave me and the way they trusted me with their experience of working online as a psychotherapist during the pandemic. I am conscious of the emotion that was present for all who shared their stories with me and the precious nature of holding such emotion. To my supervisors, Gemma and Mark for all their patience and support during this process and for believing in my ability to complete my thesis in spite of and in the face of repeated adversity. To my DCU Doctoral colleagues and my colleagues in SDCPS and TOPCLINIC, who have endured my prolonged absence over the past few months as I have been writing up my thesis.

To my dear sisters, brothers and friends Anya Doherty, Teresa Duarte, Karen, Marian, Geraldine, Josephine and Mary, Patrick, Seamus, Michael and James Brennan and nieces and nephews who have all walked this doctoral path with me and without whom the journey may not have been completed. To my dear friends Joan Cunniam and Lisa Hamilton and Karen O'Brien who have cheered me on since that night before registration in 2017 in '64 Glasthule. To my parents Pat and Patricia who have always believed in my ability to excel at whatever I put my mind to. To my darling husband Glenn who has supported me throughout this process in a myriad of ways, including long walks, road trips, Spanish dreams, sunshine breaks and late nights discussing Heideggerian philosophy. Thank you for believing me and helping me to "keep on keeping on", even when things felt daunting and impossible. To my precious children, Finn,

Maia and Aine Rose who have only ever known their mom as a professional student, thank you for your patience and love and for the encouragement you gave me right until the end to get this thesis over the line. I am looking forward to playing more music together and celebrating life with you all! **THANK YOU ALL SO MUCH!**

Contents

Dedication ii
Declaration iv
Acknowledgement v
List of Tables x
List of Figures xi
Key Terms Used xii
Abstract xiii
Chapter 1 Introduction 1

1.1 Overview of Research Area and Rationale for this Study 1
1.2 Researcher's Background and Perspectives 4
1.3 Research Aims and Objectives 10
1.4 Methodology 11
1.5 Outline of this Thesis 12
1.6 Researcher's Reflection 13

Chapter 2 Literature Review 15

2.1 Literature Search Strategy 15
2.2 Conceptualising Online Therapy 16
2.3 Historical Development Of Online Therapy 17
2.4 Online Therapy: Outcome Research 19
2.5 Online Therapy: Process Research On Therapeutic Alliance 27
2.6 Online Therapy: Client user Attitudes towards Online Therapy 30
2.7 Online Therapy: Psychotherapists' Pre Pandemic Attitudes 37
2.8 Online Therapy: Psychotherapists' Attitudes During COVID-19 39
2.9 Psychotherapists' Experience of Working in Shared Trauma Situations 42
2.10 Researcher's Reflection 44

Chapter 3 Methodology and Methods 45

3.1 Aims and Objective of this Study 45
3.2 The Philosophical Foundations Of IPA 49
3.2.1 Phenomenology 50
3.2.2 Hermeneutic Existential Phenomenology 52
3.2.3 Idiography 56
3.3 Methods 57
3.3.1 Recruitment 59
3.3.2 Participants 60
3.3.3 Data Analysis 66
3.3.4 The Role of the Researcher in IPA 72
3.4 Reflexivity and the Hermeneutic Circle 74

3.5 Ethical Considerations 75
3.6 Justification for the Methodology 78

Chapter 4 Findings 80

4.1 Contextualising the Experience of Participants 80
4.2 Group Experiential Themes 81
4.2.1 GET1 Finding a way through the uncertainty……83
4.2.2 GET 2 A sense of connection vs disconnection…….. 97
4.2.3 GET 3 A sense of loss and isolation……105
4.2.4 GET 4 A feeling of surprise that it works……112

4.3 Temporality of the data 118
4.4 Researcher's Reflection 120
4.5 Summary of this Chapter 123

Chapter 5 Discussion 124

5.1 Overview of Key Themes 126
5.2 Interpretation of Findings 127
5.2.1 Experiencing the uncanny 134
5.2.2 Distancing or dissociation from the reality of the experience 141
5.2.3 Existential isolation 146
5.2.4 The Impact for participant psychotherapists of working online 152

5.3 Critical appraisal of the study 158
5.4 Assessing for validity and quality 160
5.5 Future research , policy and practice implications 162
5.5.1 Research implications 163
5.5.2 Policy Implications 164
5.5.3 Practice Implications 165

Chapter 6 Conclusion 167

6.1 Researcher's Reflection- Final thoughts 168

References 172
Appendix A: Ethical Approval 196
Appendix C: Plain Language Statement 198
Appendix D: Informed Consent Form DUBLIN CITY UNIVERSITY 201
Appendix E: Interview Guide 204
Appendix F Excerpt of Transcript of Analysis of Jude (20pg) 205
Appendix G: Interview 4 Kit - Narrative Summary……..... 247
Appendix H Development of Kit's Themes…… 267
Appendix I: Development of Group Experiential Themes and Narrative…… 255
Appendix J: Tables…… 269

List of Tables

Table 3.1 *Participant Profile and Pseudonyms*……62
Table 3.2 *Gender Neutral Pronouns Explainer* ……...65
Table 3.3 *Example of Initial Explanatory Notes*……...68
Table 3.4 *Table of Personal Experiential Themes (Appendix J)* ……. …..255
Table 3.5 *Sample of GET Development (Appendix J)* ……. ..*257*
Table 3.6 *Prevalence Table for GETS* (*Appendix J)* ……..…….. 260
Table 3.7 *Prevalence of PET themes leading to GETS (Appendix J)*…….. ..*261*
Table 4.1 Summary of GETs and Subthemes…….... *83*
Table 4.2 Researcher's preconceptions and beliefs prior to data collection.....*121*

List of Figures

Figure 3.1 *Process of GET Development in IPA* …….71
Figure 4.1 *Stages of the Pandemic and GETS presented temporally*……..118
Figure 5.1 *Overview of GETS and Subthemes*…….127
Figure 5.2 *Gillies and Niemeyer's model of the reconstruction of meaning……155*

Key Terms Used

The terms online therapy, telepsychology and telepsychotherapy

used interchangeably in this study.

The terms practitioner, clinician and psychotherapist are also used interchangeably.

Abstract

Catriona Marie Brennan

"It was like falling off a cliff": An IPA study of the lived experiences of psychotherapists working online during the COVID-19 pandemic in Ireland

Objective: To explore the lived experience of psychotherapists working online during COVID 19 in Ireland.
Methods: A sample of eight participants were recruited by advertising through professional organisations and social media. Semi-structured interviews via the Zoom platform were used to collect participant accounts of their experience. An IPA approach was used to analyse the data in relation to the phenomenon of working online during the pandemic. This included the researcher making meaning of the participants making meaning of their experiences as well as reflecting on her insider researcher experience of working as a psychotherapist online during the pandemic.
Results: The findings of the study suggest four overarching Group Experiential Themes including, finding a way through the uncertainty, a sense of connection vs disconnection, a sense of loss and isolation and a feeling of surprise that online IT therapy works. The findings of the study are discussed using an existential theoretical lens, drawing on the work of Heidegger and applying Gillies and Neimeyer's theoretical model of reconstruction of meaning in the face of loss, to the pandemic experience of psychotherapists.
Conclusion: Participants' accounts suggest that the experience of working online was both challenging and positive. Working therapeutically online has led to a fresh perspective of online therapy among these practitioners and implications for future policy and practice regarding professional training, and service accessibility have been presented.

Chapter 1 Introduction

1.1 Overview of Research Area and Rationale for this Study

This research study focuses on the experiences of psychotherapists working in the context of the onset, peak and stabilisation of the COVID-19 pandemic in the Republic of Ireland, during the period from February 2020 to February 2022. The catastrophic unfolding of the pandemic provided a rich context for applying the Heideggerian themes of 'everydayness', 'world', 'falling', 'anxiety', 'uncanniness' and 'death' (Heidegger, 1980). Using the related tools of Interpretative Phenomenological Analysis (IPA), I interpreted the pandemic as an extraordinary trigger of existential 'anxiety' and insight, which can be characterised as "like falling off a cliff". As Heidegger explains, "…as Dasein falls", anxiety brings it back from its absorption in the 'world' and this "anxiety as a basic state-of-mind is disclosive" (Heidegger, 1980, p. 233). Through the use of IPA, my aim was to describe and understand the experiences of therapists as they confronted this sense of falling, as they discovered the dissolving world that they had taken for granted prior to the pandemic, and through this the necessity for them to choose to take hold of their uncanny circumstances.

At the onset of the pandemic, the Irish government imposed various unprecedented public health restrictions, which collectively were referred to as the "Lockdown". On March 12, 2020, schools, universities, childcare facilities, and cultural institutions, including all workplaces (with the exception of those deemed as essential), were closed. All large gatherings were banned (Office of the Attorney General, 2020). The first of a series of stay-at-home orders was introduced on March 27, 2020, prohibiting all non-essential travel, limiting social

contact to people within households and requiring people to work from home, where possible (Leahy et al., 2020; Office of the Attorney General, 2020). The elderly and anyone with an underlying health condition that might make them more vulnerable to the virus, were told to "cocoon", meaning they were to stay at home and have all necessary supplies delivered to them. Everyone else was directed to 'social distance' by remaining two meters apart when outside. In addition, people were required to remain within a two-kilometre radius of their homes. The Irish Oireachtas (parliament) passed the Health Preservation and Protection and Other Emergency Measures in the Public Interest Act 2020, giving the government and An Garda Siochana (the guardians of the peace) temporary powers to enforce the restrictions on civil liberty and movement implemented across the country to stop the spread of the virus (Office of the Attorney General, 2020). These measures were taken within a global context in which society wide quarantines were being implemented in a manner that was unprecedented with far-reaching consequences both socially, economically and psychologically for people all over the world (Jurcik et al., 2021).

Initially, many believed the restrictions would be short-lived and life would soon return to normal. However, according to the OECD report, *Health at a Glance 2020* (OECD & European Union, 2020), Ireland experienced the longest and most severe Lockdown in 2020 among OECD countries. The Irish Lockdown involved all public spaces being closed for 120 days during 2020, which was almost double the case for most other European countries. Schools remained closed until the summer break that year and mask-wearing when in public became mandatory. Hospitality, restaurants, and pubs remained closed longer than any country in Europe. In the summer of 2020, there was a short lifting of restrictions,

however, due to a resurgence in rates of infection, they were reintroduced in October 2020. At this time travel restrictions were introduced banning travel outside of restricted zones. In early December 2020, the restrictions were eased, but a peak of infections followed this, and a state-wide Lockdown returned from Christmas Eve 2020. The restrictions profoundly disrupted conventional social interactions, leading to a palpable sense of uncertainty, while the public narrative became dominated by talk of infections and death. All traditional communal grieving customs and rituals were also banned. Testing and contact tracing were also part of the context, whereby anyone with symptoms would be required to undergo polymerase chain reaction (PCR) testing to determine whether they were infected with the SARS Cov2 virus. If infected, they were required to provide the name and contact details of all persons with whom they had contact in the previous few days and then isolate at home for 14 days and until they either recovered themselves or required hospitalisation. Starting in late 2020, the development of vaccines meant that Ireland could commence a mass vaccination programme, starting with those cohorts deemed most at risk, followed by health care workers and subsequently age cohorts starting from eldest to youngest (An Roinn Slainte. Rialtas na hEireann, 2020).

With the roll-out of the vaccination program, fatality and infection rates declined in the early part of 2021. Consequently, many public health restrictions were lifted, except for mandatory mask-wearing and the continuation of wide-scale home working. However, due to the emergence of genetic variants in the virus, notably the Delta and Omicron variants, rates of infections increased again in July 2021, due to the Delta variant ("SARS-CoV-2 Delta Variant," 2022) and very significantly in November 2021 due to the Omicron variant ("SARS-CoV-2

Omicron Variant," 2022). As a result, new government restrictions were instituted in late December 2021. Thereafter rates of infection declined rapidly enabling the government to remove most health restrictions, from February 2022 onwards. At this point, An Roinn Slainte, (the Department of Health) estimated that more than 1.6 million citizens had been infected, resulting in over 8,100 deaths in Ireland (COVID-19 Outbreaks/Clusters in Ireland - Health Protection Surveillance Centre, 2022).

As a public health crisis, the pandemic accentuated the fragility of human life and the contingency of established social conventions. The imposition of public health restrictions and the successive waves of infections over the two-year period of my research, created a context of novelty, turmoil, uncertainty, and anxiety. The extreme and prolonged nature of the Irish Lockdown compared to other European countries made it a particularly interesting context to consider (OECD, 2021; OECD & European Union, 2020). Understanding how therapists in Ireland responded to this unusual and fluid context is critical to determining their ability to continue to support their clients in the face of similar future catastrophes.

1.2 Researcher's Background and Perspectives

I am currently the CEO of an Online Psychology Clinic, operating in Ireland. I am also the Clinical Director of a co-located Psychology Clinic both of which are independent private practices. My experience of working in Ireland in private practice over the past 17 years influenced my interest in researching this area. I am currently a 4th year student on the Doctorate in Psychotherapy at Dublin City University. This research project forms part of the requirements of this degree. Initially, in 2018 I had intended on doing research in the general area of Online

therapy as a new frontier in Psychotherapy. However, with the onset of the COVID pandemic, in March 2020 I regarded this as a unique and important opportunity to understand the experiences of Psychotherapists and Psychologists more deeply in this unprecedented context. The emergency provided an environment in which every community member was immersed and impacted by the events of the time. This included the professional psychotherapy community. I had worked in online therapy for 5 years prior to the Pandemic and had already established a specialist online therapy clinic using remote video conferencing technology. Pre-pandemic, I believed in the significant potential and efficacy of delivering therapy online. I saw it as a future frontier of psychology and a way that psychology could become more accessible to many more people, by breaking down some of the barriers to accessing therapy in Ireland. The Pandemic heightened my interest as I observed anecdotally how, overnight, the lion's share of private practice psychotherapy moved to online, and then remained there for an extended length of time. This circumstance offered an opportunity for reflexive research, and I hoped to capture the experience of therapists living and working through this time, in my thesis.

I am interested in the experience of psychotherapists since they were largely "thrown", into the circumstance of working this way with no other option, but to make it work or cease practicing. The value of documenting the experience of individual psychotherapists lies in the opportunity to initiate a hermeneutic engagement and delve into their experiences to get closer "to the thing itself" (Husserl, 1983). The value of IPA is that it provides an opportunity for delving deeply and allows for exploration on a qualitative level of what it was like to live through this emergency while still providing support and stability to others

throughout this time. In addition, the findings of this study have implications for future circumstances when psychotherapists may face distance requirements should public health restrictions apply again.

This research is timely and highly relevant since the context within which it takes place is co-occurring at this time and is an ongoing challenge to us all. Online therapy using video conferencing technology has been part of a global response to the Pandemic. The use of communications technology enabled continuity of care for people with mental health support needs. Online therapy solved the problem by offering an alternative when it was no longer possible to provide in-person clinics during the public health restrictions. Understanding and learning from the experience of therapists who were in the frontline during this time is a particularly important exercise. In my view, it is important to learn from this experience as it is likely to be a dress rehearsal for similar future challenges that we may face as therapists and as a society.

My research explored the experiences of psychotherapists living and working online through the COVID-19 Pandemic in Ireland. In what follows, I briefly review the body of literature that forms the background to this research. The world of "online therapy" is the broad research area and, more specifically, therapists' experience of it within the context of a global pandemic. For the purpose of this thesis, online therapy is defined as psychotherapy delivered by psychotherapists or psychologists from their homes, using the internet as a medium for synchronous delivery, using video conferencing technology (VCT). Their clients, although not the subjects of this study it should be noted were also remote, however in some cases, they were not located in their homes due to lack of privacy and may have been creative about how they engaged with their

therapist, such as calling from their car or from a park, going for a walk for example.

Advancements in technology, specifically the mainstreaming of the internet in the last 20 years, and more recently the mobile smart phone, has had and will continue to have radical and disruptive implications for the way human beings communicate and interact across the world, transcending borders, language, and cultures (Pew Research Center, 2019). These technological developments have effectively transformed how we live by extending the workday and expanding the geolocation of the workplace for many people. Technology has also blurred the traditional boundaries between work and home by making it possible to work from home, on a computer or mobile phone device during the pandemic (Alipour et al., 2021; Bolisani et al., 2020). Moreover, vast improvements in communication infrastructure and technologies over the past 50 years have made it possible for remote, physically distanced relationships to be developed and maintained. Thus, when the COVID-19 Pandemic developed in early 2020, the developed world was in an advantageous position to implement health restrictions involving reduced travel, physical distancing and sheltering in place, than it would have been even a decade previously. During the past decade, developed countries, such as Ireland have experienced a radical and exponential change in technology usage and in how citizens interact with technology. By 2019, the Central Statistics Office (Statistics Households, 2019) estimated that over 90% of Irish households had internet access. Technology today is far more converged and integrated into our lives than it was a decade ago. It challenges our traditional ways of living, from how and when we communicate with others to how we see ourselves (Nielsen, 2017).

Over the past decade, psychotherapy research in online therapy has concentrated on efficacy and, more recently, incorporated a process and input focus. The importance of my research, however, is that there are no studies to date that provide a qualitative and in-depth exploration of psychotherapists' experience of the phenomenon of working as a psychotherapist online, within the context of the Pandemic, in Ireland. Therapists have been noted as gatekeepers in other studies (Topooco et al., 2017) to the broad rollout of online therapy provision before the Pandemic, despite many decades of cumulative evidence for the efficacy of Online therapy (Backhaus et al., 2012; Barak et al., 2008; Rees & Maclaine, 2015) with psychotherapists expressing lack of faith in the efficacy of this mode of therapy delivery (Aafjes-van Doorn et al., 2020). Therefore, I regard the Pandemic as a unique opportunity to analyse and understand therapists lived experience of being compelled by virtue of circumstance, to work online at the onset of the Pandemic (Aafjes-van Doorn et al., 2020) and through successive waves of infection which culminated in a stabilisation phase in around early 2022.

Through the analysis of participants' accounts of their experience, I have developed an in-depth understanding of the experience of psychotherapists who found themselves rapidly moving their co-located therapeutic practice, to a remote online environment in the face of the challenging circumstances of restricted movement and severe population-wide restrictions. It is important to hear the voices of those who were at the coal face of supporting others during the health crisis. My research suggests that rich lessons can be learned by uncovering the experience of these professionals who were pioneering into a largely unpracticed and unexplored arena of work in the Irish context.

In the future, online therapy will likely be an important part of ensuring that populations have improved access to care and support; lessons must be learned from the COVID-19 experience (Hutchins et al, 2020). Therefore, understanding the lived experience of psychotherapists during the pandemic is a first step to influencing the development of professional standards based on the experiences of those who have worked through this traumatic period of global emergency.

The literature shows that despite two decades of research (Backhaus et al., 2012; Barak et al., 2008; Rees & Maclaine, 2015) and increasing evidence for the efficacy and equivalence of video conferencing therapy (Batastini et al., 2021; Batastini & Morgan, 2016) there has been low uptake of VCT in routine therapy delivery prior to the Pandemic in Europe (Mendes-Santos et al., 2020). Stakeholder research also indicated long-standing resistance to using online methods for therapy (Topooco et al., 2017) before the global COVID-19 pandemic. Topooco et al.'s (2017) study focused on e- mental health treatment methods aimed at adapting face-to-face treatments to provide computerised self-help either with or without a therapist's assistance. The limitation of this study, however, is that it does not consider attitudes towards the therapeutic use of VCT technology or its potential for improving access to mental health support.

Understanding therapists' needs and experience in this area has important policy implications for issues such as supporting access to psychotherapy, in remote locations. The social context which included the public health restrictions, which arose due to the Pandemic has provided an opportunity to uncover practitioners' meaning making of their working reality. My research entailed

capturing self-reported experiences of working as a therapist during the emergency from home and online.

1.3 Research Aims and Objectives

The aim of my research was to uncover the meaning that psychotherapists attributed to their experiences of working online through the Covid-19 Pandemic in Ireland. My intention was to produce specific insights into the nature of the experiences of therapists working under exceptionally difficult conditions to support their clients in the face of the existential threat posed by a major global pandemic. Insights from this study may contribute to the body of knowledge for informing the policy debate on the future practice of online or blended psychotherapy in Ireland, by exploring therapists' lived experiences of providing remote support during the COVID-19 Pandemic.

The insights gained from an in-depth exploration of the lived experience of psychotherapist offers the opportunity to usefully inform future research and policy responses for similar circumstances where socially distanced communication may be required. This study is based on idiosyncratic, self-reported recollection and is therefore inductive in that it builds on the participants' experiences as a means of getting to the essence of the phenomenon. Given that the subject matter of my research is the meaning applied by therapists to their experience, my aim is not to prove a preconceived theory or construct a statistical model as a basis for analysis.

I am not aware of any studies exploring in depth the experience and perspectives of therapists using online VCT in an Irish context either prior to or since the Pandemic. This study will fill this gap by providing insight into the lived experience of psychotherapy practitioners working in the Irish context on their use

of VCT therapeutically in response to COVID- 19 and the perceptions and attitudes that prevail among practitioners towards the ongoing use of VCT for psychotherapy.

1.4 Methodology

Interpretative Phenomenological Analysis (Nizza et al., 2021; Smith et al., 2009) was selected as a suitable and relevant methodology to respond to the research question of what it was like for psychotherapists to adapt to the circumstances presented by the COVID-19 Pandemic and to the transition to working online. The IPA methodology is informed by the principles of idiography, hermeneutics and phenomenology which enables an in-depth analysis of the participant's experience by dwelling on and uncovering what it was like for them in their world, to experience the phenomenon in question.

Eight psychotherapists were interviewed in relation to their experience of working online during the COVID-19 pandemic in Ireland, using semi-structured interviews using the Zoom online platform. The interviews were recorded and transcribed verbatim and analysed. In accordance with the IPA research procedure, (Nizza et al., 2021; Smith et al., 2009), a rigorous analysis process led to the findings of the study, which have been interpreted in this thesis. An IPA methodology was used which meant that throughout this process the researcher engaged in the double hermeneutic spiral (Shinebourne, 2011) of dwelling deeply with and into the experiences and meaning making of therapists, making meaning of their experience as therapists, making meaning of their clients' experience during the emergency. I invite the reader to take this meaning-making journey with us acknowledging that the reader will also have an additional interpretative layer to add to this process.

1.5 Outline of this thesis

In this chapter, I introduced my thesis and provided a summary of the context, aims and objectives and rationale for the study. I have also briefly described the methodology I used in my research and my reflection on the value of the research findings. An outline of the thesis is summarised below.

Chapter 2 reviews the literature that sets up the study contextually in the world in which it is located. This chapter provides a historical background of the research on online therapy, and also explores psychotherapists working during disasters in shared trauma situations with their clients. The theoretical model that has been used in the research to understand how therapists make meaning from their work and how people cope with trauma is presented. My reflection as researcher is offered.

Chapter 3 restates the aims and objectives of this research and presents the argument for the choice of IPA as the chosen methodology to answer the related research questions. This chapter locates the methodology of IPA within its philosophical underpinnings and discusses the project's design and ethical considerations of the work. My reflection is also provided.

Chapter 4 presents the findings from the cross-case analysis of the 8 cases, forming the basis for this research study. These are presented within a temporal framework and using Group Experiential Themes (GET) and sub themes for the GETs are nested within each. The findings are offered in a way that privileges the voice of the participants using direct quotes and with initial interpretation from the author. In conclusion, I offer a reflection on the data analytic process.

Chapter 5 is the discussion of the findings, providing a summary of the main aspects of the study and an interpretation of the key findings. Here I recap

the research aims and rationale set out the key findings and then provide an interpretation and discussion of these within the context of the relevant extant literature. Consistent with IPA's theoretical alignment with Heidegger's hermeneutic phenomenology, I adopted the double hermeneutic, endeavouring to make sense of participants' attempts to make sense of their experiences. In doing this, throughout my interpretation of the participant's accounts, I have focused on "bringing to light that which remains partly hidden" (Nizza et al., 2021, p.15). A critical appraisal of the study has also been included and implications of the study for both future research and practice has also been presented. The chapter concludes with a personal reflection on my study.

Chapter 6 is the final chapter and is the conclusion of the study. It offers some insights and ideas regarding future research, policy and practice implications of this research.

1.6 Researcher's Reflection

Initially, when I began thinking about my research in 2019 my interest in online therapy arose out of a need that had arisen in my own practice as a therapist. An employee was moving away and wished to continue working with our team. We had discussed the possibility of remote working and then decided to investigate this earnestly. When we first investigated it, I could see so many applications and the potential to provide access to clients who traditionally may not have had access to psychotherapy and so initially this is what motivated me to explore the many aspects of online working. The focus at that point was on establishing whether there was an evidence base for effective online therapeutic practice and what the ethical, operational, and legal considerations were to operate a telepsychology practice in Ireland.

Based on our investigations, we were convinced that there was enough of an evidence base for us to become one of the first to establish a fully online telepsychology clinic in Ireland. However, 2 years into my doctoral programme, the Pandemic suddenly hit, and what had been a rare outlier experience among Irish therapists became mainstreamed virtually overnight.

Living through the stress of the pandemic experience myself and working as a psychotherapist online at this point motivated me to capture the unique experience of the time. I became very interested in what it was like for other therapists living through the traumatic experience of the COVID-19 Pandemic while also continuing to provide holding and containment via online therapy for their clients. I knew from my anecdotal experience prior to the Pandemic, that most people, who did not have an experience of working therapeutically online, either as a client or practitioner, perceived online therapy as inferior to in-person working. I was curious about how psychotherapists would make meaning of this experience. I believed that it was important to capture the voices of therapists and explore in depth the existential challenges presented by the Pandemic. I thought it would be useful to find a practical methodology that would allow me to understand therapists' meaning making in the face of a life challenge they shared with their clients and how this may influence their experience. I was also curious about how this may affect their intentions related to working online in the future.

Chapter 2 Literature Review

The following chapter provides an overview of the literature in the area of online therapy and provides the background to my research on therapists' experiences of working online during the Pandemic. This chapter also sets the empirical and theoretical scene for the IPA study that follows. I begin by introducing a summary of the research area and key concepts which are relevant to my study, including an overview of the historical and current literature relating to telepsychiatry, telepsychology and online therapy. These terms are used interchangeably in the literature.

This overview is followed by a review of the recent research on mental health service providers' attitudes towards working online during the recent COVID-19 Pandemic. The topic area of shared traumatic experience of clients and therapists is also discussed. Understanding personal experiences of loss and disasters provides further context for the interpretation of my research findings.

2.1 Literature search strategy

While this is an IPA study which is inductive and guided by dwelling in and uncovering the lived experience of the participants; the background reading which informed the broad research topic was guided by the following literature search strategy. The studies included in the literature review were found using the following online databases, EBSCOHOST, Psychinfo, Pubmed, Pscyharticles as well as Google Scholar. A sample of the search terms used included "online therapy", "teletherapy", "telepsychology", "telepsychiatry", "online counselling", "video therapy", "shared trauma", "Covid- 19 and online therapy", "psychotherapists attitudes and working online". A mixture of qualitative and

quantitative studies from peer-reviewed journals form the basis for the literature review that follows. Relevant empirical studies were considered, and references were also taken from the bibliographies of studies to further pursue the important concepts.

2.2 Conceptualising Online Therapy

In the literature reviewed as part of my research, online therapy refers to a range of technological mediums through which psychotherapists work with their clients to provide mental health support. A non-exhaustive list of terms used to refer to online therapy, includes internet therapy, tele psychotherapy, mhealth, etherapy, online counselling and video therapy, computer-mediated counselling CMC, ICBT Internet-based cognitive behavioural therapy, to name a few (Cavanagh & Millings, 2013; Harrison et al., 2011). My review of the relevant literature indicates that the debate continues about defining the boundaries of online therapy. Online therapy is often included within broader terms which imply differing practices and therapeutic or non- therapeutic aims. For instance, within the American Psychological Association (APA), Guidelines for the Practice of Telepsychology, they define telepsychology as;

> …the provision of psychological services using telecommunication technologies…(which) include but are not limited to telephone, mobile devices, interactive videoconferencing, email, chat, text, and Internet (e.g., self-help websites, blogs, and social media). The information that is transmitted may be in writing, or include images, sounds or other data. These communications may be synchronous with multiple parties communicating in real time (e.g. interactive videoconferencing,

> telephone) or asynchronous (e.g. email, online bulletin boards, storing and forwarding information) (APA, 2013, p792).

The ambiguity of defining the area makes research especially challenging in that different media and associated practices and experiences and are likely to give rise to differing outcomes. My study focused on the interactive, synchronous, videoconferencing-based mental health services or "telemental health" as described by the official APA and ATA policy guidelines (Shore et al., 2018). This excludes the use of all other technology mostly used asynchronously in the process of therapy, such as email, e-health records, online chat, mobile apps, social networks to name a few.

In my research, I use the term "online therapy" to refer to synchronous, interactive videoconferencing applied for the purposes of engaging in a psychotherapeutic process where client and psychotherapist are not in the same physical location.

2.3 Historical Development of Online Therapy

Since the 1960s, there has been an increase in the establishment of crisis telephone hotlines in Europe alongside the delivery of a plethora of many forms of face-to-face, individual and group therapy (Brenes et al., 2015). In Ireland the number of mental health services (Mental Health Supports and Services, 2022) providing free helplines, with their primary form of delivery via the telephone, has grown exponentially over the past 30 years. This development is in line with the demand for services, but also mirrors the evidence in the literature which shows that telephonic mental health service delivery is effective (Aboujaoude, 2017; Brenes et al., 2015; Slone et al., 2012).

Telephone counselling is at the root of online therapy and has paved the way for internet-based video conferencing therapies to develop and be delivered (Rees & Maclaine, 2015). The literature confirms that telephone-based therapeutic delivery has produced equivalent outcomes when compared with the traditional Face to Face therapy model of delivery (Brenes et al., 2012, 2015; Reese et al., 2002)

A historic effectiveness study of a non-random sample of n=186 client participants found that most clients found telephone counselling to be helpful for global and specific improvements. Respondents in this latter study also rated their experience of the telephone counselling relationship and interpersonal influence as being equivalent to face-to-face counselling (Reese et al., 2002). A central weakness of this and other effectiveness studies is that, while they provide insight into how therapy is practiced in the live environment, there are validity difficulties since the researchers do not control how the counselling itself is performed (Shean, 2012).

The tendency for selection bias due to non-random sampling, the lack of a control group and the fact that there were many of those in this study sample who had not completed therapy previously are additional limitations to this and other effectiveness studies as opposed to efficacy-type studies. Notwithstanding the limitations of such studies, the results of the aforementioned effectiveness study by Reese et al (2002) are backed up by further meta-analytic work, which has argued that telehealth interventions, more generally including video conferencing, internet format and telephone, are as effective when compared with traditional forms of face-to-face therapy (Barak et al., 2008; Slone et al., 2012).

To provide insights into the wide range of Online Therapy research, I have categorised the relevant studies into three main types. These included studies investigating (i) outcomes which included both effectiveness or efficacy studies and (ii.) those that are interested in process variables, such as therapeutic alliance, those which considered (iii.) input variables, such as attitudes and perceptions of online therapy (Rochlen et al., 2004). I found this to be a useful framework for distinguishing between prior research and for identifying applicable information for my own research on Online Therapy in a pandemic context. In the following sections I group the research and findings accordingly and provide a critique of the studies within each type. This allows me to situate my use of the IPA methodology as an approach to understanding the lived experience of psychotherapists working online during the Pandemic within the current and historical evidence base to date.

2.3.1 Online Therapy: Outcome Research

The body of evidence available in outcomes research is vast and has been growing for over two decades. As far back as 2008, Barak and colleagues conducted a metanalysis of 92 studies which included 9,764 clients. This review was an important milestone in affirming the validity of online therapy delivery. Barak et al (2008) considered the effectiveness of various forms of online therapy, comparing these to findings on face-to- face therapy effectiveness. In general, the review found that the overall mean weighted effect size for this group of 92 studies of internet-based psychological interventions was 0.53, which is very close to the average effect size of face-to-face interventions (Barak et al., 2008). Of the 92 studies reviewed by Barak and colleagues, 14 studies included a

comparison between face-to-face therapy and internet-delivered therapy; there were no significant differences in effect size in these comparisons.

A significant limitation of this and other reviews, however, is the ambiguity of the term ‘online therapy’ (Smith et al., 2022). The Barak review included all empirical articles published on online therapy up to 2006 (Barak et al., 2008). In addition, the meta-analysis included studies of either web-based interventions or those that were referred to as etherapy, which involved a therapist's synchronous or asynchronous involvement in the provision of therapy. Thus, one of the major limitations of the Barak review is that the studies within the sample set included online interventions as well as online therapy, presenting difficulties in generalising the findings from it.

A further limitation of the Barak et al (2008) study was that only 16 studies of the 92 studies within the meta-analysis, specifically considered one-to-one therapy. The majority of these were based on email (7) and chat (9) and the effect sizes for these was 0.51 and 0.53, respectively (Hanley, 2009). Additionally, it focused only on the technical approaches to therapy and completely ignored any other approaches to therapy, such as process experiential or person-centred or psychodynamic; the only therapy researched was CBT or behavioural therapy or psychoeducation (Smith et al., 2022).

In 2013 Osenbach and colleagues also concluded that there is no statistically significant difference between the efficacy of face-to-face or telehealth modes of delivery of psychotherapy for the treatment of depression (Osenbach et al., 2013). However, in their review of the literature, one secondary analysis of RCT trial data provided a question mark regarding the efficacy of video conferencing for the delivery of care to individuals at home. Their study

suggests that while video conferencing does offer opportunities through improved access in many cases, it may not be suitable for all individuals. The authors suggested that symptom level, comorbidities, and age must be considered when determining whether this mode of therapy is clinically appropriate (Smolenski et al., 2017).

However, a random controlled trial (RCT) study conducted by Egede et al, (2015) found that there was no significant difference between the effects of the same room treatment and treatment via videoconference for older adults with major depression, using the main outcome measurement tools of the Geriatric Depression Scale and the Becks Depression Inventory. The outcome assessors were blind to the treatment condition of the patients (Egede et al., 2015). Egede et al., (2015) found in this randomised, controlled, open-label, non-inferiority trial, in which veterans were recruited, that psychotherapy delivered online for major depression for older adults was not inferior to same-room treatment. Their study showed that home-based telemedicine is a viable means of delivering psychotherapy.

Other empirical research supporting the validity of equivalent treatment outcomes to face-to-face therapy includes RCTs with reasonable evidence for the efficacy of VCT, such as those conducted by Acierno et al., (2016) and Yuen et al., (2015) found in their study of veterans n=52 that there was significant symptom reduction for PTSD, depression, and anxiety in both in-the-clinic and home-based telehealth conditions (Yuen et al., 2015). Similarly, Acierno et al (2016) RCT study of veterans n= 232 with a diagnosis of PTSD, using repeated measures (i.e., baseline, post- treatment, 3-, 6-month follow-up) found that symptom improvement for PTSD and major depression was equivalent when

treatment was delivered through home-based teletherapy compared to in-person in-clinic delivery. The study concluded that home- based teletherapy can be effectively used for the delivery of evidence-based therapies for PTSD and major depression (Acierno et al., 2016)

The strength of these studies (Acierno et al., 2016; Egede et al., 2015; Yuen et al., 2015) lies in their methodological rigour and the consequential lower risk of bias that this creates. For instance, all of these studies include a control and are blind, in that the assessors were unaware of the treatment condition of the participants. In addition, participants were randomly assigned to treatment condition or control condition.

The Rees and Maclaine (2015) review focused on video conference as the treatment mode and identified 20 empirical studies to include in the metanalysis, which included 613 participants. Of the studies reviewed, 50% were controlled. Most of the studies concentrated on PTSD n=10 and OCD n=5 and the remainder were panic, anxiety depression and social anxiety. They concluded that while there is a strong and growing evidence base for the efficacy of video therapy for the treatment of anxiety disorders, the majority of studies have focused on PTSD. More research is required to build the case for other specific mental health challenges, including generalised anxiety disorder.

Nevertheless, there does still seem to be support through numerous controlled studies for the efficacy of internet therapy in general (Backhaus et al., 2012) covering depression and anxiety (Ebert, Zarski, et al., 2015), OCD (Herbst et al., 2012), across the life span (Storch et al., 2011). An RCT study by Ebert et al, (2015) compared videoconferencing methods with CBT in a clinic in the treatment of children with OCD. The study showed that both the VCT and the

clinic condition showed positive results across retention, alliance and satisfaction and symptom reduction; these outcomes were also maintained at follow up. The therapeutic alliance was also strong for mothers and therapists and mothers indicated strong satisfaction with the service. In a separate study by Hedman et al (2011) this RCT trial compared internet-based CBT (12week sessions) with a control condition. This study was to determine the efficacy of ICBT with patients with a diagnosis of hypochondriasis. The study used the outcome measure of the Health Anxiety Inventory pre-and post-treatment and at 6-month follow-up. The results showed marked improvement among the treatment group compared to the control group suggesting that ICBT is a possible option for increasing accessibility of CBT to sufferers of hypochondriasis.

A systematic review of the literature, which incorporated a comparison between studies of therapist-guided ICBT and face-to-face therapy, revealed that overall there are equivalent effects between these two modes of therapy (Andersson et al., 2014). This is consistent with prior metanalytic reviews undertaken in the area, suggesting that the evidence for the effectiveness of online therapy is strong (Barak et al., 2008; Osenbach et al., 2013). However, in the above examples, it is not possible to generalise from these reviews due to the heterogeneity of the treatments compared as well as the heterogeneity of the methodologies of the studies. Furthermore, it is not possible to definitively generalise the findings to all forms of psychotherapy, as the majority of the studies investigate the efficacy of more technical (CBT) applications to therapy, rather than relationally based therapies such as person-centred or process-experience therapies (Hanley, 2009). It should also be noted that Varker et al., (2018) provide an alternative argument distinguishing carefully between different

types of online therapy delivery. They suggest that while the evidence in support of telephone and video conference-based therapy is strong; the evidence in favour of text-based treatments is not as strong and therefore the effectiveness of this form of online therapy remains unknown (Varker et al., 2018).

In a recent systematic review of the research regarding online therapy, (Hubley et al., 2016) identified 452 studies which met the criteria for inclusion. Hubley et al., (2016) point out that there is strong evidence supporting the use of telepsychiatry defined as using videoconferencing technology to deliver mental health therapy. According to this review both professionals and their patients were largely satisfied with telepsychiatry services. However, professionals were more concerned than their patients with the possibility of disrupting the therapeutic relationship. Hubley et al (2016) argue that the body of evidence from the studies reviewed, when considered together, supports the use of telepsychiatry more broadly since telepsychiatry is comparable to in-person sessions for clinical assessments and treatment outcomes.

As the above demonstrates there is strong quantitative research evidence for the effectiveness of online therapy as well as the potential for creating a therapeutic alliance. Despite this evidence prior to the pandemic, there was slow uptake of online therapy services, globally by both clients and practitioners (Apolinário-Hagen, Vehreschild, et al., 2017a; Knechtel & Erickson, 2021). So, on the one hand, there appeared to be research-based evidence for the efficacy of online therapy both in the synchronous and asynchronous format; however, there remained a disconnect between that evidence and the reality of people being comfortable using these services to access therapy. While practitioners' perceptions may have been generally positive or some cases neutral, there was

some evidence to suggest that clients still preferred face to face over online alternatives (Blackman et al., 2017; Deen et al., 2013; Musiat et al., 2014).

While there is wide quantitative evidence in the area, less has been said at the qualitative level about the experience of working online and more especially in an emergency context, such as presented by the pandemic. COVID-19 resulted in a global-wide disruption of therapy as usual and suddenly made online therapy a necessity. This raises the question of how psychotherapists dealt with the shift to working online, what this was like for them and how this experience was situated in the world of psychotherapy during the pandemic.

2.3.2 COVID-19 and the Mainstreaming of Online therapy

In March 2020, the world changed for most people virtually overnight as the news of a global pandemic which threatened the lives of millions of people broke across the world (Cereda et al., 2021; Giuffrida, 2020; World Health Organisation, 2020). Psychotherapists were thrown into circumstances where the only option for continuity of care for their clients was to provide some kind of technology-facilitated therapy (Ledesma & Fernandez, 2022; MacMullin et al., 2020; Shklarski et al., 2021a, 2021b; Shore et al., 2020; Torous & Wykes, 2020) Evidence of the level of confidence amongst the broader professional psychological community in the area of online therapy research can be found in the rapid responses of professional bodies internationally. Insurance companies and regulators moved rapidly to sanction and make it possible for providers to practice legally, with insurance and to be reimbursed during the Pandemic. In the US, for example, the US government made it possible for practitioners to practice across state lines, which was illegal prior to the pandemic. These changes were made possible by the large body of accumulated evidence endorsing online

therapy's efficacy (Torous & Wykes, 2020). In Ireland professional bodies and insurance companies also moved quickly in response to the Pandemic to provide guidelines for their members regarding working online (IACP, 2020; PSI, 2020). To maintain the gains beyond the Pandemic, however, Torous and Wykes, (2020) argue the following,

> …for telehealth and digital health to thrive and not follow the cycle of interest and then abandonment seen after previous disasters, there is a need for agreements on payment and supportive regulation. In the UK, the Improving Access to Psychological Therapies service was written into national guidance and funding. In the US, there is temporarily payment parity for treating certain patients on government-backed insurance plans, which increased access to care overnight. After the immediate crisis, offering data on its cost-effectiveness will be critical to lobby for permanent payment parity and the need for private insurance to follow (p.1206).

However, notwithstanding the support that online therapy has gained during the Pandemic, there are still some concerns which were raised by Smith et al (2022) who argue that the pre-pandemic evidence base may not be generalisable in the pandemic context since many of the studies were undertaken in controlled environments with manualised CBT therapies used, and on very specific sample populations. They question therefore whether the findings can be extended beyond these populations. They argue that this is not how online therapy is used in the real world of therapy, particularly during the Pandemic, which has required both clients and therapists to engage in therapy, often from their respective homes (Smith et al., 2022). This highlights the need for more extensive research into the

experience of therapists and clients during the Pandemic and the current study contributes to this. This building up of qualitative evidence is important since the voices of psychotherapists who have lived through this traumatic experience need to be documented to capture the learning and help shape future responses to similar circumstances. The current study is concerned with this lived experience.

2.3.3 Online Therapy: Process Research on Therapeutic Alliance

A key research concern has been to consider whether the same factors which influence therapeutic outcomes in the real-time face-to-face condition are at play in the interactive videoconferencing environment. In relation to synchronous teletherapy, which includes counselling using video conferencing platforms as well as text-based therapy in real-time, the existing evidence in the research suggests that it is possible to achieve satisfactory levels of therapeutic alliance and consequently positive satisfaction outcomes from clients (Ebert et al., 2015; Herbst et al., 2012; Himle et al., 2012; Vogel et al., 2014).

As far back as the beginning of this century, Simpson (2001) found that video conferencing, as a means of delivery, provides a therapeutic relationship between clients and their therapists. In this study, both the client and the therapist reported acceptable levels of satisfaction with therapy delivered using video conferencing technology (Simpson, 2001). However, this study was a pilot study with a relatively small sample n=10; therefore, it is impossible to generalise from the results. A different study by Day and Schneider (2002) compared different modes of delivering therapy, including face-to- face, 2-way audio and real-time video conference calls. This study found that the differences between treatment modes were negligible for a sample of 80 randomly assigned participants. The study focused on process and outcome and found more similarities than

differences across the treatment modes. This study showed that mode was not a determinant of alliance building and that it was possible to build an effective therapeutic alliance regardless of the mode. There were also encouraging clinical differences comparing the three treatment mode groups with the untreated control group in the study, suggesting that all three modes were clinically valuable in this study (Day & Schneider, 2002).

In another study with prisoners, researchers also found evidence for effective therapeutic alliance using video conference as a mode of therapy delivery. Researchers found no difference between clients' perceptions of the quality of the therapeutic alliance for those in the online therapy group versus those who met with their therapist in person. This study also found that users who experienced tele psychotherapy were generally satisfied with the telepsychology service option (Morgan et al., 2008). These examples, refer to conditions with the therapist and client both simultaneously present online and relating in real time. In a recent study comparing the impact of teletherapy on the working alliance against the alliance experience in traditional in-person therapy, the findings were optimistic (Watts et al., 2020). The research agreed with previous studies that found that tele psychotherapy did not have a negative effect on the development of a therapeutic relationship, but rather appeared to positively affect rapport. In this study for the treatment of Generalised Anxiety Disorder, clients reported a more robust working alliance working via videoconference than those who attended in-person sessions (Watts et al., 2020).

Spek et al (2007) also provides some evidence in his review of the literature, suggesting that the less therapeutic contact between client and therapist via real-time video conferencing, telephone or email or chat, the higher the

dropout rate and the less the effects. In their metanalysis, Spek et al (2007) also associated human support, albeit online, with effect size. One limitation to the strength of the argument regarding the potential for therapeutic alliance building using online therapy, is that although there is evidence in favour of online therapy and its potential; the research is generally quantitative and based on CBT research. Therefore, there are gaps in the depth of experiential insights that can be drawn from the research, and it does not provide the case for other approaches to therapy that may be more process based or analytic.

Nevertheless, a compelling sign of confidence in online therapy was demonstrated by the US the Department of Veteran Affairs and Department of Defense in 2017, when they recommended the use of clinical videoconferencing technology to deliver all psychotherapies with an evidence base in the in-person context. The rationale for this was that there is sufficient evidence from RCT trials over the past number of decades indicating that individual or group psychotherapy for PTSD online is as effective as in-person delivery of the same treatment (Rosen et al., 2020).

This in combination with the argument that across different modalities, there is little evidence to show that the approach to therapy is material in the outcome, but rather that common factors, account for positive outcomes. This is in line with the dodo effect argument (Rosenzweig, 1936), which argues that it is the aspects of therapy that are the same which lead to positive outcomes for clients and not the technical differences in approach. Supporters of the common factors theory have gone further to identify the therapeutic relationship as one of these common factors involved in therapeutic change (Hubble et al., 1999). Thus, once this relationship can be established, be it remotely online or co-located in

person, this is what is important for successful therapy outcomes. Therefore, even though most of the RCT trials have involved CBT, hey go on to argue that there is no reason to believe that this would be different using other approaches to therapy since therapeutic alliance matters more than the approach taken (Rosen, et al., 2020).

The Pandemic has provided a further opportunity for a natural experiment to evaluate this, since globally, videoconferencing technology use among mental health professionals was rapidly mainstreamed for a significant number of months and in some cases, years. Additional research to evaluate all the various data generated during this period is necessary. Millions of clients and therapists across the world have now experienced online therapy, and different therapeutic approaches have been used with online therapy across the globe. This collective experience has the potential to illuminate our understanding of online therapy and therapeutic alliance, but also more deeply of therapists' experience of the therapeutic alliance and what it is like to be practicing online therapy during an emergency. This experience was the focus of the current study.

2.3.4 Online Therapy: Client user Attitudes towards Online Therapy

The following section considers attitudes towards online therapy and the uptake of this mode of therapy delivery. As technology develops and improves, attitudes towards the use of technology have and are continuing to change. It is important to pay attention to attitudes towards behaviour such as online therapy since attitudes may influence the efficient use of the technology in the long term (Apolinário-Hagen et al., 2018). Before the Pandemic and over the past two decades, there did not seem to be much change in people's attitudes expressed towards online therapy. A consistent theme in the research indicated a preference

for face-to-face options, particularly where research participants had no online experience of counselling (Rochlen et al., 2004).

The more recent literature is mixed. Some studies agree and indicate that, people generally report negative perceptions of internet-facilitated therapy without having had an experience using the technology (Dunstan & Tooth, 2012; Shepler et al.,2016). However, in a recent systematic review by Connolly et al., (2020) they report mostly positive attitudes from practitioners to the idea of using videoconferencing as a means to deliver therapy. There is a caveat though that some studies found that those with less experience were inclined to negatively evaluate videoconferencing as a means of delivering therapy. However, some of the issues noted to improve with the experience of using the technology included changes in interest, less suspicion, improved comfort level and ease of use of the technology (Connolly et al., 2020).

There are indications that actual acceptability levels of online therapy are higher when users have access to remote online support (Berry et al., 2016). This systematic review concluded that there was an argument for measuring both hypothetical and actual acceptability of users to mhealth interventions to establish whether, once clients have experienced such interventions, their attitudes change. This view is shared by Musiat et al (2014) in their study on attitudes regarding mhealth interventions, who found that current and potential users of computer-mediated supports do not share the same enthusiasm (Musiat et al., 2014). They also argue that if users perceive an intervention as potentially helpful, this seems to be an influencing factor increasing the chance that they will use it. The above suggests that positive experience or knowledge of efficacy influences the adoption of new technologies for therapy.

A study published in the United States of America in 2013 agrees; this study found patients were reluctant to take up tele psychotherapy options, even when the barriers to uptake, such as cost and location, were removed (Deen et al., 2013). However, the study also found that those who did engage with at least one session generally engaged for more sessions after that initial session. This suggests that once clients have even a limited experience of online therapy, they can get past the attitudinal barrier, they may have about online therapy. In other words, their actual experience is different and more positive than what they initially anticipate (Deen et al., 2013). In this study, patients diagnosed with depression from a Primary Care setting (n=179) were offered free tele psychotherapy after being randomly assigned to telemedicine collaborative care or a control group. Although there was a 76% acceptance rate of the referral for tele psychotherapy, only 38% of these patients made an appointment to attend a tele psychotherapy session. In addition, only 17% kept their appointment and attended 1 session and 8 % engaged in tele psychotherapy via video for more than one session. In this study the use of tele psychotherapy was associated with perceived need on the part of patients. A limitation of this study was the low uptake of clients. The sample was small; however, only 16% of those in the original sample engaged in tele psychotherapy. The authors acknowledged that even when barriers such as cost, and location were removed there was a seeming reluctance to engage in therapy online.

A study in Germany supports this reluctance theory. The results of a study by Apolinario- Hagen et al., (2017) in Germany, on attitudes towards online psychotherapy in Germany and Europe, indicates that there are negative perceptions in the general population regarding online therapy. These negative

perceptions include that online therapy is inferior to face-to-face therapy (Apolinário-Hagen, Kemper, et al., 2017; Apolinário-Hagen, Vehreschild, et al., 2017b).

Participants in a survey by Carper et al (2013) also indicated slightly negative perceptions and low intentions to use computer-based psychological treatments in the future. These authors suggest that one of the main reasons for low intentions for future use is the low levels of observability in this sample. In other words, it is the low visibility in sample participants' lives, that matters. For example, when individuals see others are not making use of this type of service, and also observe low levels of knowledge about what services are available and what is involved in accessing such services, that influences future intentions for uptake.

As with the study conducted by Deen et al (2013), the limitations of this study by Carper et al (2013), included that the sample was a convenience sample made up of patients already seeking treatment from a local clinic. Such a convenience sample would preclude the perceptions of people from the study who do not have local access to mental health services. Also, this study was a web survey, and therefore the data is limited to the perceptions of those who already have access to and knowledge of the internet and technology. Thus, the generalisability of the findings is in question. This study does, however, provide preliminary data which is useful for practitioners in thinking about how to market online therapy to the population of people already seeking treatment (Apolinário-Hagen, Kemper, et al., 2017).

A recent systematic review of 49 studies identified several concerns among participants which appear to have some influence on levels of

acceptability of internet-facilitated therapies. These factors included data protection related, safety and privacy concerns, peer support, computer literacy and technical issues (Berry et al., 2016). This review was consistent with the conclusion by Apolinario-Hagen et al. (Apolinário- Hagen, Vehreschild, et al., 2017a) and Deen et al., (2013) which also found that acceptability was generally low when participants were without any experiential knowledge of the online mode of therapy. However, actual acceptability was higher once participants had experienced therapy online (Berry et al., 2016; Deen et al., 2013). Deen et al (2013) found that need variables were associated with user uptake of telepsychotherapy, specifically perceived susceptibility and perceived efficacy. These findings could inform pre-therapy interventions such as psychoeducation to encourage user adoption and engagement in online therapy.

In their review, Apolinário-Hagen, Kemper, et al (2017) aimed to find relevant literature to identify public acceptability and awareness of internet therapies, specifically concerning e mental health treatments. The findings of their review have been noted below to include:

1) emental health is generally perceived as less helpful than face-to-face therapy
2) intentions to use emental health in future were lower than intentions to use face-to-face counselling
3) professional support was regarded as crucial where there was psychological distress
4) therapist guided emental health interventions was preferred over self-guided options,

5) there were weak links between e-awareness or familiarity with emental health and intentions to use in future (Apolinário-Hagen, Kemper, et al., 2017).

Building on the research suggesting a link between a lack of experience and familiarity with internet therapies and negative attitudes and intentions to utilise online therapy (Berry et al., 2016; Deen et al., 2013; Li et al., 2013; Musiat et al., 2014; Rochlen et al., 2004) a recent pilot RCT study aimed to identify predictors of changes in attitudes and behavioural intentions following psychoeducational material being provided regarding internet therapies. This study sought to identify specific predictors for clients to take up and use e mental health treatment services. The study found that there was a constructive link between the provision of general psychoeducational text information on e-therapeutic services and future intentions to make use of such services (Apolinário- Hagen et al., 2018). A weakness, however, in this study was that although it was an RCT, there was no baseline assessment of attitudes taken before participants being randomly assigned to 3 groups and provided with information about internet therapies. Therefore, one cannot be sure that the attitudes measured are related to the intervention or other non-specific unidentified factors.

Client perceptions of the value of online therapy and consequent intentions to use this mode of therapy in the future were also investigated in other studies, with future intentions to use indicated as quite low among the sample studied by Musiat et al., (2014). Deen et al., (2013) found that even when barriers to usage such as cost and location are removed for clients, there still appears to be a strong reluctance to engage in therapy online. Some of the concerns that clients

have, include privacy concerns, as well as merely a perception regarding online therapy as being inferior to face-to-face options (Apolinário-Hagen, Kemper, et al., 2017; Berry et al., 2016).

A systematic review of the literature by Backhaus and colleagues in 2012 indicated that user satisfaction levels of engaging in psychotherapy online were generally positive. This review combined articles between 2001 and 2010 that measured patient and practitioner satisfaction levels (Backhaus et al., 2012). However, the review did not distinguish between patient and practitioner perspectives. It is also noteworthy that many of the aforementioned studies were conducted during a period (2010 to 2020) in which there has been a generational shift in the extent and nature of internet use for a wide range of traditionally face-to-face services. This includes, personal teleconferencing and dating, news and social media, recruitment, financial services, and entertainment. The literature on generational differences in the use of online media and related devices suggests that it is likely that these parallel developments will increasingly influence the acceptability and the potential growth in demand for online therapy (Berry et al., 2016).

In conclusion, the research on attitudes in general towards online therapy appears mixed. Users tended to be reluctant to adopt online therapy prior to the Pandemic and we are not yet sure what will happen once the Pandemic is over, whether as with other disaster examples, things return to a previous homeostasis position or whether this change and move towards more integration of online therapy into the world of therapy will be a more permanent experience. In addition, generational differences and enhancements in technology may play a role in the acceptability and efficacy of online therapy in the near future. We now

turn to understand specifically psychotherapists' attitudes towards online therapy, first pre-pandemic and then following the onset of COVID-19 since this has a baring on the current study in situating the experience of psychotherapists within the world of online therapy during the pandemic in Ireland.

2.3.5 Online Therapy: Psychotherapists' Pre-Pandemic Attitudes

Russel (2019) explored therapists' experiences of the limitations of using videoconferencing technology for the provision of therapy. Psychotherapists described the limitations as potentially loosening the boundaries of the containing elements of the therapy environment (Russell, 2019). They reported that clients turn up for therapy wherever they are, without the same presence or intentionality that is automatically present in the co-located environment. For example, one participant described how a client of theirs arrived for therapy in their bed. Lustgarten and Elhai, (2018) point out ethical concerns for therapists regarding data protection and safety linked to physical location and concerns regarding anonymity in some forms of teletherapy online. Videoconferencing, email, and chat are all vulnerable to data breaches and therefore represent an increase in risk and responsibility for professionals to protect the integrity of therapy, including client privacy and confidentiality and consequently the safe and containing space that therapy provides to clients (Brennan, 2020; Lustgarten & Elhai, 2018; McDonnell et al., 2014).

A qualitative study using actor-network theory provides some insights into the pre-pandemic views of psychotherapists (n= 5 interviews) on working online (MacMullin et al., 2020). This study found that participants had concerns regarding technology failure and challenges with boundary setting and data security in the online environment. Core themes emerging from this study

included responsibility, trust, and intentionality. Participants described an increase in the responsibility they experienced with technology use relating to their client work, to do with both client physical safety in this extended environment and in relation to data protection. They also mentioned challenges experienced in setting boundaries noting that clients often contacted them in between sessions, especially when in crisis (MacMullin et al., 2020). Many participants said that while they had no formal training in the use of technology for therapy they learned from supervisors or trusted others about the technology and how to use it. It was notable that participants referred to their professional body's guidelines, however mostly found these insufficient in relation to the detail of how to work with technology online.

Trust was also mentioned in relation to the professional self. Participants who were prepared to do therapy online reported a strong level of trust in their professional self, to be able to provide support to clients using this medium without any loss in the work, due to it being at a physical distance. In contrast to this however, there was also a sense that trust in technology could sometimes be compromised due to lack of reliability of the hardware or internet connectivity. This raised the issue of intentionality and for psychotherapists who were prepared to work online having a back-up plan in the event of technology failure was a crucial part of maintaining connection and therapeutic alliance (MacMullin et al., 2020).

Connolly noted in their systematic review that practitioners reported a predominantly positive attitude towards telemental health conducted via videoconferencing (Connolly et al., 2020). They also pointed out, however, that there was some evidence to suggest that positive attitudes were correlated with

use. In other words, those with experience were more likely to have a positive attitude. They noted that, of the studies they reviewed, a limited number considered pre and post use, while the majority showed that positive attitudes toward online therapy increased with experience.

Barnett et al (2020) point out that practitioner's reported satisfaction rates with videoconferencing prior to the pandemic that were typically lower than that of clients, who reported high satisfaction across a number of different studies (Barnett et al., 2020). In addition, there is evidence to show that clients report acceptable levels of satisfaction with videoconferencing (Christensen et al., 2020). However, clients and therapists have both reported feeling uncomfortable in the early adoption of videoconferencing technology, which for clients resolves after a few sessions once they become familiar with the technology (Christensen et al., 2020). Therapists report similar uneasy experiences being relieved, as they became more comfortable with the technology and with the process of working online therapeutically (Dunstan & Tooth, 2012). This is in line with the findings of public attitudes towards online therapy more generally (Apolinário-Hagen, Vehreschild, et al., 2017a).

2.3.6 Online Therapy: Psychotherapists Attitudes During COVID-19

Concerns about online security and privacy are not always reflected in congruent behaviour (Elhai & Frueh, 2016). This could explain why when asked about online pre- pandemic attitudes, many were negative, however, in the face of the Pandemic many therapists rapidly adopted the technology as a means of survival for their clinics and continuity of care for clients despite their concerns (Békés & Aafjes-van Doorn, 2020). In March 2020, the threat that the COVID-19 virus posed to the entire world resulted in the World Health Organisation declaring a

global pandemic (World Health Organisation, 2020). Across the world governments scrambled to put emergency measures in place to protect their populations and slow down the spread of the virus, and to give scientists an opportunity to find a cure and or a vaccine. Within days of the WHO declaring a global pandemic, borders were closed, airways were grounded, and shelter-at-home orders were put in place. Globally people and communities were disrupted in a myriad of ways including through illness, death of family members and friends, loss of employment, and being stranded and unable to return home to their families (Sarin et al., 2020; World Health Organisation, 2020).

Psychotherapists were faced with a scenario where even if they were prepared to risk their own lives to see their clients in person, it was no longer viable or legal for them to do so. Faced with the prospect of either closing their clinics or going online, many psychotherapists who previously had misgivings, or who had limited or no experience working online, had a choice to make. Under these emergency circumstances, many decided to see their clients who were located in non-clinical environments at home, using videoconferencing technology, from their own homes.

In the early days of the Pandemic, a group of academics from Yeshiva university, in New York, United States of America constructed an online survey. They distributed it internationally, calling for psychotherapists to participate in the study to assess their attitudes towards working online during the COVID-19 Pandemic (Békés & Aafjes-van Doorn, 2020). This study was a quantitative study with n=149 international participants. Participants were asked about their previous experience with online psychotherapy, challenges they experienced with it since the Pandemic and their attitudes to online psychotherapy more generally.

The majority of the sample reported a positive attitude to online therapy and expressed intent to continue to provide online psychotherapy in the future. Békés & Aafjes-van Doorn, (2020), suggest that psychotherapist attitudes are influenced by previous experience working online, clinical experience, and previous online psychotherapy experience. Based on the findings of their research, they also argued that participants' transition experience to online during the Pandemic as well as their geographical location, were factors impacting psychotherapist attitudes.

While the foregoing insights are useful, a key limitation of this study is that it was a web survey, and therefore the data is limited to the perceptions of participants who already have access to, and knowledge of the internet and technology. Additionally, it only included psychotherapists who were already online using videoconferencing to provide therapy. Therefore, the views of those who were not online were excluded from the study sample, that is, one of the requirements to qualify for the study was that participant had experience of working online with at least one client. Nevertheless, given the experience of large-scale adoption of online therapy over an extended period due to the pandemic, the findings of this exploratory study (Aafjes- van Doorn et al., 2020) can be read in conjunction with related research referenced above. From this, we could infer that the attitudes of both clients and practitioners, will at minimum, become neutral when comparing online therapy to physically in-person therapeutic arrangements. The latter conclusion is consistent with habituation effects seen in long-running trauma situations, as outlined in the next section.

2.3.7 Psychotherapists Experience of Working in Shared Trauma Situations

A number of other studies have also recently been published documenting the experience of psychotherapists during the Pandemic, some quantitative or mixed methods studies (Aafjes-van Doorn et al., 2020; Békés & Aafjes-van Doorn, 2020; Shklarski et al., 2021a, 2021b) and some qualitative (Khan et al., 2021; Ledesma & Fernandez, 2022; Smith & Gillon, 2021). Shlarski et al (2021) found that for clients and therapists there was a shared trauma experience resulting from the Pandemic.

Challenges were complex and arose from the unexpectedness of the onset of the Pandemic and speed at which the transition online was required and took place, as well as fatigue from working online. These were all factors putting pressure on therapists during this time. The study also found that there was a high level of resilience among therapists with professionals being creative and resourceful in how they managed and adapted to the emergency situation.

According to Norris et al 2002 (in Rosen et al, 2020), distress across the population is typical during the early phases of a disaster, as this is when the level of uncertainty and consequent fear is highest. This widespread distress, however, also dissipates over time as people habituate to the new circumstance and resume normal routines. Individuals with the highest degree of trauma exposure are most likely go on to develop chronic symptoms (Rosen, 2020). Recent studies focusing on shared trauma that were published during the current Pandemic have indicated that therapists working on the frontline in shared trauma circumstances with their clients did experience distress (Ledesma & Fernandez, 2022) and blurring of boundaries (Tosone et al., 2011) compared to ordinary therapy circumstances. In

addition, there may be an increased risk of therapists burn out, under circumstances where there is a shared traumatic environment with their clients, such as is the case in a global pandemic like COVID 19 (Aafjes-van Doorn et al., 2020)

According to Aafjes-van Doorn et al., (2020) during COVID 19, psychotherapists were often vicariously exposed to trauma in sessions with their clients. They surveyed 339 therapists and found that most experienced moderate levels of vicarious trauma while 15 % of them experienced high levels of vicarious trauma. Higher levels of vicarious trauma were correlated with less experience working in the field and younger age cohort of practitioner.

The early phase of the COVID 19 pandemic had some unique features which heightened the stressfulness for people, and which may subsequently result in incidences of PTSD in the population. These included that the outbreak occurred suddenly, and initially there was not much known about the virus's origin or how deadly it was. Consequently, individuals found it hard to assess their risk exposures and how to factor these into their every-day decision-making and planning. The world was perceived as potentially dangerous; paradoxically, those relationships you most cherished with your friends and even your family were a source of potential risk to your health and well- being. Even necessary daily activities such as buying groceries became threatening, stressful, and confusing (Rosen, et al., 2020). Rosen et al., (2020) argue that the COVID19 Pandemic presented unique challenges for psychotherapists which places them at increased risk of burnout. This included that psychotherapists were forced to contend with their own stressors as well as those presented by their clients

simultaneously in contexts which provided little certainty and stability for them and was characterised by widespread fear across the globe (Rosen et al., 2020).

In my research I explore the in-depth experience of therapists who were simultaneously living through and adapting to the COVID-19 disaster, while anchoring their client's experience of the pandemic. How did therapists make meaning of this situation? What was it like for them to live through this situation while also being the container to support and assist their clients? The following chapters will offer the voices of therapists regarding their experiences during this period.

2.4 Researcher's Reflection

Working on understanding the world of online therapy has in itself been a real process of uncovering and peeling back layers for me. Initially, the literature was quite confusing since the definition of online therapy is so unclear and varied. Once I was able to define what I meant when referring to online therapy, this helped me to sift through the enormity of the research that is available going back many decades, exploring to the effectiveness and potential of technology use in therapeutic spaces. Uncovering the research on therapists' attitudes towards online therapy as well as their attitudes to actually working online since the Pandemic provided new insights and a platform for exploring therapist's lived experiences and meaning-making that follows. ~~Gillies and Niemeyer's (2006) theoretical model, which proposes the importance of reconstruction of meaning in relation to adverse experience and loss provided me with a theoretical framework for thinking about and developing and understanding of these experiences.~~

Having reviewed the wide-ranging literature and developed a strong knowledge base regarding the factors influencing attitudes toward online therapy,

I felt better prepared to apply the IPA toolkit to the reported experiences of therapists. It was clear to me that the value of many of the quantitative based studies rested on their general observations regarding the use of online therapy and of adaptive responses to crisis situations. For me, the gap in these studies relates to the absence of an account of the quality and texture of the therapist's experiences. My reading of Heidegger, in conjunction with my developing understanding of IPA, heightened my awareness of the facticity of existential features of the pandemic and its disruptive circumstances for the familiar world.

Chapter 3 Methodology and Methods

This chapter outlines the methodology and the methods employed in this study. This section describes the aims and objectives of this study together with the specific research questions explored. The rationale for the choice of Interpretative Phenomenological Analysis (IPA) as a methodology for this study are also presented. This chapter also considers the ontological underpinnings and epistemological influences of phenomenology and hermeneutics which underlie the chosen IPA research methodology. The hermeneutic tradition of IPA is described and how it is applied in this study design is considered, including the methods for participant sampling, data collection, data analysis and relevant ethical sensitivities. In addition, consistent with the hermeneutic tradition of IPA the researcher's insider status is considered and researcher reflexivity is discussed.

3.1 Aims and Objective of this Study

The main aim of this study is to explore the lived experience of the phenomenon of providing therapy using online video conferencing technology during the COVID-19 global pandemic in Ireland. A related objective includes dwelling deeply with and in the participants' worlds in order to uncover and reveal their

deeper meaning-making in relation to their experience of living and working as a psychotherapist online during the pandemic. This is important because the voices of those who have experienced working online are valuable in helping to take lessons from this emergency applicable to future circumstances which may also require this type of response to support the general population's mental health. There is a wealth of experience among psychotherapists due to the scale at which this pandemic occurred and the necessity for psychotherapists to pivot to online solutions of providing support. What might have taken a further decade to become the norm was mainstreamed overnight as a consequence of the public health restrictions. Understanding what this was like for therapists is important as it has long-term implications for policy and practice in the profession. This study does a deep dive into the experience of eight psychotherapists who lived and worked through this time in Ireland.

The following specific objectives of the study are outlined below:

1) To document the particular lived experience of therapists working online during the pandemic in Ireland.
2) To understand participants' meaning-making of their experience during this period working using this (online video conference) mode of delivery
3) To contribute to the body of knowledge for informing the policy debate on the future practice of psychotherapy in Ireland by exploring therapists' experiences of providing remote support to clients during the COVID-19 pandemic crisis.

3.2 Methodology and Research Design

This study adopted a qualitative, exploratory, experiential, inductive, constructivist and idiographic, research design. It was exploratory in that it explored the depth of human experience of the therapist during COVID-19 in Ireland. It was experiential and an idiographic analysis of the detail of each participant therapist's lived experience of providing therapy online using videoconferencing technology, during the pandemic.

The study's broad aim was to uncover and understand, from reports of the participants lived experiences, how practitioners experienced delivering therapy online using video, in the context of the pandemic. The researcher was interested in what this was like for the practitioner under these uniquely challenging circumstances. The study was inductive in that it built on the participants' experiences to try to get to the essence of the phenomenon, rather than having a preconceived theory which the researcher may seek to prove or disprove. To this end the research was bottom up and aimed to discover what participants experiences have brought to us.

The researcher aimed the meaning psychotherapy practitioners attributed to their particular and unique lived experience of the phenomenon of working online during the pandemic. The specific phenomenon under review was psychotherapists' experience of working online during this unique and very particular social, psychological and economic context of the COVID 19 pandemic of 2020 and 2021, in Ireland.

The general philosophical orientation underlying this study thus involved a constructivist worldview which relied on the research participants' perspectives being privileged (Creswell & Creswell, 2018). Using this approach, which focuses

on specific life contexts to explain historical and cultural experience, I am conscious of my own background how this influences my interpretation of the participants' experiences. I have kept this in mind as I engaged in the research data collection, subsequent analysis and interpretation of the findings. Initially in the project alternative methodologies were considered including the possibility of survey research as well as mixed methods alternatives. However, these methodologies would not have provided the necessary depth of understanding and experiential texture and detail that the researcher was seeking in answering the question of what the experience was like for psychotherapists working online.

Consistent with the constructivist worldview, the purpose of this study was to capture the full depth of the experience of psychotherapists providing therapy online in Ireland during the COVID-19 pandemic. From a constructivist perspective my goal was to understand the participants' meaning of their lifeworld experience, IPA provided this possibility. In contrast to any quantitative methods within the positivist perspective which would start with a theory or hypothesis and are deductive in nature. The current study was consistent with a constructivist approach as the researcher worked inductively to generate patterns of meaning throughout the research process.

With its empirical and objective stance on knowledge, positivism aims to seek quantifiable and generalisable truths through the observation and precise measurement of phenomena (Creswell, & Creswell, 2018). Positivist methodologies reduce human experience to nomothetic units of measurement within controlled environments, with a view to making generalisations and predictions about the population and these are often far removed from the reality of the living context (Eatough, 2005). By contrast, the qualitative approach

adopted in this study and IPA's research methodology embrace the unique and idiographic nature of each participant's life experience studied. The Heideggerian idea of "lifeworld" is helpful in contextualising and situating the participants and their experience in this study (Brooks, 2015). For Heidegger we exist within the world we live in and not alongside it or separate from it. In this sense there is no subject and object relationship between us and the world, we are one with the world that we live in (Heidegger, 1980). The concept of the "lifeworld" is also a fundamental aspect of existential phenomenology in which IPA is embedded. IPA focuses on the specific qualities of individual life experience and the collective features experienced more generally by human beings. While IPA is an attempt to return to the Husserl's (1983) concept of "back to the things themselves" describing the lived experience of participants in their own terms (Heidegger, 1980), it goes further in that it is an interpretative process which is influenced by Heidegger's hermeneutic phenomenology. Therefore while the research design and approach are qualitative and constructivist, the researcher employs an interpretative phenomenological analysis (IPA) methodology for the implementation of the research.

In the following section the main epistemological and ontological underpinnings of IPA, notably phenomenology, hermeneutics and ideography will be explored to provide the philosophical foundations on which this study rests.

3.3 The Philosophical Foundations of IPA

IPA is influenced by the philosophical worldviews held by the IPA researcher since the researcher in the context of an IPA study is usually considered an insider researcher. Consistent with this idea is the notion that IPA is born out of a constructivist paradigm which is bottom up and inductive (Smith et al., 2009).

This worldview refers to what Creswell et al (2018) describe as a set of paradigms or "general philosophical orientation about the world and the nature of research that a researcher brings to the study" (p5).

3.3.1 Phenomenology

The etymology of the word phenomenology is from the Ancient Greek word phainomenon φαινόμενον meaning “thing appearing to view” (https://en.wiktionary.org/wiki/%CF%86%CE%B1%CE%B9%CE%BD%CF%8C%CE
%BC%CE%B5%CE%BD%CE%BF%CE%BD#Ancient_Greek). This is not very far away from what Husserl described phenomenology as the conscious creation of our world through experience. He expressed this phenomenological intention, as "To the things themselves", which challenges the cartesian way of thinking, which separated subject and object and promoted mind/body dualism (Husserl, 1983). Phenomenology is concerned with our understanding of our experience of the world that we live in. Our lives consist of experiences and relationships that we participate in and have meaning to us. Essential to any phenomenological enquiry is that experience ought to be studied "in the way that it occurs and in its own terms" (Smith et al., 2009, p.12).

Husserl advocated a phenomenology that the detailed study of human experience. Husserl was interested in discovering ways that a person might get to know their own deep and rigorous experience of a given phenomenon, so that they might discover the essence of the experience. This is what he referred to as "eidetic reduction" which involves techniques to support getting at the essence of things. He believed that from the study of individual experience of phenomena the essential features of the experience emerge, these essential features of an

experience transcend the particular circumstances of their appearance and might then illuminate a given experience for others too (Smith et al., 2009).

Husserl argued for a phenomenological attitude that demands a return to the things themselves. Smith et al (2009) point out that this "thing" is the "experiential content of consciousness", and that Husserl is referring to all the possible obstacles that interrupt a truly authentic essential experience of it. Husserl argues against a positivist approach about which he says that our familiarity with categorising and ordering things means that we lose focus on the phenomenon, and we should rather try to focus on each and every particular thing separately. To be phenomenological, we must step out of everyday habits and look at the world differently. We must attend to that experience which we mostly would take for granted. According to Smith,

> Once we stop to self-consciously reflect on any of this seeing, thinking, remembering and wishing we are being phenomenological (Smith, et al., 2009, p.13).

Husserl developed a phenomenological method called "eidetic reduction" which was aimed at identifying "the core structures and features of human experience". This method included a few simple steps:

1) We need to consider the consequences of our taken for granted ways of living in the everyday world of objects.
2) We need to "bracket" the taken for granted world so that we can focus on our perception of that world.

It is important to remember putting the taken for granted in brackets does not remove it; the method Husserl described follows a series of reductions. The sequence of reductions is aimed at leading the enquirer away from their assumptions and

distractions to the essential nature of their experience of the phenomenon. Husserl intended that the enquirer would describe and reflect on every aspect of their experience of a given phenomenon. Although he argued for this detailed description his overarching aim was to get to the essence and to do this it is necessary to employ a reflective stance, the task was therefore to get to the essence, eidos or idea of the phenomenon (Husserl, 1983).

Eidetic reductionism therefore involves techniques to help to get to the essence "the set of invariant properties lying underneath the subjective perception of individual manifestations of that type of object" (Smith et al, 2009, p.14).

3.3.2 Hermeneutic Existential Phenomenology

Heidegger's position, however, suggests it is not possible to separate or bracket out the subject from the object, but rather the subject is a part of the world that it lives in, they are one and the same. Heidegger took Husserl's ideas on phenomenology a step further and introduced the concept of Dasein which literally means there (Da) being (sein) or more commonly is referred to as Being – in – the world, referring to individuals being in the world with things and others.

According to Heidegger (1980) you cannot exist in the world as a person without engaging with the world. From an existential perspective, the world is the "workshop" or "wherein" where you are situated and engage in existing somehow. Heidegger argues that the world is meaningful to the individual because we exist by being involved in the choices we make within our world (Foulds,2012). Heidegger argues that existence as a person is predicated on engagement with and in a world since existing is part of the process of living. This is like an activity one might engage in, such as hiking which is a process over time and involves choices about what you do and do not concerning where you choose to explore

and what that world of hiking possibilities offers. Dasein or human existence cannot be studied directly. Therefore, it is studied by what Heidegger refers to as "factical" existence, the experience which appears uniquely to an individual (Eatough, 2005).

Eatough (2005) notes that for IPA, "things themselves" are the lived experiences of the research participants in a study and their understanding and perceptions of these lived experiences. IPA tries to capture the "quality and texture "of the participant's experience. However, it is not possible to do this directly. Thus, the process is one of uncovering and discovering this meaning through systematic analysis of the individuals' descriptions of their experiences (Willig, 2013). IPA has its philosophical foundations firmly in the phenomenological and subsequently hermeneutic philosophical traditions. This is demonstrated when we consider the writing of Husserl and his concept of the "the things themselves" and his bracketing of the researcher's own experiences, when considering the lived experience of others. However, when we subsequently consider the work of Heidegger, Husserl's student, and his deeper consideration of the concept of Being and existence, Heidegger argues that the researcher cannot separate their experience from that which they study and the existential perspective on the meaning of life is evident in the interpretative practice of IPA. This includes the use of the researcher's insider status as part of the process of the double hermeneutic and the drive to understand at a deeper level the lived experience of each research participant.

The study of interpretation has been defined in the literature as "Hermeneutics". This discipline has a history which dates back to the Greeks, where philosophically, hermeneutics was concerned with the meaning of

interpretation in the context of the major philosophical questions about being and knowing,

> "its basic nature, scope and validity as well as its place within and implications for human existence; and it treats interpretation in the context of fundamental philosophical questions about being, knowing, language and history, art and aesthetic experience and practical life" (George, 2020, p.1).

Hermeneutics is relevant to several disciplines including more traditionally biblical studies, law, medicine, the human sciences and social sciences and humanities. The difference in its application in philosophy is that hermeneutics has been referred to as the philosophy of interpretation, concerned with the meaning of interpretation itself as its subject matter and does not separate the meaning from that which is interpreted, thus interpretation is not seen in addition to something else or an additional activity, but rather sees them as part of the same whole (George, 2020).

Heidegger provides an alternative to Husserl's transcendental phenomenology Heidegger's Being and Time- is a study of Being as well as the meaning of Being through an analysis of human existence. The study has a spiral nature as Heidegger continues to interpret and reinterpret deeper levels that bring out deeper understandings of our existence on increasingly deeper levels leading ultimately to a richer understanding of the meaning of Being as a whole (Watts, 2011). This resonates with the IPA method as meaning is sought via ongoing interpretation and reinterpretation of the text to dive deeper into the experience and offer a rich and textured description which may provide the substance of a greater understanding of the lived experience of the phenomena being studied.

Heidegger's concept of Dasein refers to our way of Being as humans in the world. He argues that one of the features that makes us unique as a species is that we are more like an activity or process than any sort of thing. Heidegger's concept of "worldhood" is also relevant to this IPA study, it refers to the totality of all our practical and functional relationships with everything in our world, including technology.

To understand ourselves according to Heidegger, we must investigate and understand our worldhood. We must study and analyse the way we live in the world around us, our everyday reality. From this point of view our experience of the world and the meaning we attach to it is mediated by our practical relationship to the things (he calls entities) around us which we use purposefully to achieve our goals. Heidegger speaks of our relationships to entities as being dynamic, he refers to the concept of ready to hand and present to hand to describe this nature of Dasein relating to things. Heidegger's concepts of "Ready to hand" vs "unready to hand" refers to how we relate to other entities in our lives other than humans- e.g. technology, computers, tools etc. This study considers changes in the experiences of practitioners from unready to hand to ready to hand experience in relation to technology and therapy and the lived experience of this during the pandemic in Ireland.

Heidegger's concept of "worldhood" refers to the totality of all our practical functional relationships with everything in our world, including technology (Watts, 2011). To understand ourselves we must investigate and understand our worldhood, we must analyse the way we live in everyday reality of our world around us. Heidegger says that our experience of our world and the meaning we attach to it is governed by our practical relationship to the things

(entities) that surround us, which we use purposefully to accomplish our goals. Heidegger refers to two positions that we can be in, in relation to entities, namely a relationship of "ready to hand" or one of "present at hand". For example, the carpenters' relationship to the hammer is "ready to hand", however the baker's relationship to the same entity of the hammer is "present to hand" (Heidegger, 1980). Prior to the pandemic, technology for most therapists would have largely been present to hand as traditionally, this profession prioritised the non-technological or manualised form of service provision and focused on the in-person or co-located experience of therapy. Since the pandemic, however, it seems that this relationship for many therapists has changed and now the computer or technology would be far more ready to hand in Heideggerian terms.

3.3.3 Idiography

An idiographic approach of IPA is focused on the specific individual experience, privileging each participant's voice and always trying to develop a deep understanding of the individual meaning of the experience being studied. This approach is not concerned with generalisations, broad strokes, universals, or causality. It is a way of thinking that is in direct contrast to a nomothetic approach which seeks to establish laws and generalisations (Smith et al., 2009o). The value of an idiographic IPA approach lies in that it provides a "detailed, nuanced" and colourful analysis of lived experience at a point in time and context (Smith et al., 2009, p.37). IPA does nonetheless take a systematic approach to detail the experience and meaning-making for a particular person, at a particular point in time, in a particular context. In this way IPA stays true to a commitment to the individual case in its own terms. Idiography adopts analytic procedures for moving from the detailed examination of single cases to more general statements

across cases. IPA can also provide insights that may usefully augment existing nomothetic research.

3.4 Methods

Interpretative Phenomenological Analysis (IPA) is a qualitative inductive methodology with a focus on interpretation of meaning. It has been described as a method for hermeneutic phenomenology (Eatough, 2005; Smith et al., 2009). The focus of IPA is on uncovering the meaning- making of participants' experience. Since I wanted to explore the in-depth and idiographic experience of psychotherapists; individual meaning-making was an important part of uncovering this and IPA was selected as the most appropriate methodology for this study. IPA is an inductive and qualitative method and offered the opportunity to truly explore and understand the phenomenon which was of interest. Having reviewed the possibility of other methods including quantitative online survey and mixed methods approaches, I believed that IPA was most closely aligned with both my own values and the aim of this study. A quantitative study was not pursued since the research question was one which was interested in the in-depth experience of psychotherapists as opposed to a more nomothetic investigation. IPA provided an opportunity to find out more in-depth about the meaning that therapists attached to their experiences of working online during the pandemic. I was interested in the personal experience and participants' meaning- making thereof. Therefore, I chose a methodology which was philosophically aligned with that intention, and which focused on the individual's experience of the specific phenomenon or event (Smith et al., 2009).

Paley (2016) argues against the possibility of being able to truly present "the things themselves". Paley (2016) suggests that there is always an underlying

theory in interpretation and that meaning cannot reside entirely in the text. While the role of the researcher is acknowledged in IPA, Paley (2016) suggests that attempts to bracket researchers' influence from the meaning-making of participant experiences is impossible. Paley (2016) argues on the contrary, that this process actually changes the data, bringing something that is foreign to it. Van Manen (2018) argues that IPA focuses more on the psychological than the phenomenological aspects of the participants' experience, thus undermining it as a phenomenological approach. Thus in this study I have been conscious of avoiding becoming overly psychological and have focused on the phenomenological aspect of interpreting the participants experience in line with IPA principles.

The main research question for the study is: What was the lived experience of psychotherapy practitioners of using videoconferencing technology to provide remote online therapy during the COVID-19 pandemic in Ireland? In this study, I do a deep dive into the experiences of psychotherapists working in private practice, to find out about the meaning that they attached to their experience of finding themselves inadvertently working online with clients during the pandemic in Ireland. I am interested in the personal experience of therapists and therefore chose a methodology concerned with the individuals experience of a particular phenomenon or event, notably that of working in an atypical way under exceptional circumstances created by the pandemic Lockdown restrictions during 2020/2021 in Ireland.

Interpretative Phenomenological Analysis requires that the researcher accesses, explores and understands the detailed and personal lived experience of a specific identified phenomenon of the research participants (Smith et al., 2009). This involves exploring the relatedness to, or involvement in, a particular event or

process, in this case the research participants' involvement in providing psychotherapy during the 2020/21 COVID-19 pandemic in Ireland using video conferencing technology.

3.4.1 Recruitment

Ethical approval for this research was sought and granted by Dublin City University Research Ethics Committee in April 2021 (Appendix A: Ethical Approval). Following this approval recruitment of participants was undertaken by advertising in the classified section of the IAHIP professional organisation inviting applications from practicing psychotherapists/ psychologists to participate in this study (Appendix B: Participant Recruitment Advertisements). Consistent with IPA methodology and to ensure a degree of homogeneity within the sample, particular inclusion criteria were that the participants were required to have started to work online with their clients during the pandemic, that they were to be registered with a professional body as a fully chartered practitioner and that they were working as private practitioners during this period. The reason for these inclusion criteria was to be consistent with IPA methodology which requires homogeneity across participants, to ensure that the sample of practitioners shared a degree of similarity in their daily tasks and challenges (Smith et al., 2009). In the first instance professional bodies including the PSI and IACP were contacted and requested to inform their members of the study by making available the invitation to participate in the study to their membership. In addition, an advertisement was posted on social media including LinkedIN and on the IAHIP classifieds website.

Interested psychotherapists contacted the researcher to express their interest by email or dedicated mobile phone number and in some cases referred

others who they thought would also be interested in the study. The researcher also reached out to eir network to request referrals to the study. Following an expression of interest in the study received by the researcher, the researcher contacted these parties using email and provided them with information about the study (Appendix C: Plain Language Statement see Appendix C) and requested informed consent from them if they wished to participate in the study (Appendix D: Informed Consent Form DUBLIN CITY UNIVERSITY). Following receipt of digitally signed consent forms by the researcher, the researcher followed up again via email to arrange an interview time that suited the participants. Each participant was offered a number of different times over a period of a month when they could be interviewed. The participants requested the best time for them.

3.4.1.1Participants

Since this is a qualitative research study and it was important that participants would be able to provide insight into the phenomenon being studied, they were therefore selected purposefully, using a number of strategies, including recruitment advertisements, and snowballing techniques.

Participants were selected on the basis that they would be able to provide access to a particular perspective on the phenomenon being examined. In this sense according to Smith et al (2009) they represent a perspective. Since IPA is idiographic which comes from the Greek word “idios” meaning “own” or “private” it is not interested in laws or generalisations but rather is concerned with what the unique and individual experience is. Thus a small sample size was required to provide the data for analysis and interpretation. This study sample included a sample size of 8 psychotherapists. To support homogeneity in the

sample as prescribed by Smith et al (2009) exclusion criteria aimed at ensuring that participants were as similar in background as possible.

Therefore, the sample focused on psychotherapists working online in Ireland who were also working in private practice at the time. This is because the experience of those working in the health service for example was very different, in that the organisation had auxiliary resources available to access and decision-making processes of entirely different scale and capacity which would have impacted on the lived experience of practitioners in this context.

Private practitioners are required to make independent decisions while remaining true to their ethical code. In the context of the pandemic this cohort of practitioners who were deemed to be essential workers were likely to have experienced a huge shock initially. Not only was their livelihood challenged, but there was also a requirement for a huge degree of flexibility, adaptation and change within a short space of time in order to continue to provide therapy to clients during the period of the heightened public health restrictions resulting from the pandemic. For this reason private practitioners were focused on for this study. Similar challenges were also noted to be the case studies emerging about psychotherapists in other countries such as Russia, Japan, Australia and Canada (Jurcik et al., 2020).

Table 3.1 presents a brief picture of the sample of psychotherapists that were interviewed for this study. In keeping with IPA principles of homogenous sampling this group was selected from the professional group of psychotherapists and were sourced via advertising on LinkedIn professional networking social media platform and within professional bodies in Ireland. Participants were contacted via a referral process by accessing the professional bodies and

advertising on their websites as well as using the professional social media platform LinkedIn.

Participation in this study was voluntary and no remuneration was offered for the participants time or contribution. The sample was evenly mixed between those who were situated in rural settings and those living and working in urban environments.

Experience ranged between 1 year post accreditation and 20 years post accreditation indicating the wide range of experience across the sample.

Table 3:1

Participant Profile and Pseudonyms

Pseudonym	Years fully accredited	Psychotherapeutic Approach	Rural/urban location
Participant 1 Kai	1	Person Centred	Urban
Participant 2 Hunter	12	Integrative	Rural
Participant 3 Jude	20	Humanistic	Urban
Participant 4 Kit	14	Humanistic Integrative	Urban
Participant 5 Cove	12	Person centred, Gestalt	Rural
Participant 6 Jay	20	Transpersonal	Urban
Participant 7 Sky	7	Existential	Rural
Participant 8 Chris	15	Psychodynamic	Urban

Some therapists were early career while others were reaching the tail end of their careers and still others were mid-career. There was also a mix of therapeutic orientations among the group of the therapists interviewed. The participants described themselves variously as psychodynamic, humanistic,

person-centred gestalt, transpersonal or existential in orientation, and there were also some who identified as integrative.

Due to the nature of the research methodology being qualitative to be consistent and congruent with the methodology I was conscious to only collect data that was relevant to the study. Therefore, limited demographic information describing the participants was requested from them, since this was not a quantitative study, and such demographic variables were not considered relevant to the study. On reflection, however, post data collection, it was noted that since specific questions had not been asked regarding gender and age, this description could not be included in the findings or assumed by the researcher. Therefore, this thesis has been written using gender-neutral pronouns throughout. The decision regarding the use of particular gender-neutral pronouns was made since to make assumptions about gender identity and pronoun preference of participants would be unethical. There are a number of possible neologisms that could have been used,

Over the centuries, hundreds of new words, or neologisms, have been proposed, with the vast majority being abandoned by all but their creators. There are a few exceptions: the pronoun "co" used by residents of the Twin Oaks Intentional Community, "zie/hir" and its derivatives used by people in the transgender/genderqueer community, and Spivak pronouns (ey/em/eir) used in the genderqueer community as well as in some text-based online games and computer textbooks (*Gender Neutral Pronoun Blog*, 2020)

Given my identification with human rights and equality values I chose to use the Spivak format of gender-neutral pronouns, which is a format commonly used in the genderqueer community, for the writing of my thesis. I think that it is

important for the reader to be confronted by the difference in lexicon, to what is perhaps familiar in traditional writing, as this helps to problematize the issue of a heteronormative language style in academic writing.

Consistent with this position on gender-neutral language participant names are pseudonyms and do not reflect the gender of the participant. Participants were not asked how they identified in relation to gender since this demographic variable was not considered necessary in answering the research question at the time of interviewing. The rationale was that, since this study was not a quantitative study making correlations or deductions based on different variables, asking this was redundant and unnecessary. However, not collecting this data raised an ethical issue about how I should treat and present the data without unintentionally discriminating against any participants due to my own unconscious gender bias and this resulted in the need to be diligent in the writing up of the thesis not to unfairly treat any of the participants.

Reflection: In hindsight, it would have been valuable and appropriate to ask participants how they identified, as this may have provided additional texture and colour to the descriptions of participants' experiences. However, gender identity and age are not something that can be assumed based on appearance and an important lesson was learned for me. It highlighted how I live with unconscious gender and age bias and regularly make assumptions that may have negative implications for others. Therefore, how I presented the findings was important for me, since I did not want to perpetuate this unconscious bias in my academic work. Since this question was not included at the time of the interview and a decision was made in consultation with my research supervisors not to follow up with a survey to clarify gender identity and age post- interview, I decided to write up the

research in a gender and age-neutral manner. This meant writing without making assumptions about how participants gender identified or their ages, based on name or how they presented. Thus, age is not reflected in any way except to say that all the participants are adults, and the pronouns used throughout are based on one of the options for the gender-neutral pronouns also referred to as the Spivak pronouns (*Gender Neutral Pronoun Blog*, 2020) and as outlined by the American University Centre for Diversity and Inclusion set out in Table 3.2.

Table 3.2

Gender Neutral Pronouns Explainer

	Subject Pronoun	Object Pronoun	Possessive Pronoun	Reflexive Pronoun
Traditional pronouns	SHE/HE	HER/HIM	HER(S)/HIS	HER/HIMSELF
Nonbinary pronouns	EY	EM	EIR/EIRS	EIRSELF/ EMSELF

("Pronouns: A Guide for the American University Community," 2022.)

For the interested reader an example of how Spivak pronouns have been used in literature see Gender Queer: A Memoir (Kobabe, M, 2022)

3.4.2 Data Collection

A practice interview was conducted with a colleague, to rehearse eliciting rich informative responses from interviewees and to practice facilitating the participant to steer the direction and pace of the interview using the Zoom platform. This practice interview also assisted me to fine-tune the interview schedule (Appendix E: Interview Guide) for the actual interviews so that the questions would elicit the type and depth of answers being sought. Semi-structured interviews were conducted with the eight participant psychotherapist practitioners to explore their understanding of their experiences working as a psychotherapist using video conferencing technology to provide therapy during

the COVID-19 pandemic in Ireland. Consistent with the IPA method, the interview questions were tailored towards exploring the participants' experiences and were process orientated, focussing on meaning as opposed to causes or consequences or outcomes of the event (Smith et al., 2009).

> Thus we ask questions about people's understandings, experiences and sense- making activities and we situate these questions within the specific contexts, rather than between them (Smith et al., 2009, p.47).

The questions were aimed as far as possible to guide the participant to tell the researcher about what it was like to live in their personal and professional world and of their unique experience of working as a therapist online in Ireland using VCT within the context of the Lockdowns and associated public health restrictions of the pandemic 2020/2021.

3.4.3 Data Analysis

Smith, Flowers and Larkin (2021) published their revised edition of Interpretative Phenomenological Analysis in 2021. This edition outlines an evolution in the IPA approach from the original IPA method (Smith et al, 2009) which is referenced in many IPA research articles to date. The main difference is that the terms used have changed. They no longer refer to “emergent themes”, but rather use “experiential statements” which are seen as a summary of the participants’ experience reflected in what is happening in a specific piece of the interview transcript or data. They also refer to Personal Experiential Themes and Group Experiential Themes replacing the concept of Super ordinate themes. Furthermore, there is an acknowledgement that style of researcher may influence their decision whether they structure their note taking during data analysis according to the traditional descriptive, linguistic and conceptual parameters,

since exploratory notes are regarded as highly personal reflecting the researcher's individual way of thinking. Thus, Smith and Nizza (2022) acknowledge the potential to move away from the reliance on what has typically been observed in the research analysis. Traditionally, this was quite a structured approach to the data analysis to include descriptive, linguistic, conceptual notes in the development of the IPA exploratory notes. However more a recent approach articulated by Smith and Nizza (2022) provides a less prescriptive position, allowing for more individual researcher interpretations,

> This description of note-taking is not intended to be prescriptive or exhaustive; actual notes are less important than the deep engagement with the data that requires, the exploration of potential meaning and the conceiving of deep interpretations that producing them can generate. And to reiterate there is no requirement to separate one's responses into the types of notes outlined earlier. You may prefer to make your comments without differentiating what type of note they are. The style a researcher adopts for exploratory notes is highly personal and reflects their way of thinking and may also change in the course of analysis. (Smith and Nizza, 2022, p.38)

The researcher also participated in an Advanced Workshop in IPA in October 2021 with Jonathan Smith where he introduced the updated version of IPA and made the point that the traditional designation of notetaking was not a prerequisite for research to be considered IPA. The data analysis approach in this study has thus employed the latest version of the IPA analytic approach (Smith & Nizza, 2022) and in doing so reflects my style and approach which has been less structured than the original version. However, this does not detract from the level

of depth at which I have engaged with the material using a strongly existential lense to uncover the meaning making process that participants engaged in during this time (Heidegger, 1980; Yalom, Irvin, D., 2020).

Beginning with the first interview I transcribed the audio recording verbatim and labelled each section, numerically. Then I read and reread the transcript while I listened to the audio recording of the interview to submerse myself in the reported experience of each of the participants. Having listened to and reread the transcripts I went through a process of responding to what I was hearing, all the time acknowledging that I too have an experience of the phenomenon, which is living as a practicing psychologist and psychotherapist working online through the COVID-19 pandemic period in Ireland.

Nizza et al., (2021) suggest creating a table as below with a column for the transcript and then left and right of the transcript a column for exploratory notes and personal experiential statements. In line with this advice I created a spreadsheet in Excel using this outline and then captured all exploratory notes in this spreadsheet. A sample of the analysis has been provided in Appendices F, G,H,I, J

Table 3.3

Example of initial exploratory notes: table leading to PET development

Personal Experiential Statements (PETS)	Transcript	Exploratory Notes
Expressing how it was outside of her comfort zone it was new and it required adaptation	um Well it didn't occur to me not to work … I continued working. When colleagues didn't.... Most clients came over to zoom ...a few didn't. It was... an adjustment. I suppose ….it was new.	Adjustment, emergency response, making it work, finding a way to survive in the circumstances, newness, no alternative

Interview 2 Line 271

Step one Initial reading and exploration of the text

The initial response that I had was documented in the Data Analysis process as "exploratory notes" (Table 3.3). These were freestyle notes and were not governed by any particular theory or interpretation but are rather freely noted and identified as my response to the text.

At this point, I also asked questions and documented my initial thoughts, which I returned to later in the analysis.

Step Two Generating Experiential Statements

Formulating experiential statements from the initial exploratory notes was the second stage of the analysis of each individual transcript. At this point the task was to dig deeper and try to really dwell in each participant's unique perspective and to elicit what this experience was like for them. This generated a large number of statements which then needed to be refined in step three.

Step Three Finding Connections and Clustering Experiential statements

Following on from the generation of numerous personal experiential statements from each participant's interview, I attempted to find connections or disparities within each individual participant's account to generate experiential themes. This was a consolidation process and guided the refining of these statements which lead to the combination and generation of more general personal experiential statements for each participant. This stage of the work was done manually by printing out and cutting each of the statements out of the original list. This provided a bird's eye perspective of the experience and allowed the researcher to move the statements around on the backdrop of the cardboard chart that I used to display the statements. The experiential statements for each

participant were manually displayed across this large surface of the cardboard chart used as a backdrop which facilitated the physical clustering of those statements across the interview that were somehow connected or that demonstrated major differences.

Step Four Creating a table of Personal Experiential Themes

The Fourth step in the analytic process was to create a Table of the Personal Experiential Themes (Table 3.4 see Appendix J) that emerged from the generation and clustering of the personal experiential statements for each participant. The Table 3.4 shows how this was presented following the refinement of and narrowing down of the numerous personal experiential statements which were generated for each participant and the subsequent distilling of themes from these for each case. At this point I presented evidence for the generation of the themes by identifying specific personal experiential statements under each theme heading as well as supporting quotes for each of these statements which can then be tracked back to the exact page line in the relevant interview.

Each individual case was analysed in depth in this way. Following this close reading of the transcript and rigorous process of analysis. I then reviewed the cases together and reflected on whether the individual cases could illuminate insights about other cases. I tried to identify patterns across cases as well as any idiosyncratic differences within those commonalities. The process was thus one of in-depth analysis of the individual participant's experience and then also combining those individual experiences to create general themes which emerged across the group. The process of analysis comprised layers of interpretation and as pointed out in Smith, (2011) “We could be diving for pearls”, there were times when the data had hidden gems which required uncovering. The “gems” that

Smith refers to in this paper refer to single expressions by an individual participant that may have significant value to the research question and may also provide insight to the experience of the group more broadly (Peoples, 2021).

Figure 3.1
Process of GET Development in IPA

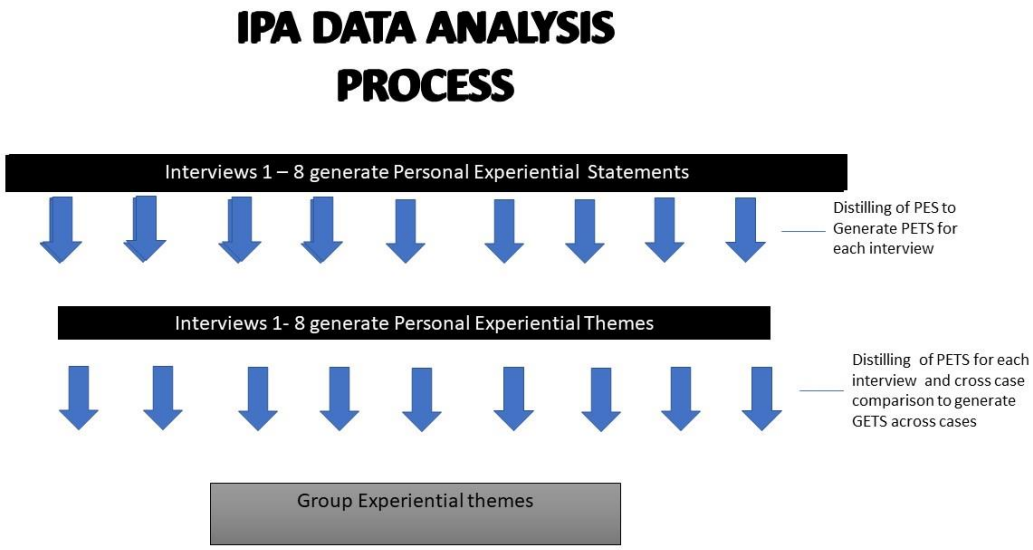


Figure 3.1 above demonstrates the development of the group experiential themes from the initial personal experiential statements which translated into personal experiential themes and subsequently were grouped together across cases to develop group experiential themes. Metaphorically speaking there is no way to make an omelette without breaking eggs. In the case of IPA the combining of the experiential statements of individual cases is what results in a rich descriptive narrative which is textured and informative at the level of the group analysis. The move from the individual themes and subthemes to the group level is illustrated in Table 3.5 and 3.6 (see Appendix J). I have demonstrated how my interpretative analysis has been weaved through combining the distilling of personal experiential statements to personal experiential themes to the eventual outcome of

a group experiential theme which helps to build a broader narrative across cases as presented in Table 3.7 (see Appendix J)

Each case was explored in depth by listening to, reading, transcribing and rereading the transcripts multiple times in order to extract the richest possible interpretations of the data from the interviews. This process was maintained in detail until I was fully familiar with the richness and depth of the data for each interview. Each individual case was analysed first using steps 1 to 3 and once all the cases were analysed a list of shared Group Experiential themes was identified and explored (Table 3.7). Integration of the cases to generate a list of shared group themes, capturing the essence and quality of participants' shared experience of providing therapy using video conferencing, during the pandemic in Ireland, was undertaken. The generation of group experiential themes was only done once the individual cases were already rigorously analysed. IPA is not complete until that which is shared as well as points of divergence among and between participants are identified in the form of group themes and exceptions to these.

3.5 The Role of the Researcher in IPA

The role of the researcher in IPA is important since it is acknowledged that their preconceptions or fore understandings of the phenomenon being explored will influence not only the questions asked of the participants, but also the manner in which the researcher will hear the voices of the participants and interpret the data generated by the interviews.

3.5.1 Insider Researcher status

I am a psychologist specialising in psychotherapy working in private practice myself and therefore share this professional identity with the participants of this study, I also work with clients online in Ireland. The benefits of this includes, that

I am able to understand and empathise with the experiences that participants describe. However, it can result in certain things being left unstated or implied in the conversation rather than made explicit, as they might be with an interviewer who was not an insider researcher. In order to manage this, I tried to make the implicit, explicit where possible in the interview and I was also conscious of this when I was analysing the transcripts.

3.5.2 Fore-understandings Prior to Data Collection

Some of the beliefs, assumptions and thoughts I had about the topic prior to the research included that I believed that online therapy was equivalent to face-to-face therapy in the majority of circumstances. I believed that it was possible to work effectively online and that many psychotherapists were opposed to working in this way because of the disembodied aspects of the work, but more specifically because they had no experience of it being effective and they could not imagine it working. I also believed that some clients were resistant to this way of working, primarily due to a lack of experience working in this way and secondly due to a negative bias and because of preconceived ideas that it would not be possible to connect effectively online with their therapist.

Finally, I come from a social constructivist, human rights and equality-based perspective, as well as a clinical therapeutic background. Sometimes it is hard to take a researcher position and not be in therapeutic mode. My values are rooted in Humanistic principles which would be consistent with my predominant way of working therapeutically which is integrative, including Client-Centred, Emotion Focused as well as Existential approaches to psychotherapy. I found when interviewing at times I had to hold myself back to allow the participant to dwell on their experiences and to present them as they found themselves in that

moment of the interview without moving into a therapeutic perspective on their experience.

3.6 Reflexivity and the Hermeneutic Circle

Throughout the analysis of the transcripts I kept a journal of my process and responses to the material presented by the participants in order to reflect on my own biases and experiences and how these may influence my interpretation of the participants experiences. The hermeneutic circle in the process of IPA research involves the researcher making sense of the participant making sense of their experience. This involved me being conscious of my preconceptions of the phenomenon under review in this study. The reflexive aspect of the IPA process assisted me to keep my idiographic commitment to the process by keeping my own preconceptions in awareness, so as not to contaminate the potential insights from the participant's voices being clearly heard in the analysis. Another way in which the integrity of the process was obtained was through my participation in supervision as well as regular reflexive research peer groups online where conversations with other IPA researchers was possible and provided an opportunity for feedback on work in progress.

From the outset it is important to name that the researcher is also a psychologist with many years of experience working online. I had an interest in the concept of increasing access to mental health support using technology prior to the Covid-19 global pandemic and had already established an online therapy practice prior to the pandemic. My own anecdotal experience in my own private practice prior to the pandemic was that there was a general resistance amongst both psychotherapists, medical practitioners and clients to the use of technology as a mode for therapy delivery. The pandemic changed this though since

practitioners were faced with either closing their doors to clients overnight during the early days of the pandemic or adapting to use the technology available. This presented an opportunity for me as a researcher, since I was already aware that there was research suggesting that those who had experience of using telehealth platforms generally become more open to using this mode of delivery in the future. This left me wondering whether a comparable situation would evolve because of COVID-19. Thus, using the opportunity of this natural experiment, I become interested in understanding better and more deeply the experience of other practitioners in this context. As I interviewed the participants, I was aware of my experience and made an effort to bracket it and to leave it at the door of the interview in order that I was not contaminating the data I was collecting with my preconceptions. I continued to journal my responses to the transcripts following the interviews and was conscious of the importance of my experience in the process of interpreting the data of the study. I deliberately focussed on the lived experience of the participants and was careful not to interpret their experience in terms of my own.

However, my experience helped me to explore relevant topics with participants and to digging deeper into their experience. For example, I was sensitive and interested in understanding the impact on them as practitioners of this major change in their mode of working with their clients.

3.7 Ethical Considerations

While the participants of this study were not considered vulnerable since the population was a professional population there were nevertheless ethical considerations that the researcher identified and addressed to protect the privacy and confidentiality of the participants and to ensure that the researcher did no

harm during the process of conducting the study. As mentioned previously, an ethical issue arose regarding the use of pronouns and assumptions surrounding gender and age. The researcher decided to use gender-neutral pronouns to highlight that she could not assume the gender identity of participants based on name or appearance and since gender identity was not a data point collected at interview, she used gender-neutral pronouns to refer to all participants in the study.

3.7.1 Autonomy

The researcher ensured that each participant was aware and able to provide informed consent of the intention of the researcher to explore in detail their experience pertaining to the phenomenon including their concerns and life worlds relating to this experience.

3.7.2 Beneficence/Non Maleficence

Although it was considered unlikely that participants would be interrupted during the interview since they are professionals familiar with setting up private confidential spaces for their clients, it was nevertheless still considered a risk that they might be interrupted during a Zoom interview which would be a breach of their privacy and that of the person who was interrupting them, since the researcher would witness the person interrupting the meeting and they could potentially become part of the data audio file collected. In this case the back-up plan was that researcher would pause the interview immediately, and the video would be switched off until the participant notified the researcher that it was safe to resume the call. This was explained in the plain language statement for the participant along with guidelines on how to ensure the protection of their own

privacy and confidentiality for themselves and others during the interview (see Appendix C: Plain Language Statement).

While it was considered improbable, it was still possible that a participant could become upset during an interview due to a negative personal experience of working online. The researcher's plan was in the event of a participant becoming upset, the researcher would pause the interview and check-in with the participant to ensure that they were comfortable to continue, and if not, the researcher would offer to reschedule the interview for another time. The researcher would also remind the participant of their right to withdraw from the research/ interview at any point. Following the interview, in all cases the researcher allocated time for debriefing with the participant with the following questions:

1) How did you find the interview?
2) Did you find anything surprising or upsetting came up for you?
3) If so, is there anything, that you need right now that would be helpful to you to manage?

3.7.3 Justice

Information on follow-up supports was provided in the information sheet to all participants which was circulated to them prior to the interview. Privacy, confidentiality and data storage was all kept according to GDPR regulations.

3.8 Rigour and quality assurance

To achieve the highest standard of IPA in this research study I have aimed to uphold the standards outlined in a recent article about quality within IPA studies (Nizza et al., 2021). The authors identified 4 tasks as crucial to a good IPA study including paying attention to the following 4 tasks:

1) constructing a compelling, unfolding narrative.
2) developing a vigorous experiential and/or existential account.
3) close analytic reading of participants' words; and
4) attending to convergence and divergence within the data.

The following chapter presents the findings of this IPA study and demonstrates this process by taking the reader on a journey through the stories and experiences of the psychotherapists that were interviewed in relation to their experience living through the crisis of COVID 19 themselves; while at the same time being required to be the person their clients relied on for therapy support during this time.

Throughout the text I have tried to uphold the integrity of the IPA methodology paying attention to the idiographic aspect of the data while also protecting the anonymity and privacy of the participants in the study. The nature of the topic reviewed has leant itself neatly to a consideration of the existential element of the experience of the participants and I have tried to pay close attention to the words spoken as well as the unspoken implications present in the data. I have presented an unfolding narrative (see Appendix I) across the cases and have also endeavoured to attended convergences and divergences across the data set.

3.9 Justification for the Methodology

The reason that IPA was considered the most appropriate methodology was because of the strong resonance that this methodology has philosophically with Existentialism and the congruence that this has with the researcher's intention to seek to understand and uncover the participants meaning making of their experience during the time of relevance to the study.

Although other methodologies including nomethetic and quantitative approaches such as online survey were considered it was noted that quantitative

work was already being undertaken by Bekes et al (2020) in the Yeshiva University in New York at the time. Therefore, I decided to focus on a qualitative, idiographic approach that would help answer the question that I was interested in which included a rich and textured uncovering of the experiences of psychotherapists during this time. I think that this would not have been achieved via any quantitative approach, Furthermore the inductive nature of the IPA approach was suitable since it was not about trying to prove a theory but rather allowed for the generation of a rich description and interpretation of the participants experiences at that time.

3.10 Conclusion

This chapter has provided an overview of the methodology and methods employed in conducting this study. It has offered a roadmap for the reader to understand the process that I have undertaken in throughout this study. I have tried to provide a flavour including sufficient reflexivity and enough detail of the mechanics of data sourcing, collection, analysis and interpretation process so that an interested reader could replicate the study. The following chapter presents the findings of the study from the cross-case analysis of the data. Participants' voices are highlighted and privileged in this section to offer a rich tapestry of experiences of their lifeworld at this time.

Chapter 4 Findings

This chapter outlines the findings that emerged from the data analysis of the interviews with psychotherapists working online during the COVID-19 pandemic in Ireland. The findings from the research are presented from the transcription, analysis and interpretation of the data collected. I presented the participants' worldview and my interpretation of their meaning-making of their experience using the Heideggerian influenced double hermeneutic (Smith et al., 2009). I aim to tell a detailed and substantive story of the psychotherapists' experience of working online during COVID- 19 in Ireland. I have attempted to do this in a comprehensible and convincing way that is authentic and true to the idiographic principles of IPA. Some of the quotes presented may also be interpreted as relevant to more than one theme. In such cases I have made a choice on where to present these according to my own subjective view I have also mentioned where I believe there are obvious links to other themes. I have moved between the voices of the participants and my interpretation of their accounts to provide a sense of each individual experience. I have also presented the overarching themes across the data to provide a group sense of the experience, while highlighting both convergences and divergences across the cases presented.

4.1 Contextualising the Experience of Participant

At the time of the initial crisis, there was no established online practice precedent in Ireland. Professional bodies did not have adequate guidelines to support their members in the early days of the Lockdown. This meant therapists were trying to pivot online without specific guidelines on how to do this and relied on other jurisdictions such as the US, with established custom and practice for guidance.

This changed as the weeks went by and local professional bodies published guidelines to support psychotherapists working online (IACP, 2020; PSI, 2020). Participants' accounts showed a change in their experience over time indicating that there was a distinct time-related or temporality piece in the Heideggerian sense, relating to the response to the pandemic (Heidegger, 1980). During the early days there was a sense of shock due to the initial Lockdown and being thrown into a circumstance where there was no alternative but to work online or not at all. Participants expressed how they found a way through sudden disruption to daily life and therapy as usual and that they somehow moved into normalising the situation as the Lockdown continued beyond the initial period of two weeks. Then when the restrictions started being lifted and the community was coming out of repeated Lockdown scenarios, there seemed to be another shift in attitudes that many experienced in relation to how they felt about the use of technology in their practice into the future.

4.2 Group Experiential Themes

The following section privileges the voices and the experience of therapists working online during the pandemic period. The selection of voices presented provides a vivid account of the participant experience. There were four main themes outlined in Table 4.1 that emerged from an analysis of the data collected. There were subthemes linked to each group theme that were nested within these themes. The subthemes provided an additional dimension into the meaning-making for therapists of each particular experiential theme.

4.2.1 Summary of the Group Experiential Themes Across Cases

The first theme *Finding a way through the uncertainty,* presented psychotherapist participants accounts of how they found the challenge of moving online overnight

to working remotely with clients to be both shocking and horrifying. Therapists described how difficult it was for them juggling their lives working from their home spaces with virtually no notice, to prepare for this eventuality, within the context of strict lockdown and restriction on movement in Ireland for a protracted period of time.

The second theme *A sense of connection vs disconnection* presented the experience of working online in the pandemic in more detail of how psychotherapist participants found, on the one hand, the remoteness of being away from, and on the other hand, struggling to maintain a connection with clients, during this time. The findings showed how the use of technology was an integral part of making and maintaining connection, but also could ironically get in the way of connecting at times.

The third theme identified was *A sense of loss and isolation,* defined by a sense of lack of options and loss of control. This was about an existential confrontation experienced in the face of a life-threatening situation which was shared with their clients, COVID 19 and the associated sense of isolation and the lack of control that went with this experience.

The Fourth theme that emerged was *A feeling of surprise that it works.* Therapists reported being surprised and amazed in some cases that they were able to make deep connections with their clients online. On the whole the themes that emerged from this study uncovered a story of an initial shared trauma moving towards resilience and growth across the period of study early pandemic to post pandemic public health restrictions in Ireland.

Table 4.1

Summary of Group Experiential Themes and Sub-themes

GET 1	**Finding a way through uncertainty**
Sub theme 1	Together learning as they went along
Sub theme 2	Feeling duty bound to keep the show on the road
Sub theme 3	A pragmatic response was taken
GET 2	**A sense of connection vs disconnection**
Sub theme 1	An embodied experience
Sub theme 2	A sense of exhaustion
GET 3	**A sense of loss and isolation**
Sub theme 1	The world shrinking, reducing, dying
Sub theme 2	A sense of existential isolation
GET 4	**A feeling of surprise that online therapy works**
Sub theme 1	A change of perceptions on online as a mode of therapy delivery
Sub theme 2	Adapting to a new situation

4.2.2 Group Experiential Theme 1 Finding a way through the uncertainty

The analysis begins with an extract which vividly described the angst involved for one psychotherapist at the early stages of the pandemic when public health concerns justified restrictions on movement globally. Initially, there was the sense of a sharp shock among many of the participants interviewed. The

participants also showed convergence in how they expressed their feelings of uncertainty at this time.

Chris was a psychologist specialising in psychotherapy with 15 years of experience, working from a Psychodynamic perspective and was in an urban environment during the pandemic. Chris described the experience as, “It was kind of maybe a bit like kind of falling off a Cliff... But. not landing anywhere” (Chris interview 8, line 256). There was a sense of total lack of control and agency in the outcome of the situation. It was a very uncomfortable life-threatening situation with no end in sight and no certainty about how it would be resolved. There was a sense of free fall into an abyss.

Chris described eir experience in terms of a kind of existential resignation, as one of “acclimatising” to a very difficult situation. For Chris, there was a recognition that in spite of the horror of it, ey reported a belief that people habituate to everything, even the most difficult circumstances, eventually. Chris described in the beginning of the pandemic experiencing a sense of “falling off a cliff” and, similar to Jay a sense of absolute “terror” and “horror” at the thought of a virus wiping out the whole world.

Chris described that after a while, there was a sense that the scientific research on the pandemic suggested that not everyone who got the disease was dying, and then there was a process of acceptance and becoming accustomed to the situation, getting used to it. There was, however, still a level of uncertainty because it was not known where or when the pandemic was going to end. Nevertheless, there was a sense of getting used to it and habituating to the situation and the experience of finding a way through it became evident.

> Initially, yeah well well, there was a kind of, I suppose you adapt, don't you? You kind of like acclimatize to everything. So when you're falling in initially, it's like that absolute terror, the horror or...Well, maybe that's too strong a word, but the kind of the sense of like...And like that, there's a...It's like a we're in a movie and there's a virus that's going to wipe out the whole of the world kind of coming, you know, kind of you know, if you were to take it you know to the extreme... and and my parents, you know, family members who were vulnerable are going to die... you know, if they get this, you know. And then after a while, more research comes out... more you acclimatize you get used to it. You see that, maybe you're older, vulnerable people, not all of them are dying, if they get it. You know this is when Delta the the 1st... And things kind of start to… OK, right? It's still serious, but you adapt and you you do certain things to kind of become resourceful in it…So you still, you still don't know where it's gonna end, you're still falling ... but um (laughs) You kind of get used to it! (Chris, Interview 8, line 274)

Chris uses the metaphor of being in a movie where a virus has the potential to wipe out the world, to describe the experience of living in a world that is absurd, somehow unbelievable and removed from reality. This also links to GET 3 of existential isolation and being distanced from reality. Eir use of language is also consistent with this sense of distancing from the reality of the experience which links into GET 2 the theme of disconnection, as ey uses the third person to describe eir own experience "you acclimatize" "you get used to it" as opposed to using the first person "I" to describe eir own experience. Ey described a metaphorical sense of "you are still falling", in spite of adapting to the situation

suggesting a sense of being out of control and at the mercy of circumstance. There is a strong existential flavour to Chris's account of eir experience of "falling" with "absolute terror" and "horror" at the threat that ey feels to eir survival and the uncertainty of what the future holds.

The participants stories were told in the face of the COVID-19 Pandemic which was regarded by most as a serious existential threat. There was also huge uncertainty regarding how long this threat would last. At first, the extent of the threat was unknown, there were questions about the mortality rate and how easily the disease could be transmitted? There were also questions about when, how or if, this pandemic would ever end. The consequential public health restrictions were broad and affected the movement and lives of the general population including the professional community of psychotherapists.

4.2.2.1 Sub Theme 1 Together learning as they went along

Jay is a psychotherapist with 20 years' experience, working from a transpersonal perspective and was living in an urban environment during the pandemic. Jay described how awful it was to suddenly find that ey was expected to change eir custom and practice in the way that ey worked, overnight due to the public health restrictions. Eir description of eir experience was strongly emotional and expressive, ey referred to being unable to find words to adequately describe how awful it was for em,

> I can't describe how horrendous it was, and the technology…. the technology, uh? Connections, oh my giddy aunt...What happens when somebody disappears off and you know I was working on Zoom, so suddenly someone would just go over and the whole screen would kind of reboot and then start the session again...And you're like going. ...What was

> that? There was this "Thing" that would kind of rip...Your room away.... And you'd just be standing there ...On your own and it's...Like I have no idea, so quite a lot of the session would then or each session where that happened would be spent on... Didn't know that would happen...How was that? Where would, what happened for you? How did that go? (Jay, Interview 6, line 113)

Jay used the term "horrendous" which is from the Latin meaning hair standing on end (*Definition of Horrendous | Dictionary.Com*, 2022) to describe how it was for em at this time, suggesting an extremely negative experience. Eir reference to eir clients disappearing and the screen kind of rebooting and a sense of confusion with it all can be interpreted as a metaphoric reference to what was occurring more broadly in the social circumstance of the pandemic. Jay faced all of this together with eir clients and having to find a new way of working and surviving under these unprecedented conditions. The word "horrendous" also suggests a fearful and shocking experience, one which is grisly, awful and nightmarish. Ey refers to this "thing" which could be interpreted as the technology or the pandemic or both which had the power to disrupt eir entire life.

On one level the pandemic had the power to rip everything away leaving em both standing there in existential isolation, and separated from one another, dazed and confused at what just happened. On another level one could read em as saying that the technology was this thing that had the power to either connect em or disconnect em from eir client. Jay described how difficult it was as a therapist to find a way (GET 1) to remain connected (GET 2) with eir clients in the face of huge challenges with the technology, also recognising that learning to use the technology was a way stay together (GET1) with eir clients through the crisis. Ey

describes how when there was an interruption in the connection (GET 2), once this was re-established, ey would use the disruption in the connection to notice the potential for rupture in the relationship and to go deeper with the client. Ey did this by checking in with eir client to stay in relationship, "how was that? how did that go for you?" This was how they found their way through this time online together, by walking and talking with eir clients throughout the experience of it along the way. Client and therapist were in this circumstance together figuring out how to make connection and stay connected with one another despite the prevalent and diverse pandemic challenges.

Kai was an early career professional when the pandemic hit. Ey described eir approach to therapy as Humanistic. Ey was 1 year post accreditation and working in an urban environment prior to the pandemic. Kai echoed what others were saying in relation to the shared nature of the experience of living through a pandemic and that this was a defining aspect of the experience for em with clients,

> I don't think I've experienced that as strongly in anything other than this pandemic, because it's it's real. It's a known thing, for we're all going through the pandemic together, nobody is escaping this...Yeah, I think that's quite a, quite a lot to hold. And we'll be holding it for a long time. (Kai, Interview 1, line 448)

There was convergence among the participants as they described an experience being and learning together with their clients as they all navigated the pandemic reality. There was an implied reference by Kai to the existential element of the pandemic, that "nobody is escaping this" (GET 3) and what Heidegger, (1980) refers to as an awareness of our boundedness or finitude, the realisation of our lives being limited by our death.

4.2.2.2 Sub theme 2 Feeling Duty Bound to keep the show on the road.

There was a strong sense of duty mentioned by most of the psychotherapists interviewed regarding their duty of care not to abandon their clients in the crisis situation of Covid-19. There was a sense of distress and lack of control evident in the accounts regarding the experience of their environment, being in a high degree of upheaval which resulted in heightened uncertainty and anxiety, and this was clear in the accounts presented. The situation that therapists found themselves in was in direct contradiction to what would normally be the case for a psychotherapist, working in private practice, co located with their clients. Therapy as usual pre-pandemic was a situation where the therapist would be largely in control of the setting and ensuring the environment for therapy was suitable and private. The change in setting alone to an online remote setup therefore placed additional pressure on psychotherapists, who were trying to provide continuity of care and support to their clients in a safe and confidential way. The circumstances introduced additional variables to consider that were outside the control of the therapist. Participants described the sense of feeling duty-bound to continue to support their clients while at the same time being fearful of online as a mode of therapy delivery. Consequently, they engaged in the necessary problem-solving as best they could as they navigated their way through the crisis created by the pandemic.

Kit was an experienced psychotherapist working in a rural environment for over 14 years prior to the pandemic. Kit described eir psychotherapeutic approach as Humanistic Integrative. Kit spoke of eir experience as a team leader, feeling eir own distress but also witnessing the distress of eir team in having to suddenly transition online from in person work. Ey noted the resistance among

staff due to fear of making mistakes, or not being able to provide a good enough service.

> So we we couldn't in conscience cease treatment for people…especially people in very intense processes…The only alternative was to get creative. We didn't have the hardware and the software in the UP where in the down...yeah, but we committed to the idea… yeah but we committed to the idea (Kit, Interview 4, line 151).

Kit had a strong felt response, in which ey believed there was no way that ey could suddenly cease treatment for people, if there was any way that ey could provide continuity of care. Kit continued to describe how ey responded practically to feeling fearful, by asking "how can we support each other in this?" Ey described emself as feeling "daunted" and there was an implied pressure on em to lead a team who were all mirroring eir own feelings of being terribly afraid that online therapy may not work.

> So I was daunted at that level, and then I'm team lead. ...So I have a team of super therapists who were willing to give it a whirl, but we're all terribly resistant, terribly scared, and "What if we f***k it up? And what if it goes wrong and and and and..", so I had to contain my dynamic and help contain my teams'. While hearing their distress but saying... "So what? What can we do to help and be effective and support each other in this?" So there were very big dynamics for us (Kit Interview 4 line 178).

This sentiment was echoed in other contributions which also referred to the experience of being in the same situation as the client. So here the supervisor/ team lead was in the same situation as the therapists who were also in the same situation in some ways as their clients "in it together".

Sky who had 7 years post accreditation experience and was working in a rural environment described eir approach to therapy as Existential. Sky also felt that it simply was not an option to drop clients in the middle of a therapeutic journey.

> I felt that it wasn't OK to leave all of these people who were in the middle of a therapeutic journey high and dry, you know? So I felt that trying to provide some sense of clarity and certainty, I remember it being the priority actually at that time, and and trying to communicate a message to them. That there was going to be a plan in place because the initial message to them was, you know, we are taking a breather for the moment. "There won't be any sessions this week and there won't be any sessions next week, but we will be in touch. Over that period of time with you". So I suppose, I felt a sense of responsibility to communicate something with them and to have a plan, UM (Sky, interview 7, line 145).

There was strong convergence on this theme across the data collected, the shock of the shutdown left many therapists reporting feeling that they couldn't abandon their already vulnerable clients in the middle of their process. The overriding feeling was that abandoning clients would be unethical in normal times, however, under the emergency circumstances the duty of care that emerged, was arguably even stronger than it would have been under normal circumstances. Across those interviewed the majority of participants, reported that ceasing providing services to clients was not considered an option. Equally it was also noted that for some therapists their clients provided a purpose that was "lifesaving" and in some cases "a lifeline", so there were a number of factors motivating the continuation of work online. (Hunter, line 1113; Jude, line 1822; Cove, line 225).

Kit expressed this experience metaphorically as a kind of pioneering, going out with clients into the unknown together and working it out as they went along with them all the while soothing one another through the distress of it all.

> We were venturing off into the forest together on a journey that I hadn't been on before…And I was bringing them (clients) with me...You know that kind of way and and it was a dark forest...It was a bit of an unknown...But there was an awful lot at stake.... There was a bit of pioneering around it is how it felt...with risk… I.. think that was the piece...That all of a us and I particularly as a clinical lead felt, that there is risk to this (Kit, interview 4, line 320).

Ey reported what seemed to be a strong sense of camaraderie among therapists, supporting each other and checking in with clients too, to see if they were ok. There was a sense of high anxiety, and questioning whether they would be ok and whether they could get through and survive this wilderness of the forest, of working therapeutically online during a pandemic? This links back to the first GET1 *Finding a way through the uncertainty* and the subtheme 1 of *Together learning as they went along*.

> So so going out into the forest together...It was like ... I'll do my best, but I don't know if we will will be alright...And slowly gaining a bit of confidence... "I think we're all right...Are we still all right?" Yeah, so we were doing a lot of checking with clients at the end of group. "How was this?" Uh, and trying to reassure ourselves and myself and clients. "See you next week. We'll sort that out, or we'll check that out or".

For Kit it took time to stabilise in this circumstance and to become familiar with the new way of doing things. Kit described a felt embodied experience of the

stress of it all, as ey described how it took months to become comfortable with the new way of working.

> It took quite a number of months before I could sort of come to group in the morning breathing a little bit easier. Breathing a little less tense tight, you know that upper chest tightness (Kit, interview 4 line 324).

Like all the participants interviewed Sky also had a practical problem-solving response to the crisis of not being able to see clients in situ anymore. Ey spent time during the first two weeks of the Lockdown, thinking about how to open a teletherapy practice.

> During that time, I suppose what I spent my time doing was trying to figure out how to setup a teletherapy practice, and so it was quite stressful and trying to change everything in in a really short period of time 'cause I did get a sense that it wasn't going to just disappear in two weeks based on what we ..hearing and knew about what was going on in the rest of the world (Sky, interview 7, line 126).

There was a sense for Sky early on that it was not a short-term situation, ey described eir approach as useful in retrospect, which resulted in eir working hard in the early days and weeks to establish a safe and considered teletherapy practice for clients to engage safely.

> I think it was actually quite useful to have a realistic sense, in my mind of what it was going to be like, you know, I think that if I had thought it's just going to be these two weeks, I would have done nothing for the two weeks I would have just taken 2 weeks off with my children and done no planning for my clients or anything like that (Sky, interview 7, 135*)*

4.2.2.3 Sub theme 3 A pragmatic response was taken

Across all the participants, there was a pragmatic problem-solving response taken to the crisis. Kai described a proactive, constructive and business-like response in the face of the crisis. Eir response was one of practical problem-solving in the moment of crisis, with little room for reflection or thinking more broadly about what was happening. Kai expressed how ey never allowed eirself to reflect on eir emotions about the situation much. Continuing to support clients was the priority. Ey went about problem-solving to find a way in which ey could continue to support eir clients in the circumstances. Ey noted that ey had to bracket off eir emotional response to the situation in order to keep focused on how ey could support eir clients. The implication was that ey was forced to move online since there were no other viable options at the time.

> I suppose looking back at it now, thinking about March last year… Though I gave myself very little space to actually look at the situation, that was that we're changing to going online and it was more in my head of like, how can we support our clients? So OK, we've got phone and we've got online so we need to figure this out (Kai, interview 1, line 146).

> So I suppose it never really, there wasn't. It wasn't, uh, it wasn't like I was making a decision to move some of my practice online. This there was no options, either phone or or face to face on Zoom or teams or ...teams...I suppose is what we use. Yeah, there was I suppose 'cos this was a pandemic. There was so much going on in that (Kai, interview 1, line 148).

There was also a strong sense of duty to the clients to continue to support them, as shown in GET1 Sub theme 2. This pragmatic approach is suggestive of a coping mechanism on eir part, while simultaneously being true to eir duty of care towards eir clients.

> OK, we need to figure this out. So we need to learn how to use teams. We need to make sure that this works. Taking into account GDPR, how can we have peoples' information? Like we need an email, we need to be able to contact our clients so the workings of it was. Very much like OK. Let's see what we can do, but how can I work this? How can I support others? How can I get support? (Kai, interview 1, line 156)

Jude was working in an urban environment prior to the pandemic and with 20 years post-accreditation experience. Ey described eir predominant approach to therapy as Humanistic. For em as a psychotherapist there was weirdness or strangeness associated with the restrictions on movement and not being able to leave the house.

Ironically there was a sense of Heidegger's uncanny (1980), in not feeling comfortable at home while being forced to be at home…for Jude there was a strangeness a weirdness in it all and ey was skeptical whether the online alternative would work for therapy. Ey spoke about what helped em, in the beginning, to reorientate to this new way of working,

> Uhm, but I think it it helped me to have this big screen in front of me. Uhm, and it helped me to try and build a structure of working uhm. Yeah, I I mean we joke about it now, it's I don't know. It's it's so we've got so used to it now. But it was so weird never leaving the house. I was so weird, we you know...very strange hm (Jude, Interview 3, line 848).

Jude described the practical aspect of having a big screen as helpful as well as building a routine and structure around working. Ey also suggested how there was something that one could not explain about the process, something similar to the concept of "magic feathers" in existential therapy. Spinelli's idea of the "magic feathers" is that the "therapy world" is critical in determining the successful outcome of psychotherapeutic interventions (Spinelli, 2013). Jude likened what ey called the "sacred space of theatre" with that of "sacred space of therapy", as ey described the practicality of preparing the space for video therapy.

> It's it's like the magic feathers in existential psychotherapy. It's like we, we try and create together a space which in which magic work can happen. In which the the conditions for psychotherapy can work and I didn't know how well it would work... Bear in mind at the beginning I was skeptical (Jude, Interview 3 line 834).

There was also a sense of urgency and strain for therapists in the unexpected nature of the crisis, and there was very little preparation time for the shutdown of clinics and private practices. This situation resulted in crisis management for all participants.

Sky had a sense by observing international trends that the Lockdown was going to go on longer than the initial 2 weeks being suggested by the authorities and therefore made longer-term plans to transition eir entire practice online.

> During that time, I suppose what I spent my time doing was trying to figure out how to set up a teletherapy practice, and so it was quite stressful and trying to change everything in in a really short period of time 'cause I did get a sense that it wasn't going to just disappear in two weeks based on

> what we ..hearing and knew about what was going on in the rest of the world (Sky, interview 7, line 126).

This was not the case for all therapists though. In the case of Kai, for example ey described moving from room to room in eir house and how it took a few months before ey acknowledged that this was the new reality (online) and that they were not going back to co-located work anytime soon.

> Yeah, this would not be long term. This is only... it's only a little bit. We don't need to settle into this. 'Cause we'll go back. Huh, so I suppose it was until really after the Summer. That I realized that that happened, and I thought, you know, I suppose the realization that when we are going to live with this for quite a long time and no, we're not going back (Kai, Interview 1, line 252).

4.2.3 Group Experiential Theme 2 A sense of connection vs disconnection

Psychotherapy relies on the possibility of forming a therapeutic connection between the therapist and the client. At the onset of the pandemic, therapists were concerned about their ability to be able to effectively transfer their work and relationships with clients online. Participants in this study expressed concern regarding how to use their bodies in online therapy to better understand their relationship with their clients. There was concern among the participants that this embodied aspect of therapy would be lost online. This concern emerged strongly among those interviewed. Participants expressed their experience of this in different ways, some emphasising connection, others disconnection and still others emphasising the embodied nature of their experience of the transition to work online.

Jay described making a connection initially as a lot of hard work as the technology, Zoom, felt like a third person in the room (an intruder), something disruptive to the process rather than facilitative of it. Yet ironically, under the circumstances, ey saw it was necessary for any form of connection to occur and described how difficult it was learning how to make it work.

> Right, so that whole just working out the mystery of...What Zoom was doing as the third person present in the room with us.? As that...kind of entity that sat between us... And whether it was Zoom or whether it was the Internet connection, you had that and whether that worked for you, whether that was Ethernet in which case. If it's Ethernet, it can't be my end right and it...Must be you and you know that that kind of you know how people project that... you're the one that's supposed to be responsible for this…You should know... and actually I have no clue why your end isn't working..., but hey, what's that about? So that at the beginning...There was a lot of hard work... whilst I as a therapist started to learn about what was going on and the patients acclimatized to not seeing me anymore... (Jay, interview 6, line 113).

Another example of disconnection and distancing was quoted earlier as Chris described the pandemic experience as being "like living in a movie", where there was a virus coming that had the potential "to wipe out the entire world". This speaks to eir underlying existential angst regarding the demise of the human race. In Chris's case eir description is an extreme and dissociative one of observing eirself in a movie. The distancing suggests a defense against the severity of the fear of the threat of the entire world being wiped out and by implication, the real

threat ey experienced to eir own continued existence on both a personal and professional level.

Hunter also used a metaphor which was distancing to describe eir experience. Ey described it as "like a space trip" being defined, by the fluidity between the physical 3D and transitioning over to the screen,

> a bit like you know when you think about the early days of Star Trek... you know they would just sizzle into their different dimensions remember of these spots and they'd be beamed up…so it's a sort of beam me up Scotty and literally for the space trip that it is (Hunter, interview 2, line 999).

4.2.3.1 Subtheme 1 An embodied experience of dis/connection

Cove described emself as a Gestalt and person-centred therapist with 12 years post accreditation experience working rurally prior to the pandemic. An example of using the body to facilitate connection was provided by Cove who reflected on how a lot of eir sessions initially were about trying to connect with eir client. Following moving online in response to the Lockdown, ey developed a ritual to assist em to connect with eir clients remotely. Ey described how turning physically in the direction of where eir client was located helped em to feel more connected to the client. The physical act of facing the client, wherever they were in the world, helped em to orient and connect with eir client,

> How to consciously face the person that even though we're further away we're facing I'm facing you and that's uh, this energy is the emotion in me about that... That, well, somebody's taking special care to be facing me (Cove, interview 5, line 331).

Cove described an emotional felt experience of turning towards the client online as an embodied intention and of being in the present moment with the other person

and so making contact remotely. Ey remarks on how this felt experience was unexpected (GET4) with their clients and ey notices it was also present as they spoke to the interviewer,

> I'm saying yeah, I mean, you know orienting towards and that my attention is…As much as humanly possible in their direction. That of all, the other people in the world, or we might have... that right now for these 50 minutes that I focus on what's there, reaching towards me. Yes, symbolically as well as actually.
>
> Yeah, I am surprised that I could feel that emotion as I turned towards you, there, I didn't expect that, cause I used to do it in the beginning (Cove, interview 5, line 285).

On the other hand, some participants explored how they found that the manifestation of themselves looking back at themselves on the screen, had a disruptive effect for them and was damaging to the therapeutic connection, as it was distracting for them. For example, Hunter described how distracting and disruptive to the connection with clients, it was to see their disembodied reflection mirrored back to em on the screen,

> Yeah, and then I would on one or two occasions I've done the split screen…so I can see myself, which distracts completely…so I just look at myself…I can see why everybody wanted plastic surgery after the pandemic with, if you are looking at your face all day long umm. (Hunter, interview 2, line 543)

Similarly, Kai noticed that clients particularly younger clients were also uncomfortable with seeing a disembodied version of themselves express emotion online.

> And if you know, even recently you know, even if even being upset online, they they're looking at themselves crying and that's uncomfortable and it's uncomfortable because they can see it…it's two layers to that." (Kai, interview 1, line 302)

Another example of the embodied experience of working online is included in Kit's reflection on eir own initial anxiety which ey felt physically regarding working online,

> It was just, uh yeah, I think that's a very important piece of how I can map it. Is that tight chest that real concern for others and real concern for, "Will I be OK in myself, holding this? (Kit, interview 4, line 192)

For Kit ey described the experience as being defined by a mixture of excitement and concern,

> I have to say it was exciting. But it was fraught with that tight chested concern. Will it work? Can we do our business? Can clients do their bit in it? Will it be safe? The encryption issue was a huge issue" (Kit, interview 4, line 206*).*

Cove described the experience of moving online as surreal, and more of a mixture of embodied and disembodied experience. It was an out of body experience for em, in the sense that it was all taken from the physical world and transitioned into a cybernetic world, however there was an aspect of it all that was psychologically shared albeit not in the same physical space and there seemed to be a comfort somehow in this shared nature of the experience. As described previously ey also consciously turned towards the location of eir clients in order to try to activate a felt physiological connection with eir clients,

> It was like it wasn't real...Because it wasn't. I had a transition from a rented space that I've always felt I should be renting a space away from home to call myself "a worker" ...A worker… you know going out to work. So that was one transition, but transition to Zoom with the same client... Uhh Well, I actually felt. Umm more even though I was apprehensive, I had felt this is a shared experience before we even can see and hear each other in the same room virtual room. The necessity to have a place with Wi-Fi to have a laptop to have privacy and and as you know the electronic interruptions of the buttons and the that that was a shared experience that that I I enjoyed Even though I'd be panicking one that couldn't turn this on or couldn't turn down the UM And and it wasn't so much that I got Good at it and that the other person and we did. Oh, everybody got really, really good, you know. Very quickly. It was the feeling that even if they don't.... Sort this out right away, or if I don't sort this ... Out right away. ...It's not like being dismissed It's not like insulting somebody or shaming somebody because the intention is clear "(Cove, interview 5, line 137).

Cove described how ey felt that the online environment resulted in a certain shared understanding between the client and therapist. This understanding was, that if there was a disconnection between them, it was unintentional, and there was an implication that the intention was always to connect.

For Sky, there was something about the Zeitgeist of the time - online therapy matched what was possible at the time. It was what was possible as we were forced to disconnect and socially distance from one another. It was a way to somehow stay connected despite the restrictions, it became a means of survival,

together but apart, connected and yet remote from one another, During the pandemic I think it was like…Being connected in a disconnected world. It was like people had to physically…you know, disconnect from each other and the online platform, the online therapy room allowed for connection to happen... But in terms of what was kind of happening at that time like... in a way, that's the positive you know, that there was a connection...that connection was still happening, but at that time it was, it was very primitive connection UM?

> That kind of, just that feeling of that Groundhog Day is what keeps coming back to me, you know, and it was like we were just surviving together...type thing, yeah? (Sky, interview 7, line 390).

4.2.3.2 Subtheme 2 A sense of exhaustion

For most participants the overwhelming feeling reported was initially apprehension followed by a practical response, and an experience of a need for survival coupled with emotional exhaustion. Kit noted his own initial bias regarding online therapy, and the out of body aspect running counter to his preferred way of working with clients which was working with the experiential nature of the body. Ey found it unsettling to consider working online and was doubtful it was possible to be therapeutic,

> Well for me as a practitioner it was daunting, uhm? I'm around the block, a long time doing client work since 1984, UM, I've never been terribly plussed with the notion of online therapy because I would be very into the experiential body presence of working with the whole person toe to tip of crown. (Kit, interview 4 line 172)

Many of the participants were able to cite examples of coping, that they experienced as the pandemic progressed and they become more familiar with and

used to the new way of working with clients. Despite this though there was a strong theme of exhaustion present in this as well. Sky described a strong sense of fatigue in eir experience of pushing through the difficulty of the situation. Seeing numerous clients while trying to bracket eir own experience of the shared experience of living through the same disaster as eir clients and staying focussed and connected with each clients' individual story and needs was exhausting. The task of not getting lost in the shared experience of the pandemic was very challenging.

> That was hard. Yeah, that was hard, and I think that's what was very draining for me trying to continually focus on seeing this person experience as completely their experience, you know and not try to put on them any any of the way that I was experiencing the similar the same experience you know and and there was obviously something broader that was relatable by all of us. The pandemic, the schools online, everything be not like, you know there is all of this relatable stuff, but obviously we do all experience everything differently you know… so I think what was very tiring and exhausting for me was trying to breakthrough those peripheral commonalities…and tap into the unique experience of the client, as different to how I was experiencing things, you know and and taking..taking that on on... you know and then 10 minutes later...Starting that process with another person, you know, who also is sharing the same peripheral experience, but needing to kind of get through that to get into their actual experience of it and not get clouded in just like the facts of the situation, you know. And so I found that quite exhausting, uhm? Yeah,

> and I think that was a huge contributory factor to that fatigue that I felt and and I could still feel an element of… (Sky, interview 7, line 460).

While Sky's experience of working online was positive in that ey found that the technology facilitated connection in a disconnected world; Jay on the other hand was not as optimistic and reflected divergence. For Jay, clients were reporting that online as not as good as seeing em in person. The technical connection issues that Jay experienced initially made it difficult sometimes to connect with clients and so had an impact on eir ability to communicate effectively. This resulted in frustration and a sense of having lost something. On the whole however, Jay's account converged with others such as Sky and Kit in that ey described the experience as exhausting as well.

> So there was that sort of, uhm? This isn't as good as...seeing you...Right, and it's so frustrating 'cause I'm sitting here talking and you have no idea what I just said.... And I don't know what I said to repeat it.... And we've lost something.... So initially it was... The overriding experience was exhausting!" (Jay, interview 6 line 113).

Jay reflected eir own frustration with the precarious nature of this process of client and therapist together figuring out how to stay connected with one another online, albeit at a distance with the variety of challenges presented along the way trying to connect with the client, and that something may be lost. The intensity of the experience of trying to stay connected ultimately leading em to exhaustion.

4.2.4 Group Experiential Theme 3 A sense of loss and isolation

The participants described what it was like for them as the pandemic suddenly arose in March 2020 and they were faced with reduced options in relation to how they could support their clients. There was convergence within the narratives of

participants as they underlined how shocking and difficult this was for them in terms of the loss, they experienced both personally and professionally. The thrown nature of the situation which was not of their choice and how circumstances were not within their control was another aspect of the experience that participants reflected upon. Due to the feeling of being thrown into the situation by force of circumstance, many people were consequently also considering more essential aspects of their Being or non Being, living or dying, the boundedness of life and the inevitability of our death, the nature of our existence and the meaning of their lives.

4.2.4.1 Subtheme 1 The world shrinking, reducing, dying

Hunter described eir experience as one which was reducing, where everything shrunk to being on a screen, the feeling of going inward and introspection was strong and there was an awareness of the possibility of dying, or as ey described it of "not being" in the world. Hunter's account implies an existential concern regarding life and death and not being in the world any longer.

> There was a certain kind of feeling and I suppose they see it's in the context of the Lockdown anyway... So my my sense of it is that it's a very...It felt like going in...you know, it felt like shrinking...the world had shrunk a lot...to me in a computer, really . It didn't matter where I was... .Yeah, you know you could be anywhere and...I mean, I never was anywhere… I was always here, but you could be.... yeah... .so I think the idea of its shrinking and I think the idea of introspection. I mean, I felt very …isolated. Isolated …. not in a bad way. now… just that sense of
>
> Not being in the world, Not Being" (Hunter, interview 2, line 1088).

Cove refers to the loss of contact with others as hugely significant in that eir world was reduced since the only other persons besides eir partner ey was meeting during the day were eir clients online. There was a sense of isolation in it as ey described being in an empty house where the children are gone.

> Yes, it's human contact. With a human being. Whose society? The Human race society, culture and and their community. Uh, there's huge equality in the in the lock down. And loss of contact with others. So there was an extra value piece for both therapist and client of. Uhm, meeting somebody for an hour. You're not having dinner with them later on, or it's not the only person that you could. It was, there was no, there was nobody else. I didn't meet anybody else, only my wife and myself; we have children grown up, empty house and gone. (Cove, interview 5 line, 225)

Cove made reference to the temporality of our existence the changing, nature and stages of life and the circle of life too “children grown up, empty house and gone”. Cove was also contemplating eir life purpose at this point and the pandemic threw this up for em in so far as ey was aware of how being a worker was a large part of what provided em with identity and purpose in this life. The experience of the Pandemic challenged this identity.

Hunter described a felt sense of confusion and withdrawing as ey struggled to articulate the experience of what it was like being away from society and working with eir clients online.

So it's like I don’t know whether I just sort of went into this zone... anyway or if it is been... so I think it is all weaved together for me...but I do think Zoom has a tendency to the whole whatever online stuff its um oh I don’t know what the word

is insular is not the word but something like, what is the word it's almost like being underground or something (Hunter, interview 2, line 1101).

Ey described it as like "being underground or something" which has the connotation of being buried, hidden somehow not visible, there is a traumatic flavour to the image, which also suggests the idea of being unable to breathe, suffocating or dying. There is also an implied reference to COVID-19 which was a disease which attacked the lungs and resulted in many people being quarantined in an insular way and in some cases dying in isolation from suffocation.

Hunter also expressed eir sense of loneliness professionally and a need to sit down and communicate with other colleagues, implying the need for peer support,

"And I felt a need for other colleagues… To sit down and talk with them." (Hunter, interview 2, line 1).

4.2.4.2 Sub theme 2 A sense of Existential isolation

Jude noted that eir own trauma was a deep fear of isolation and this was ignited by the experience of the emergency which made things even more difficult for em.

> So my own trauma…Uh is a a fear of isolation…So because I live on my own…It it felt like a snapshot and I'm going through the whole mortgage eviction battle…And it felt like a, you know, the universe was saying… OK, well this is a snapshot…So from now on you're going to, you're going to be definitely living on your own…Definitely single, until the pandemic is over, 'cause, where, how, how you going to meet anyone new? So this is it and you have to make use of your own company. You have to…Uh, get used to it and you, you even have to thrive in it, because what's the alternative and? So the experience of connecting on Zoom I, I mean, I said

> often, even if it had just been five years previously when the pandemic hit, the technology would not have been good enough (Jude, interview 3, line 1793).

Jude talked about the distress of how all that which would normally have supported em was suddenly removed resulting in a real challenge to eir survival and became visibly distressed when talking about it in the interview. Ey described the loss of supports and the isolation as "the Killer" and expresses disbelief that ey managed to survive the circumstances.

> but I think I had no, the social networks that and the the the, all the things that usually support me through difficult times like meeting with friends like you know, all that. I'm a social person... that was taken away. That's that's the Killer, I just found it extraordinarily difficult as I talk about it now I don't know how I survived it.... really challenging for me, No I don't.? (Jude, interview 3, line 353).

Jude later in the interview expresses disbelief that ey managed to survive this ordeal. I always start my zoom sessions with a hand wave, UM, but I'm afraid I'm thinking of the line, UM? Not waving but drowning I I really felt I was drowning in the initial stages. I'm surprised I am still here and still alive (Jude, interview 3, line 1895).

Hunter mentioned feeling very isolated and disconnected from the world and a sense of eir clients being the only other persons ey had contact with,

> I felt very…, but I think that had to do with the Lockdown. I felt very disconnected from the world and yeah, there was just me and my clients really and actually, do you know what? that was a very umb...That was certainly kind of life saving too, in a way! (Hunter, interview 2 line 1111).

The lifesaving image was also mentioned by … Jude who also noted that working online with clients was something that helped save em personally during the pandemic,

> At the time it was a bit of lifeline, but also very strange I I.. I never realized I was this anxious...up until this pandemic. And now, uhm, as I sort of look forward, I am making sure that I never get as anxious again (Jude, interview 3 line 1822).

Chris described eir experience of this period as mixed opening a door of online therapy on the one hand while at the same time being a difficult and isolating time that has left eir feeling ungrounded and apprehensive about the future and what it holds,

> Uhm, I think it made me more confident online anyway of working online. I now have that experience where, whereas I probably wouldn't have had it to the extent that I did it. You know, if if the the pandemic never happened and so it's opened a door, I suppose in one way. But also, you know it was a it was a very difficult time for everybody. It was quite an isolating time. Um It feels, but it feels like it's it's in the past that piece. ...But it probably isn't... There could be another wave anytime... so there's a sense of kind of, I'm feeling a little bit more kind of ungrounded or a little bit more insecure about the future (Chris, interview 8, line 281).

Kit depicted the experience of transitioning to working online with clients as one of a pioneering journey into the unknown, filled with uncertainty and risk,

> Yeah, so we were. We were venturing off into the forest together on a journey that I hadn't been on before. And I was bringing them with me...You know that kind of way. And and it was a dark forest...It was a

> bit of an unknown...But there was an awful lot at stake ...There was a bit of pioneering around it is how it felt...with risk I... think that was the piece. That all of a us and I particularly as a clinical lead felt, that there is risk to this (Kit, interview 4, line 320).

Kit described this experience as “tough” navigating the technology but also learning how to do therapy online and how to connect and be present with clients who had complex backgrounds of childhood and adult trauma,

> So it was tough. And then there were lots of people who... who just didn't know how to do this technology stuff they were trying to be present in a therapeutic process which was very challenging anyway, most of them having very, very extensive .. childhood and adult trauma (Kit, interview 4, line 182).

Kai described how detached ey became from the world during Lockdown and how ey habituated to being at home all the time. Ey also reflected on how this experienced helped em to empathise with eir clients who were also going through this circumstance of reduced stimulation and contact with the outside world.

> How detached I was from the outside world at times myself. How easy it would be for me to cocoon in my house do my work. Like I think. There was maybe a month that I didn't actually go outside the house. And I think you know I'm going through that, but that's my clients are going through that. So you have a great understanding of where everybody is at potentially. So there's a lot of work going on (Kai, interview 1, line 458).

Sky described the frustration of the aspect of the experience which felt like things were on hold ey described the experience and likened it to Ground Hog Day suggesting that there was a tedious nature to the way things were, with

undesirable events occurring over and over in the same way. Sky suggested that eir life seemed without purpose at this time, that ey was simply doing and existing without a greater aim beyond survival.

> You know things were happening and things were moving. But yet they weren't. So it was. Yeah, it was. It was a bit strange. The days sounded nice, but actually it was. There was a weird feeling that's. Hard to put words on I, I think. Kind of without Purpose is the only way I. Can describe it… Groundhog Day...You know, existing doing what you're doing without a greater aim, except just kind of survival, you know? (Sky, interview 7, line 309).

4.2.5 Group Experiential Theme 4 A feeling of surprise that it works

Having experienced being thrown into the pandemic situation, which resulted in clinics closing and therapists scrambling to try to find a way to continue to support their clients, there was a general sense of both curiosity and, in some cases, amazement that online therapy could be effective. Participants described variously being amazed and surprised at the fact that their initial fears about online therapy were not borne out.

4.2.5.1 Sub-theme 1 Change of perceptions of online video-based therapy

Kit acknowledged that initially, ey was against working online as ey believed it was not congruent with the way that ey worked. Ey feared that too much would be lost in the online setting to be able to do therapy effectively.

> Yeah, I I I.I think I was prejudiced to against doing online work. Out of my experience of being very much a practitioner who works with body language and presence... a sensory affect head to toe...And that's how I am in my own body.... So the cutting off of some of the human in “the

> rectangle" ...You know it...It's against my ...it prickles me...(Kit, interview 4, line 262).

Kit described it as "very ironic" that ey felt ey needed to reflect on eir biases regarding online working. Ey accepted that ey had been proven wrong through the pandemic. Ey acknowledged that ey had been thrown into working online, and eir experience was not what ey had expected.

> Yes, very ironic...Very so there were these humbling pieces that made me think... You know what? Ride on the journey here because.... I had this wrong.... Whatever prejudices I had...That's something to do with me because what happens in the reality of being connected with clients... If we're present in this room in this "rectangular room", therapy happens. There's a healing space. If if that's the intention of our presence together, turn up and be here and we'll work it out. And that's what we did in Group. We used the same structure in terms of of how we do group process. We used all the same tools, but now we were in a rectangular room... And it worked wonderfully well... and I had to sort of celebrate that and come back from my dissing it and not liking it I actually got to like it, and that is a very that was an emotional shift as well as cognitive shift and I 'm curious about that" (Kit, interview 4, line 268*).*

Cove also expressed surprise that it was possible to get a sense that the client was in the room with em and that ey could connect deeply with em despite the distance.

> Yeah, I was surprised that they could get, that they could sense that they weren't in the room on their own, they were...They could sense my presence in the therapeutic relationship and that's that's I hadn't. Yeah, It

> surprised me at first. And I don't. I still don't know how it works, but it works. We affect one another (Cove, interview 5, line 177).
>
> Yeah, but even if your internet goes into red lines and picture freezes or mine and that even if you know the bandwidth is gone or something...That it it doesn't alter the relationship...It actually strengthens it because it's it's a rupture. Yes, and when they come back and it's like an unspoken …. I knew...Sure … I knew you were trying to get back... you know. That's lovely ok" (Cove, interview 5, line 191).

Linking back to the theme of dis/connection GET 2, Jude also agreed that it was possible to create a deep relationship with another person using video conference technology,

> So yes, it is entirely possible to have a really deep connection over Zoom. And I know it because I I experienced it as with my own supervisor what she provided for me over Zoom was more than enough and I was going mad" (Jude, interview 3, line 191).

And ey expressed surprise at the depth of connection possible over Zoom.

> I certainly wouldn't have thought so. But honestly, the depth of work that has happened over Zoom, it has surprised me…it Really has (Jude, interview 3, line 1715).

Sky reflected on a pre-pandemic bias that it was just better to be in person

> And maybe attitude as well that it was just more valuable to be in person. On that to me just thinking about that now, but honestly, actually prior to the pandemic I can say that I didn't really give it a

> huge amount of thought which is strange to me really (Sky, interview 7, line 358).

Hunter, on the other hand, maintained that they found Zoom limiting. While ey acknowledged, it was possible to provide support for clients online, ey also felt that it was not the same. Ey suggested that it required a deliberate naming of a felt sense to bring that into the session, which ey felt was nonetheless still limiting.

> In other words, I would have a sense sometimes a really strong physical sense something had happened, and I'd ask. OK, whereas in the room. We'd be kind of communicating, somehow. Yeah, it would be quite different in the silence or in it, which is why I think Zoom is also limited. You know, quite limiting. Well, as in video conferencing, whatever you want to call it, it's limited" (Hunter, interview 2 line 673).

Indicating eir internal dissonance about the medium, Hunter also expressed surprise that while it is limited at times, at other times, it might be more accessible, where a client has a realisation or an intense moment occurred,

> It amazed me how… It was nearly easier to be...When there would be a moment, you know where somebody realises something or... Says something for the first time. Or you know where there's this powerful sort of moment (Hunter, interview 2 line 601).

Kit disclosed a change in eir perceptions since the start of the pandemic, that now that ey has experienced online therapy ey is no longer fearful of it as it is no longer unknown. The experience has empowered em.

> I'm not kind of dissing online therapy and I'm Not…. fearful of It... of the unknown of it 'cause, I know what I know. Be before… I didn't know what I didn't know. If you get me? (Kit, interview 4, line 282).

Ey goes on to describe how eir experience has resulted in a deepening of eir confidence in the validity of working online.

> I know that the the human dynamics of attachment of connection of, authenticity of congruence, all of the core conditions, are absolutely present on screen and the healing alliance that can happen out of that kind of relationship is continued
> in "the rectangle" safely adequately and in some very strange ways more effectively (Kit, interview 4, line 286).

The unexpected nature of the pandemic onset resulted in psychotherapists being landed in the circumstance where they unwittingly became online therapists by default of the pandemic. The pandemic led to the generation of online population-wide experience and the consequent mainstreaming of video conferencing across many aspects of our lives, not simply in psychotherapy. The pandemic has led to clients and therapists gaining online therapy experience that they would otherwise not have had, were it not for these unprecedented circumstances. In the case of the participants of this study, a change in perceptions was observed alongside this experience.

4.2.5.2 Sub-theme 2 Adapting to the new situation.

Hunter expressed seeing the practical side to it as ey viewed it very much as a way to continue seeing clients under otherwise impossible conditions.

> Uh, with the transition over to Zoom, but it was really a kind of a means to an end. It was practical (Hunter, interview 2, Line 398).

Hunter reported habituating to this way of working, which became familiar to em, “I got quite used to it”. Ey said that ey found working online was more intensely focused and filtered out all external stimuli to focus on the client on the screen.

> Sort of a coming into the space sort of focusing in like a camera because it is a camera. ... and that's very different to the sort of filtering out of external stimuli when you're in the room (Hunter, interview 2, line 517).

Sky indicated that the thrown circumstance of the pandemic forced em to go online; however, ey envisaged continuing with it as a means of making therapy more accessible for clients.

> So in terms of that kind of remote living. I think online therapy makes it a lot more
>
> accessible for people who you know who just don't have somebody close by that they can go see. So, so I'm really glad that. You know that I was thrown into it in some respect to now be able to have that offering. And it's it's certainly not something that I will ever not offer in future (Sky, interview 7, line 366).

Sky was optimistic about the future of online working and predicted that this would be a frontier for em in eir practice,

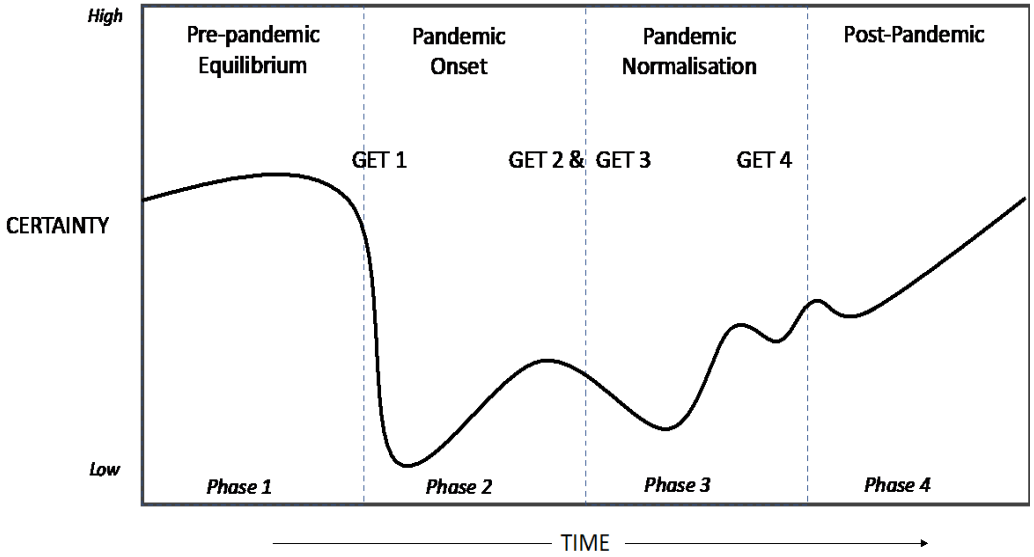
> In the future and now I start thinking about things like… Why can't I do that online? Why can't I do this online? You know? And and I think that over time as well, platforms will improve and develop, you know, uhm yeah (Sky, interview 7,
>
> line 368)

4.3 Temporality of the data

From my analysis of the data and emergent themes, I have identified four phases of participants lived experiences of the Pandemic. I developed a temporal framework to help understand the narrative of the participants I spoke with. This temporal framework is illustrated in Figure 4.1 below.

Figure 4.1

Stages of the Pandemic and GETS presented temporally



The framework emerged from my analysis of the interviews as I noticed that temporality seemed to have played a role in how participants spoke about their experience at different periods or phases of the Pandemic. For example, at the initial onset of the Pandemic, which is illustrated in Phase 2, Pandemic Onset in figure 4.1, there was a distinct sense of shock, horror and survival effort expressed by participants in trying to find a way through the emergency. Participants spoke of their experience in these terms, in the early stages of the pandemic. This is illustrated in experiences articulated by the GET 1 "Finding a way through the uncertainty".

Participants described distinct experiences comparable to trauma and bereavement adaptation cycles as they described experiences of dissociation, disconnection, loss and existential isolation shown in GET 2 and 3 in time phases 2 and 3 of the Pandemic illustrated in figure 4.1. This coincided with the successive Lockdowns and the realisation among participants that it was not a short-term situation.

Finally, participants engaged in reconstructing meaning for themselves as time passed and routines were re-established somehow, in phases 3 and 4, when there was a sense of surprise that online therapy worked and even optimism about using online therapy in the future. This sentiment coincided with Phases 3 and 4 `and is demonstrated in GET 4. In analysing the participants' lived experiences, a marked shift in sentiments and attitudes was evident as therapists moved from a state security and certainty to radical uncertainty and then to a state of relative certainty again. This process occurred more than once during the 2 year period. They moved beyond the initial shock of the pandemic onset in the first phase, when conditions were volatile and uncertain, and began establishing new norms in the adaptive third phase. This experience of these phases was not linear, but rather was responsive to the environmental changes that occurred during periods of disruption and renormalisation and was therefore an iterative process of coming to terms with their existential reality. It is nevertheless helpful to think of the context of psychotherapists working online during the Pandemic within a temporal framework as is illustrated in Figure 4.1. The four phases include;

Phase 1: the pre-pandemic period

A period of equilibrium which acted as the reference point for the extent of familiarity, norms, and certainty.

Phase 2: the pandemic onset

A phase which included experiences of heightened anxiety, loss, isolation, shock, and uncertainty, there were numerous fatalities amongst the vulnerable population cohorts and government restrictions were applied.

Phase 3: the pandemic normalisation

A period in which a level of certainty began to return as modes of existence adapted to 'living with Covid-19' and the extent of risk posed by the pathogen started to become clearer. Vaccines were administered and public health restrictions were progressively lifted.

Phase 4: the post-pandemic phase (future)

A phase when the Pandemic is seen to be receding, there is a degree of confidence that vaccines are effective at limiting or preventing acute illness or death, and new norms and ways of life are being established.

4.4 Researcher's Reflection

The main preconception /assumption I had was that online therapy is a useful and viable option for use therapeutically with clients. This preconception was based on my own experience of working in the online space and having researched the extant literature available about online therapy and its efficacy. Figure 4.2 presents sample data showing how in some cases my preconceptions were borne out and in others not.

Table 4.2

Researcher's pre-conceptions and beliefs prior to data collection

Main Preconception	Sample from Data Confirming/Disconfirming
1. Online therapy works and is an ethical and valuable mode of therapy delivery	So, in terms of that kind of remote living. I think online therapy makes it a lot more accessible for people who you know who just don't have somebody close by that they can go see. So, so I'm really glad that, you know that I was thrown into it in some respect to now be able to have that offering. And it's it's certainly not something that I will ever not offer in future (Sky, int 7, line 366).
Expectations	
1. I expected that psychotherapists would report that they were traditionally opposed to the use of VCT as a mode of therapy delivery	I certainly wouldn't have thought so. But honestly, the depth of work that has happened over Zoom, it has surprised me…it Really has (Jude, interview 3, line 1715).
2. I expected that therapists would change their perspectives once they had experienced working online during the pandemic	It amazed me how...It was nearly easier to be...When there would be a moment, you know where somebody realizes something or... Says something for the first time. Or you know where there's this powerful sort of moment (Hunter, Interview 2 line 601)
3. I hoped to be able to tap into the existential experience of this time of being in a world with so much uncertainty and threat	I felt very, but I think that had to do with the Lockdown. I felt very disconnected from the world and yeah, there was just me and my clients really and actually, do you know what that was? A very umb. That was certainly kind of life saving too, in a way (Hunter, interview 2, line 1111).
4. I suspected that I would find that it was hard for therapists to work online during the pandemic	It was really interesting. The conversations, the team, and the things that we learned on the saddle. All out of that very well informed, ethical frame of...Trying to keep people safe. In a very intimate, difficult group process. Trying to also keep ourselves safe. So that we didn't expose risk anywhere (Kit, interview4 line 220).
5. I expected that it may be difficult to get therapists to open up about their experiences as this may expose them to feeling professionally vulnerable.	Not found – therapists were open to talk about experience

Beliefs

1. People who have not had experience of online therapy often have a bias against it,	Yeah, I was surprised that they could get, that they could sense that they weren't in the room on their own, They were...They could sense my presence in the therapeutic relationship and that's that's I hadn't. Yeah It surprised me at first. And I don't. I still don't know how it works, but it works. We affect one another. (Cove, interview 5, line 177)
2. Most people once they experience using this mode of online working come to realise that it is possible to work therapeutically online.	I'm not kind of dissing online therapy and I'm Not…. fearful of It.. of the unknown of it 'cause, I know what I know. Be before… I didn't know what I didn't know. If you get me?(Kit, Interview 4, line 282).
3. If a psychotherapist has a negative bias towards online working it will be difficult for their clients to buy in to working with them online	Not shown.

The influence of these assumptions is evidenced in my responses in the semi- structured interviews at times, where I was not always objective, and sometimes agreed with and empathised with the participants. This was due to my insider researcher status a shared experience of the pandemic and online working.

On balance most of the preconceptions that I held prior to data collection were confirmed in the findings of this study. This is not surprising as is acknowledged with the IPA method, as my subjectivity would also have influenced the nature of the interview and the analysis and interpretation of the data collected. The influence of the role of the insider researcher is clearly acknowledged within the IPA approach and it is an artful skill to balance interpretation and the researcher's preconceptions within the research process.

By engaging in an ongoing process of reflexive practice throughout the analysis process I tried to maintain awareness of the possibility of my insider status becoming overly influential on my interpretation of the data. Throughout the process I tried to focus what was emergent from the data and in formulating interesting and inductive interpretations of the data (Smith et al., 2009). In addition, I was conscious of the necessity to bracket my fore understandings to limit their influence on the data.

When influenced by my preconceptions, I have tried and I believe that I have been effective ensuring that the interpretations I have made are grounded in the phenomenological elements of the data, however the reader will be the ultimate evaluator of whether I have been successful in this task (Larkin et al., 2006).

4.5 Summary of this Chapter

This chapter provided an overview of the research findings and privileged the voices of the research participants while presenting these within the context of the researcher's role in the research process. The participants described their experience as being characterised by among others a sense of fear, horror, and confusion as well as resilience and a degree of pragmatism in response to the crisis and optimism for the future. The four Group Experiential themes gleaned from the cross-case analysis of personal experiential themes of individual participants included: *Finding a way through, Connection vs Disconnection, A sense of loss and isolation* and *Surprise that it works.*

The findings emergent from my analysis of the data collected uncover the meaning that participants placed on their experience of living as a psychotherapist practitioner and working online through the COVID-19 pandemic in Ireland.

Practitioners struggled with the shared nature of the experience that they had with their clients. This included an experience of loss and trauma associated with living through the emergency, coupled with challenges to their means of survival and the associated existential challenge to their worldview that went along with this. The themes suggest a degree of temporality since there was a distinction between psychotherapists' experiences early in the pandemic and how they reported their experience as time passed. The following chapter presents the discussion of these findings to understand them within the context of existing knowledge, to critically evaluate the research study and to consider the implications this study may have for future research.

Chapter 5 Discussion

In this chapter, I discuss the main aspects of the study by presenting an interpretation and evaluation of the key findings based on my application of the IPA methodology. The discussion is a process of situating the insights within the relevant theoretical literature and comparative studies relating to therapists' experience during the Covid-19 Pandemic and reflecting on the implication of these findings. The main findings of this study are consistent with psychological principles broadly shared by existentialist, phenomenological, and constructivist theories (Heidegger, 1980; Kegan, 1982; Frankl, 1956; Yalom, 2020), wherein an individual's ability to navigate life's adversities involves harnessing inner resources through a process of individual meaning-making underpinned by a location of self in a defined context and the reconciliation with the fact of their mortality.

Given the open-endedness of the interview approach, which allowed individual circumstances to be expressed, the findings showed a wide range of unique experiences amongst the participants concerning how they made meaning of their experience of working online during the Pandemic. While there were divergences in how participants made meaning, there were also similarities in the content of the meaning expressed by participants. These similarities became evident through the IPA methodology, which organised the content thematically for closer, more in-depth analysis.

Consistent with IPA's theoretical alignment (Nizza et al., 2021; Smith et al., 2009), I adopted the necessary 'double hermeneutic' of seeking to make sense of participants' efforts to make sense of their experiences. In so doing, my interpretation of participants' accounts has been guided by focusing on revealing and identifying 'meaning making' processes and, through this, bringing "to light that which remains partly hidden" (Nizza et al., 2021, p.15). In addition, as part of a commitment to the existentialist underpinnings of IPA methodology, I have aimed to privilege (rather than aggregate as is the case in many quantitative or statistical studies), the concrete, often idiosyncratic individual experiences of the participants in the study. The participants' subjective experiences are highlighted, and the hermeneutical practice of interpreting the meaning they give to this experience was the study's central challenge. The extent to which I have been successful with this will rest in the reader's judgement of and interpretation of my attempts to make meaning of participants' meaning-making processes. The discussion chapter concludes with a critical appraisal of the study and my reflections on the study's potential implications for future research, policy, and practice.

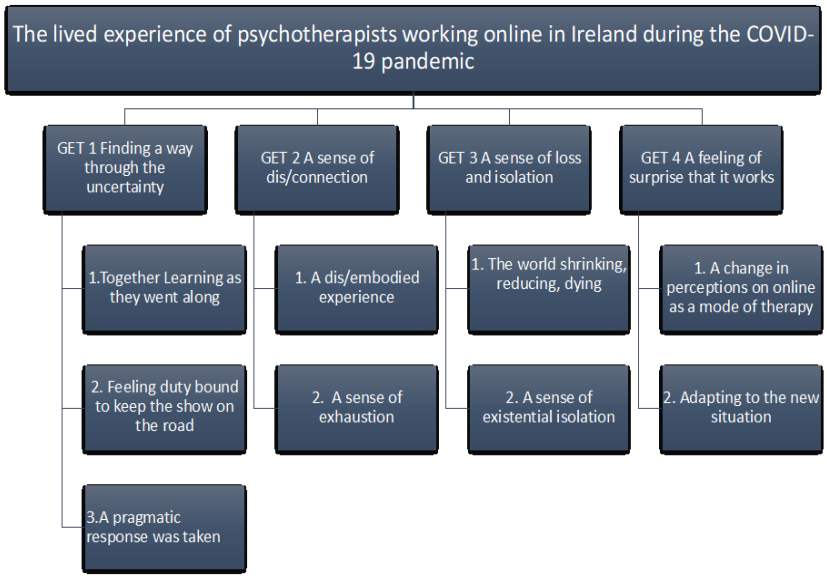
Overview of Key Themes

This study applied the IPA methodology to identify group experiential themes (GETs) from the data gathered via semi-structured interviews with participants. These Group Experiential themes have emerged from a close reading of the individual cases and then the cross-case analysis, which I undertook following extensive analysis and dwelling with the individual participant experiences.

The four main themes from this process, presented previously in Chapter 4, are summarised in Figure 5.1 below. Consistent with the Heideggerian notions of Dasein (being-there), being-in-the-world, and temporality, it is helpful to conceptualise the key themes of participants lived experiences in terms of the timing of the experience. Heidegger argues that our existence is an activity, a process of "becoming", bounded by time and that the present is influenced by both the past and the future, with the future heavily privileged (Heidegger, 1980).

Figure 5.1

Overview of GETS and subthemes



5.2 Interpretation of Findings

In this section, I will argue that the findings of this study show us that the therapists interviewed experienced the Pandemic as an assault on their professional and personal identities and sense of themselves. Acknowledging that I am an insider researcher who was also existentially challenged by the circumstances of the Pandemic; existential issues dominated my thinking and interpretation of these findings.

During the early phase of the pandemic onset in Ireland in March 2020 (Figure 4.1, phase 2), psychotherapists were faced with the uncertainty of suddenly closing clinics and either stopping providing services or moving practices online and providing therapy remotely. Consistent with their professional psychotherapist identity and role, many engaged in crisis response and used problem-solving strategies to navigate the difficult circumstances (GET 1), in most cases rapidly converting their co-located clinics to online services. This was despite reservations that many expressed about the efficacy or possibility of doing therapy online which was also an experience echoed in the study of psychotherapists in the Philippines during the COVID-19 pandemic (Ledesma & Fernandez, 2022), there were also doubts and concerns expressed by this Irish sample regarding whether it was possible to experience an adequate connection with clients online for therapy to take place in a remote context. Therapists in the current study reflected on the fact that a few years earlier the technology available would not have been sufficient to support working therapeutically online Ledesma and Fernandez,(2022) noted that there were some unique advantages to the situation for clients and therapists working online during the pandemic. They argue that many of these, including the ability to access support during the

emergency, the reduced necessity to travel and an expansion in reach for therapists working with clients further afield, would continue beyond this emergency context and was also echoed in the views of the participants in this study.

However, notwithstanding the continuity offered by the possibility of working online there was also a cost involved for participants. The personal sacrifices required of therapists to move bricks and mortar practices online almost overnight, was a defining aspect of their lived experience. The situation as therapists described it was highly charged and stressful and resulted in a strong sense of disconnection (GET 2) and remoteness among therapists that left many feeling personally and professionally isolated. While many were effective at navigating the uncertainty and surviving the adversity, this was not without its costs, both financially and personally. There was an underlying sense of existential isolation (GET 3) in the context of the disaster which can be seen in other examples of shared trauma experiences documented in the literature, in similar contexts such as wartime situations and other emergency circumstances where physical distancing has also been required (Peled Avram et al., 2021; Tosone et al., 2012).

The main defining component of a "shared traumatic reality" is the dual experience of support workers as both victim and helper in the case of war (Peled Avram et al., 2021) and as with war, in a pandemic environment there is the added factor of prolonged nature of the trauma, which may adversely affect the wellbeing of helpers. Participants reported that the prolonged nature of the Pandemic of COVID-19 did affect their ability to cope and many found it exceptionally psychologically challenging.

Participants reported that they found their clients to be something of a lifeline which is consistent with research showing the protective nature of having a role to play during an emergency, moving from a place of uncertainty to increased control (Peled Avram et al., 2021). It may be that therapists were helped by the fact that they had a professional role to play which provided some certainty during a very uncertain time despite the doubts and uncertainty expressed, participants reported that as time passed, there was also a sense of amazement and surprise that following the experience of working online during the Pandemic, they found that contrary to their preconceptions and expectations, it was possible to provide effective therapy online (GET 4).

Consequently, many stated an intention to use online as a mode of therapy to practice therapy in the future. The interviews spanned the length of the Lockdowns and beyond the harshest public restrictions in Ireland. The study's findings were consistent with similar themes of struggle, moving towards stability and habituation that emerged from a qualitative study in the Philippines during the same Pandemic. The study explored eight psychologists' narratives who provided therapy while living in quarantine, in the Philippians during the Pandemic in 2020 (Ledesma & Fernandez, 2022). Ledesma and colleagues identified narrative chapters for therapists' experiences which included the sense of being "thrown up in the air" and associated anxiety and aimlessness due to disruption in their routine, and then also difficulty re-establishing their personal and professional routines. This sentiment was echoed in the Irish participant accounts of this study.

As with other disasters, such as those experienced during war or natural disasters, the COVID-19 pandemic resulted in a complex experience of loss for communities and individuals alike. Studies have indicated that the loss of loved

ones, livelihood community and social interaction can result in a broader loss of meaning in life which has a consequence on mental health and finding joy in one's life (Noviana et al., 2016). During the Pandemic, at the individual and societal levels, loss was experienced in terms of personal, financial, and physical security, as all that was assumed suddenly was no longer available to people. For example, daily routines were completely disrupted as shelter-in-place directives were issued by governments across the world. Children were told to stay at home from school, resulting in a loss in education hours and increase in mental distress such as depression, anxiety and feeling socially isolated (Lee, 2020; O'Sullivan et al., 2021).

Workers were told to work from home if this was possible and many people who could not do this simply lost their jobs or, in some cases, their businesses with consequent distress associated with the stress caused by such circumstances. Social supports were lost as social distancing measures were introduced, and civil freedoms were curtailed as bans on travelling were put in place. Freedom to associate was lost, and religious gatherings to worship in person were also banned. There was a further curtailment on funeral rituals too, which had an enormous impact on those who were bereaved during the early days of the Pandemic (Office of the Attorney General, 2020). This was in addition to the horror experienced by those who were forbidden to accompany their loved ones who were dying in hospital, palliative care units or nursing homes in the final days, hours, and minutes of their lives. Gillies & Neimeyer (2006) argue that theories of bereavement and loss are heavily influenced by Frankl's view and that "reaffirming, finding or reconstructing meaning helps the bereaved adapt to a changed world, an adaptation that is reflected in social behavioural, psychological

and physiological domains". (Gillies & Neimeyer, 2006). They suggest that psychological distress can be linked to the disruption that occurs to meaning structures due to trauma and loss. The psychological processing of shared trauma, such as that experienced during a war, is crucial in supporting therapists to experience post- traumatic growth; narrative reconstruction is a key part of this meaning-making from adverse experiences (Tosone et al., 2011). Similar factors were apparent during the Pandemic when an existential threat was being experienced by both client and psychotherapist simultaneously.

Gillies & Neimeyer (2006) proposed a model of meaning reconstruction in response to bereavement which has been used in the current study and applied to the COVID-19 experience. Their constructivist model assumes that all people have essential "core of meaning structures" which can be used to explain the "…process by which they operate and transform our experiences" (Rosen, et al., 2020). They also assume that these core meaning structures influence the way in which an individual lives their life and interprets meaning in their experience. Therefore when a traumatic experience disrupts these core meaning structures, an active reconstruction of meaning is required for the person to view their world in a different way (Gillies & Neimeyer, 2006). I have chosen this theoretical lens because it is consistent with and augments the richness of the methodological approach of IPA used in my study. Their model of meaning reconstruction (Figure 2) proposes that every person holds a core meaning structure that underlies their understanding of their experience in the world on 6 domains:

1. Daily activities
2. Perception of self and their identities
3. Interpersonal relationships
4. Future orientation
5. Philosophical worldview

6. Their meaningful actions in their social communities

Personal loss that does not attack pre-loss meaning structures is experienced as less distressing than that which challenges pre-loss meaning structures. When pre-loss meaning structures are challenged, a process of searching for meaning is triggered comprising; sense-making, benefit finding and, identity change processes. Through these processes, a reconstruction of meaning occurs and pre-loss meaning structures are reviewed and changed. The bereaved person builds a changed worldview in light of their loss experience, and this may assist in reducing distress. When new structures are not helpful, the meaning-making reconstruction process may continue. During the COVID-19 Pandemic, therapists were forced to move online rapidly and without much preparation in order to continue to support their clients during the height of the restrictions. Many also experienced loss in many forms, including personal bereavement during this time. All six of the domains described by Gillies & Neimeyer, (2006), which underlie core meaning structure, were challenged for participants during the period of the pandemic. This is what makes this model useful in understanding and processing loss, which was a huge part of the lived experiences of therapists in this study. An interpretation of the current study's findings has been presented using the existential lens borrowed from Gillies and Niemeyer's theory of reconstruction of meaning in the face of loss (2006). This theory has been applied in the context of the complex loss and adversity participant psychotherapists described, as a consequence of living and working through the Pandemic, particularly in relation to being thrown into working online. The key points derived from the themes presented in the findings support that as therapists navigated their way through the experience of working online during the Pandemic in Ireland, they also engaged in

what Gillies and Niemeyer (2006) describe as reconstructing their core meaning. This meaning-making process appears to have helped them survive during this crisis, given the extreme nature of the existential threat and adversity they faced. Furthermore, despite their shared trauma experience, which necessitated bracketing their own needs and experience to remain supportive to clients, a growth mindset was evident in the manner, in which participants reflected on their experience generally and their felt need and motivation to remain a support for their clients throughout the crisis (Tosone et al., 2012).

One strategy for finding a way through the uncertainty was bracketing or putting to one side therapists' personal needs, and while this may have worked as an immediate survival strategy in response to the crisis, it may also have lingering implications for the longer-term mental health and wellbeing of psychotherapists. Studies which consider the shared trauma experience of psychotherapists and other frontline staff working with survivors in shared trauma environments, such as in the case of the 9/11 attacks and in environmental disaster situations where the response capacity of communities is overwhelmed, show a high risk of vicarious trauma in these populations (Mc Tighe, & Tosone, 2015; Naturale, 2007; Tosone et al., 2011, 2012).

The literature suggests that frontline workers in disaster situations are required to perform various tasks, and while many of these are within the remit of their typical professional roles, they are also forced to improvise. The usual strict boundaries of the therapy context are often blurred somewhat by the circumstances. In addition, the scale at which practitioners are required to deliver support, as well as the highly intense emotional circumstance of the disaster environment, results in extreme working conditions, placing these practitioners at

risk of secondary traumatic stress (Kienzler, 2019; Naturale, 2007; Tosone et al., 2011, 2012). This study also showed that participants were required to act outside of their typical professional roles and did need to improvise. As one participant put it, they felt they had to "perform" to support their clients while simultaneously surviving the emergency themselves. Therapists reported vast caseloads and extreme working conditions where boundaries were blurred at times as well. The longer-term consequence of therapists' focusing on the needs of the clients at the expense of their own during the Pandemic remains unknown and is an area for future consideration.

5.2.1 Experiencing the uncanny

For participants, the unsettling social experience of the Pandemic, which they shared with their clients, coupled with the rapid change of context to online therapy, disrupted established boundaries between personal and professional realms. Most participants described this experience as defined by a sense of disorientation and shock, particularly in the initial period, during the first half of 2020. Consistent with the findings of other studies earlier in the pandemic there was a sense of shock and horror reported by participants when reflecting on the initial onset of the pandemic (Aafjes-van Doorn et al., 2020; Békés & Aafjes-van Doorn, 2020). Several of the participants used terms such as "horrific" and "terrifying" to describe these early days. In addition, there was a distinct overarching feeling of uncertainty expressed by participants, which left a sense of anxiety and, in some cases, dread regarding the future.

Heidegger's (1980) notion of 'worlding' is instructive here, for we can see Dasein (being there) as being in Heideggerian terms "palpably disclosed" by the Pandemic's impact on the familiar professional and personal worlds. The shock

of the Pandemic precipitated a loss of that which was familiar, leaving a groundlessness of being among therapists, which Heidegger describes as "unheimlich" or the uncanny. Given the extent of uncertainty during the initial period of the Pandemic, clients and practitioners would, to a greater or lesser extent, have shared this fundamental sense of anxiety, of being thrown into time and circumstance. Furthermore, there was a sense of being dislocated from the shelter of their clinical as well as personal routines. However, the practitioner's experience was distinguished by being faced with a dual challenge in the face of extreme and acute uncertainty. From a Heideggerian perspective, as a necessary part of their individuation, the practitioner was required firstly to confront the challenge of acknowledging their anxiety at the acute loss of the familiar, and the stark reminder it carried of their fundamental finitude or the certainty of their impending death in the future. Secondly, they were also faced with the necessity to offer some support for their clients, who, for various reasons may have been less able or willing to make peace with the uncanny. The therapist was therefore required to maintain a 'familiar space', and thereby deflect the full force of uncertainty or the uncanny unleashed during the onset of the Pandemic. This dual challenge was apparent in the interviews, as participants sought to navigate the uncertainty.

Therefore, while participants experienced a sense of shock (GET 1), anxiety (GET 2) and loss (GET 3), particularly evidenced in the first three GET themes of finding a way through uncertainty, a sense of connection and disconnection and a sense of loss and isolation, the interviews exposed an opposing feeling too. There was an acknowledgement of the turbulence and uncertainty, however also a sense of being capable of adapting and normalising

aspects of the disruption, albeit with profound consequences for their sense of professional identity and efficacy. Evidenced in GET 4 was a sense of surprise that it works and a sense of having adapted to the new reality.

Consistent with Gillies and Niemeyer's theory (2006), across cases a process of meaning-making permitted worldmaking, facilitated by a search for reconciliation and re-familiarisation within the worlds of being-a-psychotherapist and being-a-person in a pandemic world. Living through the context and circumstance of a rapid onset global pandemic which threatened the lives of millions of people, evoked powerful feelings among all the participants of the study. Without exception, participants struggled initially to make sense of the situation as it unfolded in March 2020. The circumstances as they unfolded can be understood in terms of Heidegger's (1980) concept of "thrownness", which refers to finding oneself in a situation not of your choosing, faced with the task of existing in this circumstance.

Kit's description of being a pioneer venturing through a dark forest provided a vivid account of the experience of being thrown and getting through such a difficult and anxiety-provoking experience for em. Finding emself in the dark forest was not of eir choosing and yet ey was faced with the task of navigating a way through the circumstance together with eir clients and staff. According to Heidegger, all human beings are "thrown" into this world without their choosing and are faced with the task of living this life. The recent COVID-19 Pandemic is an example of Heidegger's notion of Being and time brought together as such thrown circumstances. This thrownness was outside the control of individuals and confronted us all with a high degree of uncertainty highlighting our vulnerability both as individuals and as a collective species.

The participant accounts in the current study also threw up evidence of survival adaptation, loss, and isolation, similar to the accounts of a separate study undertaken in the Philippines (Ledesma & Fernandez, 2022). Experiences of "uncanniness", being distanced from reality, being disconnected from that which previously had provided support, and a disturbing feeling of not "being at home" in the world were all prevalent among this study's participant accounts (Heidegger, 1980). In a separate IPA study of therapists' experience of working online which included real- time synchronous video, audio or chat during the Pandemic, the main superordinate themes identified included environmental adaptation and practice enhancement (Smith & Gillon, 2021). While Smith et al (2021) study was a qualitative IPA study, it focused on processes and less on situating the participants' experience within contextual and existential aspects of the experience of working online with clients during a pandemic. The current study goes further and reveals on a deeper level, participants' experience and it echoes the idea of environmental adaptation and practice enhancement. However, it also makes a unique contribution because the researcher has dwelt deeply with participants' accounts to uncover and reveal the nature of the existential experience of the time. The idea of "home" is an essential existential idea that many theorists have considered during the twentieth century (Yalom, 1980). Heidegger (1980), in his Being and Time argued that to exist, we must engage in the activity of dwelling. Ironically, the zeitgeist of the time of the Pandemic was defined by "stay at home" or "shelter in place" directives by governments. The findings showed in GET 1 a pragmatic approach taken by the psychotherapists interviewed, all of whom worked from home during the successive periods of Lockdown. Finding a way through this uncertain period

resulted in an ironic feeling of "being out of place", while "in your place", or "at home" but "not at home" in the situation. While the rationale of the shelter-in-place orders was to reduce the possibility of the disease spreading, stay-at-home orders created a sense of discomfort for most therapists. This was because having their clients in their homes was not a familiar and safe way of being in their world of psychotherapy. Thus, the shelter-at-home directive, for many, challenged the notion of home as a "safe haven" or "shelter from the storm" (Tuedio, 2002).

For the participants of this study, the storm of the Pandemic was brought home with them. They were also the hidden frontline workers, out of sight but still providing support in the cold face of the disaster, in many cases from their living rooms. The horror of the Pandemic was thus beamed into therapists' previously "safe" spaces with real consequences for their relative psychological safety. As in other examples of disasters, the findings showed how therapist's experienced what was personal and professional being radically challenged as the blurring of boundaries between home and work, therapist and client occurred under these unprecedented circumstances. This resulted in unusual sharing and self-disclosure, as observed in similar crises (Tosone et al., 2012). For example, one participant described this experience as resulting in a feeling of "being broken into pieces" as there was a client in every room in her home, which was overwhelming, "One day it just got too much for me…I just I I felt broken up into pieces all over my house". Being thrown into working online and having to do so from home had dual implications for therapists' sense of professional identity and boundaries with their clients. In some cases, the dwelling in it was experiencing what should be their "safe haven", as being broken, fractured and chaotic. This speaks to the lack of control experienced in the thrown nature of the move online.

All the boundaries and structures that provided safety and security in the world of therapy-as-usual were no longer there. There was also a sense of a temporary and shocking situation, which left therapists reeling and, at times, failing to establish necessary safe boundaries.

It took time for therapists to realise that this was a longer-term situation that they would have to deal with. The community of psychotherapists found themselves thrown into the shared experience of living through the Pandemic while supporting their clients who were also living through the uncertainty and turmoil of the Pandemic. Some therapists expressed their distress as life having a lack of purpose, "existing doing what you are doing without a greater aim, except kind of survival". The metaphor of "Ground Hog Day" was used to describe what the experience was like, which also echoed the Heideggerian notion of "uncanniness", an experience of being outside of what is familiar and comfortable. Words such as "strange" and "weird" also described the uncanniness of the time.

There was an overall sense of living through and surviving the Pandemic as the most important thing, highlighting the existential crisis that this circumstance presented to practitioners and clients alike. Gillies and Neimeyer (2006) argue that loss challenges our sense of identity. When our basic assumptions about our world are no longer available to be relied upon, as was the case during the Pandemic, this results in a feeling of groundlessness and seeking ways to rebuild meaning since meaning provides us with our raison d'etre. In the Myth of Sisyphus, Camus opens the essay by presenting what he cites as the most important philosophical question as that of meaning and purpose. Why should I live? (Camus, 1975). Therapists spoke of the deep existential challenge to their

sense of purpose. For example, one participant spoke of the sense of "Ground Hog Day" and how difficult this was as an assault on eir raison d'etre, leaving em without purpose.

One of the major challenges that the Pandemic presented to many people was in relation to each day being like the previous, and a consequent experience of feeling rudderless. When our purpose for living is challenged at a core level, as has been the case with the COVID-19 pandemic, it can have devastating consequences for individuals such as the participants of this study and may even put them at risk of suicide (Camus, 1975). In the case of psychotherapists working through an emergency, this underlines the importance of adequate support mechanisms to ensure that those who are supporting others are supported to stay well during and in the aftermath of such emergency situations.

As in other disaster situations, therapists during the Pandemic seemed to gain some meaning from the significance of their professional role (Tosone et al., 2012), although Jean Paul Sartre (1984) would argue that this is an objectification of the self into a role and is, therefore, an act of bad faith that denies our freedom to be in an authentic manner.

Nonetheless, for many finding meaning through work, was a means of immediate survival and coping with the stress of the circumstance they were landed in. Being of service to their clients and community (Tosone et al., 2011), provided participants with a sense of purpose which for some was protective. Some participants in the current study, ironically described their clients as being "a lifeline" to them, clearly providing a raison d'etre for them during this time. The participants' attempts at meaning-making of their experiences are evident in their descriptions of what it was like for them working online as psychotherapists

during the Pandemic. Participants shared their stories of meaning-making in this study in a similar way to other studies of war situations and disasters showing how therapists integrated and made meaning of their experience of this trauma (Mc Tighe et al, 2015). The narrative structure of human consciousness seeks pathways of understanding, the means by which, particularly challenging and potentially overwhelming life experiences may be integrated into our sense of ourselves, the world and ourselves in the world (Mc Tighe, & Tosone, 2015, p.13).

This study considered what it meant for therapists to dwell in the world of working as a psychotherapist online during the Pandemic. It tried to uncover what is hidden in how therapists were dwellers in their psychotherapeutic worlds. The findings of this study are consistent with observations of other studies (Ledesma & Fernandez, 2022; Tosone et al., 2011) showing the extreme strain practitioners undergo working in disaster situations. It also broadens our understanding of the experience of practitioners serving the community while experiencing the same context as their clients by uncovering the narrative pathways of practitioners at this time.

The following section explores this narrative as it relates to a sense of connection and disconnection in more detail.

5.2.2 Distancing or dissociation from the reality of the experience

A prevalent feature of the Covid-19 pandemic control measures in Ireland and elsewhere was strict restrictions on close physical interaction and movement. During 2020, public health policies prohibited social interactions among family, friends, and colleagues (Leahy, P et al., 2020; Office of the Attorney General, 2020). The experience of these public health restrictions was not only a loss of

civic freedom but also resulted in enforced detachment, disconnection, and disruption of interpersonal relationships. In this study, GET 2 demonstrates how psychotherapists reflected on their sense of connection versus disconnection, which was prevalent throughout these restrictions. For many of the participants in this study, there was a distinct sense of weirdness or dissociation associated with the experience, in that the shock of the circumstance brought up feelings that mirrored bereavement feelings, which are typically present when there is a sudden death in a person's life. There was also a distinct lack of control and an increase in uncertainty experienced which is consistent with other studies (Ledesma & Fernandez, 2022; Smith & Gillon, 2021).

A sense of disconnection from reality or being an observer was a familiar participant description of the experience. In the same way, as Heidegger (1980) rejects the subject-object dichotomy and the separation of persons from the world in favour of our being-in the world; he argues that we are not separate from technology but rather that technology is part of us (Heidegger, 1977). Heidegger stated that while technology may be a means and an activity for human beings, we need to understand the essence of technology to understand technology. To understand technology, it is to lay bare technology as a clearing in Heideggerian terms ultimately; this is an idea or thing that reveals itself to us. Technology operates like this by influencing our way of being in the world our Dasein. He argues that technology cannot be neutral that it is loaded, it cannot be a neutral means.

> Technology is, therefore, no mere means. Technology is a way of revealing. If we give heed to this, then another whole realm for the essence of

> technology will open itself up to us. It is the realm of revealing truth. (Heidegger,1977, p. 21)

In this way of seeing things technology reveals the Truth of the world and our being in it. During the Pandemic, the Truth of the world of psychotherapists was revealed through technology and the use and experience of it, by both psychotherapists and their clients (McBeath et al., 2020). For some psychotherapists in this study they revealed, it was like living in a digital dystopian world, where their existence did not feel real, and they were observers of themselves in either a video game or movie or some other reality. This is consistent with the technology and isolation themes identified by Spiller during their reflections of psychotherapists experiences during the pandemic, which they identify as strongly existential in nature (Spiller, 2021). One participant in this study described eir experience as horrific and like "being an avatar in a virtual gaming environment". This has a sense of distance and disembodiment that ey was psychologically remote and removed from the experience like it was almost happening to em as opposed to eir being in control of and using the technology for a specific purpose. Participants description of their experience highlighted the sense of confusion and lack of control or agency in living through this time (Leahy, et al., 2020). I interpret this as alienating on two levels. Firstly, the experience of the technology was alienating, due to a lack of knowledge and confidence to use it effectively among therapists. Secondly, the experience of living through the emergency was alienating for most, and with the associated uncertainty, distance and isolation from others and the feeling of a general lack of control over one's life and destiny that accompanied this time this negatively effected participants (Spiller, 2021). Moreover, the confusion that resulted from

this experience was evident. Jay also exemplifies the surreal experience of living through the Pandemic concerning therapy, an experience of "your room being ripped away, and you are just standing there". This may be a practical reference to the broadband connection dropping; however, it also points to the sudden and shocking way the government directive suddenly ripped away eir physical therapy room to be forced to shelter in place. As the world changed in March 2020 when everyone's world was reduced to a 2 km radius from their home, at first for an initial 2 weeks and then extended indefinitely (Office of the Attorney General, 2020).

There was a high degree of situational and global uncertainty at the time, and this seemed mirrored and played out in eir experience on the micro level. Participants found that the use of technology as a medium to provide therapy was highly unreliable and full of contradictions, which manifested in the connection and disconnection dilemma for therapists and matched the confusion and uncertainty of the time (Freeston et al., 2020; Rettie & Daniels, 2021). Some participants also used distancing metaphors to initially describe what it was like for them. Being an observer of one's experience is a psychological defense mechanism that is employed as a means of protecting the self from the harshness of a traumatic reality (La Rosa et al., 2022). The participants in this study reported examples of fear of losing connection with clients due to the technology being inadequate to facilitate human connection. In addition, the underlying threat of losing lives due to the Pandemic was ever present for participants as well (Cereda et al., 2021; Freeston et al., 2020; Giuffrida, 2020; Leahy, P et al., 2020).

Hunter and Chris's descriptions also have an observer quality to them, suggesting an experience of trauma, where the subject typically psychologically

protects or defends themselves from the gravity of a situation by depersonalisation and experiences themselves observing themselves in the experience rather than experiencing themselves being integrated in it (La Rosa et al., 2022). Some participants spoke of a fantasy world of movies or of performing, where they were players or actors and things happened that were illusory and not in the real world. This is consistent with the Jean Paul Satre's (1984) notion of "bad faith" or living inauthentically through self-deception and denial of who one really is and by over identifying with an occupation or role in this case of being a psychotherapist. Sartre (1984) argued that by dwelling in the illusory one thereby denies the self the possibility of freedom.

There is a sense in the participants' accounts that the pandemic reality of social distancing and working online was not real, but rather it had an imaginary quality to it, this may have promoted this flight to fantasy for some who referred to it as "like a space trip" or being in "a video game" or being "in a movie". Yalom (2020) argues that how one shields oneself from existential dread or isolation is relational. We shield ourselves from the pain and terror of existential isolation by, in part baring it "courageously" or in Heideggerian terms "resolutely" and in part, reaching out to others by engaging in relating and recognising the similarities we share in our being and that of others being or a divine being (Yalom, 2020).

In GET 4 Sky described eir experience working therapeutically online and the online therapy room as the facilitator of connection. Sky's recognition of the value of the online space for fostering connection at a time when physically being together was prohibited is notable. Eir experience here shows divergence and is antithetical to the previous descriptions of feeling dissociated and disconnected by the whole

situation. On the contrary, ey demonstrated eir need for engaging and finding a way to engage despite the obstacles faced during this time.

5.2.3 Existential isolation

Accompanying the sense of dissociation described above was the experience of loss and isolation, which is demonstrated in GET 3 of the findings. One participant also described the experience of disconnection, feeling like an observer watching themselves from a distance. For some therapists, the experience in the onset phase of the Pandemic included grieving at the loss of the pre-pandemic norms, routines, freedoms, and certainties. Other participants spoke of a sense of being extraordinarily isolated and alone, amplified by the global nature of the uncertainty triggered by the onset of the Pandemic.

For example, Hunter described the experience of working online during the Pandemic as a sense of going inward, reducing, or shrinking and the world getting smaller. There was a sense of the loss of something. Hunter was aware of eir life world becoming smaller, losing space (eir clinic), losing community (physical interaction with clients, colleagues, friends, and family), and losing family (losing loved ones). Ey likened the impact of the time and working online to challenging eir sense of "being in the world" in that ey did not feel comfortable with the change. This has existential undertones linking to the experience of eir mother's death during the first Lockdown and eir own experience of grief and the complexity of losing someone at a time when all familiar grieving rituals were prohibited. An awareness of eir mortality is also expressed as ey reflected on the potential for "not being", which in Heideggerian terms would be eir finitude or impending death. Hunter described the impact ey experienced working online, on the one hand, as being like being underground, which invokes the image of being

buried alive and suggests anxiety or existential dread about suffering or dying and being somehow erased from being, removed from this life somehow "not being". On the other hand, Hunter's experience of eir work with clients provides eir with a purpose which is echoed in other studies where counsellors have found that using their skills to help others in crisis is both meaningful as well as helpful to them in coping with the shared trauma experience by providing purpose at a time of massive uncertainty (Tosone et al., 2011, 2012).

According to Existential psychotherapist Irvin Yalom, confrontation with our existential reality is a reminder "that paradigms are self-created, wafer - thin barriers against the pain of uncertainty" (Yalom, 2020, p.26). The Pandemic confronted us with the reality of our human vulnerability as a species and as individuals and forced us to recognise the finite nature of our existence as we observed images in the early days of the Pandemic especially, where health systems were being overloaded in Italy and coffins were being transported by military vehicles through the streets of Lombardi due to this overwhelm and the inability of the mortuaries to cope with the number of people dying (Giuffrida, 2020; Giuffrida & Tondo, 2020). It was evident from the participant accounts that the experience of the pandemic reality did challenge their pre-pandemic state of the everydayness of being- in- the world (Heidegger, 1980). This state of forgetfulness of being is the standard mode of existence that Heidegger refers to as "inauthentic" and "everydayness". In this mode, one is unaware of one's authorship of one's life and the world, in which one "flees, falls and is tranquilised" in which one avoids choice by being "carried along by the nobody" (Yalom,1980, p31). Heidegger refers to the "the they" (social convention, rules, and norms) as influencing us in our state of inauthentic living. However, when

one lives authentically, the influence of "the they" is no longer so important, as self-authorship of one's life has taken over. Participants were confronted by their mortality and that of their loved ones, which elicited a move towards a more authentic way of being in the world.

Participants and their clients were confronted simultaneously with their human vulnerability and what Heidegger (1980) terms "finitude", which refers to the limits to one's possibilities arising from our mortality, circumstances, and the world we live in. This was especially evident at the start of the Pandemic, which was hugely anxiety- provoking for many when there was massive uncertainty, no cure for the disease, and no vaccination available. Anxiety was manifest at that time in the community regarding the pandemic's outcome and who would or would not survive. Siobhan reflected on this, noting that "we are all going through the pandemic together, nobody is escaping this". Ey refers to this realisation as being "quite a lot to hold", which also implies the finitude of our existence more broadly.

The uncertainty of the severity of the threat initially and how or if we would survive it left a strong feeling of anxiety for many. Kai's reference to "nobody is escaping this" has an implied reference to our own shared experience as human beings, specifically concerning the Pandemic. However, more generally, it can be interpreted as referring to our shared vulnerability as human beings and, therefore our impending death, which is the end of our individual "being in the world", that is the end of our potentiality for existing in the world (Heidegger, 1980).

Confronting one's finitude demands that you are "turning towards death" in an "authentic" way in the Heideggerian sense. According to Heidegger, authenticity is a way of being- in- the- world, as a matter of turning away from

idle talk, which demands a specific denial or forgetfulness and turning towards your being -in -the- world as thrown projection and acting in a way that understands Dasein (there being) as the potentiality for being (Heidegger, 1980). The Pandemic raised the issue of their finitude for all the study participants, and of being in this emergency together but ultimately alone. This state of aloneness was emotionally costly for many, as evidenced by Kai's reflections. Kai outlines how ey realised that while it was hard for clients, at the same time, eir experience of the Pandemic was also taking its toll on em.

While there was a returning home that occurred in the initial stages of the Pandemic, which for some may have been comforting initially, ironically, there was not a sense of being comfortable at home for the participants but rather a sense that everything was upended and chaotic. For example, Jude experienced the pandemic context as life-threatening to eir entire way of life and sense of security (including his home). Ey found emself lost in the world in a state of "unheimlich" or "uncanniness" (Heidegger, 1927). Yalom describes this state of not being at home in the world as a consequence of deep-seated death anxiety (Yalom, 1980). This anxiety is apparent when Jude speaks of how working online saved em in a way but was also uncanny, "At the time, it was a bit of lifeline, but also very strange". Jude had lost eir ability to work in the way that was familiar to em, due to the public health restrictions imposed as well as eir own sense of self-preservation; ey describes how ey believed that to continue in person would be "asking to be infected". Eir situation was a direct challenge to eir identity as psychotherapist and helper, as well as eir means of survival and livelihood. Eir home, which for most people represents security, a personal place of safety and

comfort or shelter from the “storm”, was also under threat and ey described being at risk of eviction at one point (Giuffrida, 2020; Giuffrida & Tondo, 2020).
In the face of all this turbulence present in the world and community during this time, participants experienced a direct attack on the foundations of their mental stability. For example, Jude was skeptical about the efficacy of using technology as a mode for providing therapy; however, realised ey had no option but to use it as ey needed to maintain an income to survive and pay eir mortgage. This resulted in internal conflict and ambiguity for em as ey struggled to find a pathway through this crisis.

In the face of a global pandemic, all the participants faced major challenges to eir professional identity and eir individual sense of security. The role of being an essential worker, that of carer and comforter and provider of solace, a “container” for clients, challenged em to bracket their own needs and to continue to provide stability and a sense that all was well for their clients. This led, in some cases, to a denial of their own needs and living in what Sartre refers to as bad faith, seeing themselves as their role and thereby denying themselves the freedom to be authentic(Sartre, , 1984). The situation was extremely challenging since face-to-face working was no longer a viable option for them, which meant working online, despite their reservations. When Dasein is totally involved in the familiar world of appearance and has lost contact with one’s existential situation, Heidegger considers the individual to be in the “everyday” “fallen” mode of existence. This would have been the pre-pandemic state experienced by most psychotherapists prior to the onset of the crisis. Anxiety, via uncanniness, results in an awareness of isolation and impending nothingness or death. For Heidegger,

this is a deeper level of existence than the everydayness, where we are distracted and avoidant of the reality of our finite existence.

> In the face of nothing, no-thing and no- being can help us; it is at that moment when we experience existential isolation in its fullness (Yalom, 2020, p359).

To escape uncanniness he notes that we use the world like a tool and by so doing distract ourselves from the ultimate dread. Existential isolation is more than the experience of being alone or separated from others, it is the fundamental loneliness that every person must confront through their own death. Death is the ultimate manifestation of existential isolation as no person can take away another individual's death experience. According to Heidegger, though one can go to his death for another,

> such 'dying - for' can never signify that the other has had his death taken away even in the slightest degree. No one can take the other's death away from him (Heidegger, 1980, p. 284).

The significance of participants' sense of isolation during the Lockdown is confronting, some described it as "terrifying". Jude's fear may be linked to the fundamental uncertainty of the ultimate outcome in relation to eir ability to hold onto eir home and security. It may also link to the fear of being infected, becoming ill and dying alone as a result of the COVID-19 disease. Death, freedom, meaninglessness, and isolation are the four existential concerns noted by Yalom (1980) in his book Existential Psychotherapy. Jude expresses contemplation of at least three of these four existential concerns as a result of living through the Pandemic as a psychotherapist. Similarly the other participants also expressed contemplation of these existential concerns manifesting in different

ways, including that the connection was all important and there was a challenge for em to ensure this human connection was established with clients. Others focussed on a sense of purposelessness or lack of meaning in the time and the sense of the uncanny and strangeness of it. There was strong sense of existential dread regarding the future evident in their reflections as participants highlighted a strong sense of loneliness and existential isolation. For all the participants the existential challenges of the Pandemic were deep and meaningful and psychologically confronting. During the Pandemic this sense of challenge on all four of these constructs was visible throughout the participants' accounts of their experiences. Death was a constant threat to those who were vulnerable or with underlying conditions, freedom was curtailed for everyone across the board, by virtue of the public health restrictions imposed by governments on movement of people locally and across the globe (Sarin et al., 2020; World Health Organisation, 2020) Meaning was challenged as individuals' daily routines and raison d'etre were disrupted. Major isolation was experienced collectively, as stay at home orders were introduced. In addition at the height of the restrictions on movement imposed, it was difficult to physically meet and interact socially with anyone outside of the home environment, as restrictions were imposed to slow the spread of the virus leading to this strong sense of existential isolation (Jurcik et al., 2021).

5.2.4 The Impact for participant psychotherapists of working online

The findings of this study suggest that the psychotherapist participants' experiences of living through the Pandemic in Ireland and pivoting to work online to support their clients under the pandemic restrictions had both positive and negative effects as reflected in the themes of finding a way through the

uncertainty, a sense of connection vs disconnection, a sense of loss and existential isolation and a sense of surprise that it works.

The therapists in private practice in this study described how they experienced the pressure of juggling personal and professional boundaries to survive the pandemic. This included major personal and professional stressors that have not been widely acknowledged such as enormous pressure to remain psychologically strong and able to contain and hold the distress of their clients and as well as to continue working in order to maintain a revenue stream. All of this was present for them while also holding the fact that they were experiencing the same existential uncertainty and threat of the pandemic themselves. Despite the uncertainty they faced, participants reported pushing through and providing support for their clients while experiencing the complexities of the Pandemic. Some of the strengths and limitations of working online were expressed by participants are also found in the literature (Markowitz et al., 2021; Smith & Gillon, 2021). Strengths included the awareness that maintaining support for vulnerable clients during the emergency was a huge benefit to clients and therapists alike, clients being able to remain supported while private practitioners were able to maintain their livelihood as well at a time when many people became unemployed. Under the public health restrictions, online work also meant that clients and therapists were not required to leave their homes in order to access or provide this mode of mental health support. While this offered comfort to some it also represented a challenge to others who were not able to easily secure a private space within their home environment. This in turn raised limitations regarding confidentiality.

In addition for some clients the comfort of one's home may also lead to underreporting of symptoms of anxiety or agoraphobia for example which would be more obvious in the co-located clinic setting (Markowitz et al., 2021). In addition, technology while it provided access could also be a barrier to entry or continuous delivery of support. Online therapy presupposes a minimum level of infrastructural strength in relation to hardware and software available as well as internet bandwidth being of sufficient strength to maintain videoconferencing calls live. If these basic system requirements are not met, then online therapy is not possible to provide in an ethically sound manner. Technical difficulties can disrupt therapeutic communications due to unstable internet, delayed audio and dropped calls or even poor lighting (Markowitz et al., 2021; Smith & Gillon, 2021).

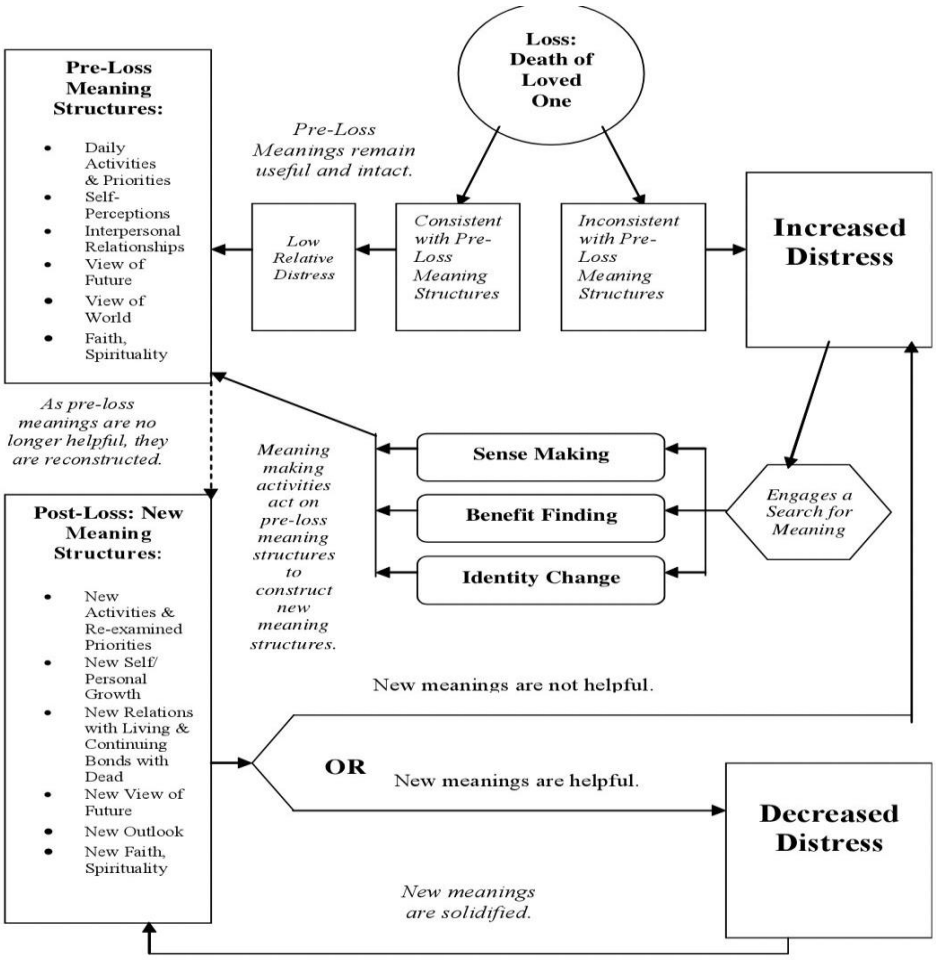
Therapists in the current study described feeling extreme exhaustion and being challenged to keep going throughout multiple and protracted Lockdowns. This sentiment was echoed in therapist experiences reported by another study from the early stages of the pandemic (McBeath et al., 2020). Some found that their role as a psychotherapist was protective, and the work was a means of coping for them too, as it provided them with a purpose at a time, they may otherwise have felt rudderless. Others ironically described their clients to be something of a lifeline to them. This is backed up in other studies of shared trauma where first responders and front-line workers found meaning and purpose in their role as helper (Mc Tighe, . & Tosone, 2015).

Gillie & Niemeyer's (2006) model as shown in figure 5.2 is useful to understand therapists' experiences of the pandemic. Using this lens can help to understand meaning making of the experience as the model looks at each of the

domains which a traumatic loss experience and in this case the Pandemic may influence on a core meaning level.

Figure 5.2

Gillies and Niemeyer's model of the reconstruction of meaning.



Below Gillies and Niemeyer's (2006) pre-loss meaning structures in relation to six domains have been applied to therapists' experiences of working online during the Pandemic and how as they adopted new perspectives, they also moved to lower levels of distress and solidified new meanings in relation to the work.

1. Daily activities- therapists' daily lives were upended as they were required to rapidly move online with very little advice or guidance initially. For many, they had no training and professional bodies were

not initially up to date in relation to their guidelines for practitioners about how to work online. This was experienced by participants as unsafe and anxiety-provoking. As they began to establish new clinical routines and to navigate the online environment, participants realised it was possible to make connections with their clients and they began to feel more confident in the work and levels of distress reduced.

2. Perception of self and their identities- many therapists described a felt need to do something to provide support to their clients during the crisis, there was a strong professional sense of duty described as it was not an option for them to let their clients down. This need to support their clients drove them to find a way to continue to work despite the risks and restrictions that were in place. As time passed and having been thrown into the situation of working online as the only option available, therapists experienced efficacy in doing their work online, and their views about online began to change as they integrated this experience into part of their professional identity.
3. Interpersonal relationships- psychotherapists described how their personal lives were affected as many experienced having to work from home with children and partners in their home space as well. This required the juggling of roles and responsibilities as well as ensuring that they set up good boundaries to maintain confidentiality for themselves, their families, and their clients. In some cases where therapists lived alone, this, also had massive implications, especially during the height of the restrictions when there were periods when people living alone were extremely isolated for very long periods.

Therapists living alone were not immune from this. While initially seen as a lesser option, working online became regarded as essential and a means to connect.

4. Future orientation- the uncertainty that the Pandemic brought challenged many of the participants on a core level, leaving many of them uncertain about the future. They also recognised the necessity to be flexible and able to pivot online in the face of future disasters or pandemics.
5. Philosophical worldview-The existential isolation and loss involved both in terms of everyday life and freedoms as well as experiences of personal bereavement and collective loss, challenged therapists to consider their meaning-making mechanisms and how they viewed their world and their position in it as well as more metaphysical questions such as the meaning of life and death as a construct.
6. Faith/Spirituality/Meaning - once more on the level of purpose and higher meaning, the Pandemic confronted therapists at a core level challenging their raison d'etre. Participants seemed to gain a deep meaning from their ability to continue to perform their role as psychotherapists online in being of service and support to others, particularly at this time, suggesting this gave meaning to their existence.

Despite each of these domains being starkly affected during the early days of the Pandemic, as time passed there was also a shift reported in the meaning making process of the experience of these participants. The shift was reflective, it was optimistic, and it permitted therapists to be future-oriented, able to reconsider their preconceptions of online therapy. Looking to the future, many of the participant

therapists anticipated that following the experience of working online during the Pandemic, they would continue to provide online therapy beyond the Pandemic. As one therapist put it in relation to eir professional identity "an unintended consequence of the pandemic is that I am now an online therapist".

It is clear from the findings that the increased distress due to the onset of the Pandemic resulted in real challenges for psychotherapists in how they worked and engaged in making meaning of this circumstance. For many, this seeking of meaning which included benefit finding in the midst of difficult and at times tragic circumstances was possible through their professional identity and work. It was their role as psychotherapist which provided a purpose and a reason to continue in the face of heightened adversity and extreme uncertainty and it is this that helped them to move online despite reservations. Sense-making, benefit finding, and identity change all formed part of the meaning-making process required to make new meaning under these circumstances (Gillies & Neimeyer, 2006).

5.3 Critical appraisal of the study

A key strength of this study was the qualitative design which facilitated the generation of rich and in-depth analysis of the lived experience of this study's participants, enabling the voices of psychotherapists during this time to be captured and documented in the research literature. However, the purposeful sampling of participants precluded those psychotherapists who did not elect to go online at the time of the onset of the pandemic and the initial Lockdown in Ireland.

Therefore, the research assumed a level of technological literacy of the participants. The views of online therapy are also specific to a very unique set of circumstances where there was a "thrownness" in the Heidegerrian sense,

involved in the experience as it was not free choice whether or not to experience the pandemic (Heidegger, 1980). The Lockdown was a further imposition on participants due to the protracted nature of the Lockdown period in Ireland and therefore has a baring on the experiences of psychotherapists working online reflected on in this study (McGreevy, R., 2020; OECD, 2021) (McGreevy, R., 2020; OECD, 2021)

Both a strength and limitation of this study and the methodology employed is the small sample size and the focus on a single interview of each of the participants, reflecting only the views of these participants at that snapshot in time While this is noted as a limitation it is also a strength of the IPA methodology as it offers the opportunity to deepen the experiential analysis of participant descriptions. This is in contrast to quantitative studies which focus on the quantification of the experience and proving or disproving hypothesis in relation to the variables studied and data collected.

In this study, the researcher did not have the opportunity to follow up with the participants to gain clarification on any topic raised. While the small number of participants promoted in-depth discussion and analysis of their unique experience and this was consistent with IPA, the findings provide deep and meaningful insight into the experience of these participant therapists and can be used to deepen our understanding of the lived experience of the time, they cannot be used to generalise to therapists more broadly. Although the interviewer did prompt the participants to reflect on their lived experience of working online during the Pandemic, it was left up to the interpretation of the researcher post-interview, with the subjectivity that accompanies this process, to illicit meaning from the transcripts. However, the researcher undertook a rigorous IPA process of

close reading and analysis of the interview transcripts to uncover the manifest and latent references of participants' meaning-making stories that they compiled about their lived experience of this time in history.

5.4 Assessing for validity and quality

This study followed the principles of IPA and, consistent with this approach, was a bottom-up and inductive study which tried throughout the whole process to be sensitive to the context and the participants' voices (Smith et al., 2009). In keeping with IPA principles, it privileged the participants' voices and honoured the ideographic nature of each case while also developing a narrative thread of themes across the cases. Nizza et al (2021) identify four markers for achieving excellence in IPA studies; these include constructing a compelling, unfolding narrative; developing a vigorous experiential and/or existential account; close analytic reading of participants' words; and attending to convergence and divergence.

This study was careful to attend to the words of the participants and interpret these within the background of the philosophical underpinnings of IPA of hermeneutics and existentialism. In so doing, I believe that this study has remained true to the tenets of IPA and can be regarded as making a valid contribution to the body of knowledge regarding the experiences of therapists working online during the Pandemic. An alternative framework for evaluating quality and validity of qualitative studies has been put forward by Yardley, (2017).

This framework requires adherence to the principals of sensitivity to context, commitment and rigour, transparency and coherence, impact and importance. When evaluated against these principals this study has also met these guidelines. Sensitivity to context was focussed on throughout the research process

and in being especially conscious of the ethical issues that might arise through the research process given the sensitive nature of the research context itself. The criteria of commitment and rigour is demonstrated by the research data collected and transcribed verbatim for analysis. These transcripts provided the basis for the emergent themes both on the individual and ideographic levels and then at the group level across the cases studied. The analytic process was time-consuming and involved deep-dwelling by the researcher with the participants' stories, in their descriptions of their lived experience of their life worlds during this time. By dwelling in the data during the analytic process and permitting the themes to emerge, the researcher produced a coherent narrative through the analysis undertaken both individually and across the cases at a group level. Attention was paid to giving sufficient voice to the ideographic nature of the study while also pulling a thread across cases to provide a transparent, coherent and valuable narrative to be derived from the study. Transparency and coherence can also be shown by the reflexive nature of the researcher's consistent sharing of their reflections on the process throughout the implementation of the study.

The impact of this study can be seen by the nature of the stories that psychotherapists are telling about their experiences of working online during the Pandemic. The cost of working as a practitioner who is sharing the same experience as their clients has not fully been calculated and there is a need to identify how long-term negative effects can be mitigated in the future when faced with situations where distance is required, and online therapy may have a significant role to play.

5.5 Future research, policy and practice implications

The longer-term consequences of the pandemic experience have yet to be evaluated. It is important for future research to consider this in detail to fully benefit from the richness of the opportunity which is hidden within the tragedy of this global disaster. The existential findings in relation to this study showed that the experience of therapists was very much affected at the time by the psychological risk associated with the existential crisis we all faced in this pandemic together as a human race. This has been illustrated throughout this research by the Group Experiential Themes that emerged of "finding a way through that uncertainty", feeling "the sense of loss and isolation" that was part of living through the pandemic and the associated "sense of dis/connection" which was a direct consequence of the collective enforced isolation due to the implemented policy of the Lockdowns.

For most participants in this study a sense of connection was experienced through the use of technology to facilitate continuity of care in their psychotherapy role. And related to this over time there seemed to be a reevaluation of pre pandemic perceptions that were largely negative in relation to the potential to be effective online as a therapist. In conclusion while participants were predominantly positive about the possibility of working effectively online following their unintended foray into the world of becoming an online therapist, this experience was not without its costs to therapists on a personal level. The longer term effect of this collective experience of the existential threat remains to be seen and may be borne out in the months to come in the form of burn out should supports not be put in place to support those who carried a huge burden to support others during this crisis.

5.5.1 Research implications

The World Health Organisation in its report on rebuilding following disasters, the Building Back Better Report (World Health Organisation, 2020), argues that emergencies provide a unique opportunity to improve the lives of many people by mental health reform. However, it is necessary to be reflexive and to capture the learning following the experience for this to be translated into improved realities in peoples' lives. Therefore qualitative studies such as this one, are essential to highlight the phenomenological existential and lived experience of practitioners and clients allowing their voices to complement and enrich the work that is being done at the nomothetic quantitative level.

To fully appreciate the lessons which can be taken and learned from the evidence which lies in the practice experiences of psychotherapists during this challenging period in history, it is important to capture the voices and experiences of both practitioners and clients. This study has attempted to begin to do this by capturing a snapshot of practitioners' voices from Ireland, however, there is a need for a far broader piece of work to capture, compare, contrast, and learn lessons from the experiences of practitioners and clients globally.

The full degree of the existential impact of this time on psychotherapists who provided therapy online or face to face during the Pandemic and beyond will only be obvious with time. As researcher's assess the paradigm shift which has been a consequence of the Pandemic and has resulted in the overnight mainstreaming of online therapy which prior to the Pandemic was an exception rather than the norm in Ireland.

As with other disasters, evaluating the post-pandemic rate of burnout among practitioners is a very important area for future research (Tosone et al.,

2011, 2012). Preliminary investigation early on in the Pandemic indicated that therapists were at a high risk of vicarious or secondary trauma as they provided empathic support for others during the emergency there is a need for personal and professional support, especially among the young therapists with less experience, to help ameliorate the challenges of working remotely amid a global health crisis (Aafjes-van Doorn et al., 2020, p.149).

A study in the Philipines (Ledesma & Fernandez, 2022) argues that there is a need to evaluate whether mental health workers are adequately prepared for what is required of them to provide therapy during an emergency. The current study also highlights that need for consideration of the needs of psychotherapists during emergencies where they are experiencing the same trauma environment as their clients. This has important implications for the protection of mental health workers on the frontline of future disaster circumstances and warrants further research.

5.5.2 Policy Implications

Early in the Pandemic in Ireland, several professional bodies called upon their members to make themselves available on a pro bono basis to support other frontline workers to access mental health support for free. However, there was no talk about supporting these therapists either financially or at the level of supervision or mental health supports. While in the face of a disaster, there may be an argument for this type of volunteerism, there seems to be a blind spot in it, as there was no broad provision made at a policy level for therapists, in particular those working in private practice, to also be supported and who would not typically have been entitled to access to HSE EAP supports. Additionally, there is a need for therapists to use a different skill set when working online which is

necessary to keep both themselves and their clients safe and for the work to be therapeutic and delivered in an ethical manner without doing any harm.

Therefore, there is a need for training programmes and ongoing supervision support for both qualified and trainee psychotherapists to become familiar with the necessary skillset including how to compensate for the limitations presented in an online environment as well as how to leverage technology to provide the best possible therapy environment for clients using this mode of therapy.

5.5.3 Practice Implications

Peer supervision, personal therapy and creating online spaces and opportunities for connecting with others, in similar circumstances could be valuable as a means of promoting and supporting the wellbeing of therapists working under difficult emergency circumstances. Providing training in the practical aspects of working online safely and within ethical codes is necessary for developing a cohort of confident and competent therapists, who can work online and are ready to respond in the face of any future disaster. To achieve this it is necessary for online clinical practice to become part of mainstream training for psychotherapy clinicians and should include practical training in the use of teletherapy platforms as well as training in the ethical delivery of online services. This training should also include privacy and data protection awareness as it relates to the online environment. It is essential that psychotherapists working online are competent and effective with proper training and work experience to be emergency ready.

Another essential area for curriculum development in professional practice and supervision training is, developing an awareness of the potential for burnout among practitioners, specifically for those who are working in shared trauma circumstances. Improving training and supervision for both new and experienced

therapists is needed to mitigate the impact of vicarious effects of this Pandemic and future disaster situations where therapists may experience shared trauma environments and related vicarious trauma from the work that they do with their clients.

For practitioners in private practice financial stability is also at-risk during emergencies such as pandemics like COVID-19, when clients may not be able to continue to pay for private services. This is an area that needs to be considered in future from the perspective of the sustainability of mental health service provision and access for all to necessary crisis support during a social emergency. It also raises the question of how the government may be able to partner with private practitioners to clear long waiting lists in the public sector as a consequence of the pandemic. By making it possible for clients to get tax relief for the cost of psychotherapy sessions or alternatively to pay practitioners directly for services that they provide to clients, therapy could be more accessible to clients and by using online modes of therapy delivery. To this end a similar scheme could be considered for psychotherapists that duplicates how GPs are paid to see patients under the medical card scheme in Ireland.

Chapter 6 Conclusion

Going deeper, dwelling with, and uncovering the richness of the experiences of psychotherapists working online during the COVID-19 Pandemic has been complex and challenging to navigate at times; however, it produced a rich tapestry of experiences that I hope I have given justice to in this thesis. The main emerging narrative in the initial phase of the onset of the Pandemic was that therapists were in a state of shock and were driven by a need to continue to support and make a difference to their clients during this crisis. There was a strong message of a professional duty of care, that governed the behaviour of therapists in this study. Therapists described being skeptical about going online because they were not sure they would be able to hold their clients and support them to the same degree possible in the co-located environment. Working online was not the preferred option for any of the participants of this study pre-pandemic and for the majority of participants, had it not been for the necessity created by COVID-19 Pandemic, they reported that they would not have chosen to do online therapy.

Therapists described the challenges of Lockdowns and public health restrictions that they experienced while working online during the pandemic emergency. Many of them expressed huge strain and exhaustion caused by the experience of being a victim of circumstance themselves, while also holding the professional role of therapist and helper for their clients and feelings of isolation relating to that role.

There was an existential crisis that was initiated for many by the onset of the Pandemic, and it appears that the participants of this study were not immune to this. Loss and isolation as well as challenges to their identity were also prevalent in the stories that therapists told of their lives at this time. This was

coupled with a sense of the challenges involved in supporting their clients remotely and navigating the adversity under societal restrictions. However, despite the negativity expressed in their stories, there was also an expression of hope that was wrapped up in the surprise or the "gift" of the experience as one participant described it, that most found in the efficacy that they experienced working online using videoconferencing technology, to continue to conduct therapy during the Pandemic. Overall, their actual experience was in contrast to their preconceptions of online therapy prior to the Pandemic.

Therapists declared having experienced reluctantly moving online to work with clients in the early days of the Pandemic, to being grateful for the fact that this option was available for them to provide online therapy during the Pandemic. However, on reflection, they could see that their pre-pandemic concerns were ill-founded and indicated that their attitudes had changed. In sum, the participants of this study now believe that it is possible to connect with clients online and do effective therapeutic work using this mode of therapy.

6.1 Researcher's Reflection- Final thoughts

Finding a way through and finding a way home, both figuratively and literally, have been themes that have been mirrored for me throughout this research process. It has been an endurance test of huge proportions that, at times, has paralleled many of the experiences described by this study's participants during the Pandemic. It is striking that this research was written up about the experiences of therapists working online during the early to mid-stages of the Pandemic, however, the Pandemic has been protracted and is not over yet at the time of writing and finalising my thesis. Therefore, for most of the time that I have been analysing and writing up the research, I have still been immersed in and living in a

pandemic environment with many of the same or similar challenges, albeit reduced threats, present that participants discussed in their interviews. For example, in the early days of the Pandemic, I experienced the full impact of COVID-19 illness when a number of my extended family members and friends passed away due to the disease.

More recently, my immediate family experienced numerous moderate bouts of COVID-19, however, we were fortunate enough not to have experienced severe illness due to being vaccinated. Recently, during my data analysis phase, I experienced being ill with COVID-19 and was stranded away from home in a foreign country while ill. This was very difficult for me and again highlighted the real challenges that people are faced with, in relation to this disease and the isolation that it literally imposes on us, as well as the challenges of "being away from home". This sense of thrownness was thus familiar to me as I contemplated the data I had collected from the participants of this study. The metaphor of journey has also played a big part in my thinking about the experience of psychotherapists during the COVID-19 period. I have experienced the process of research as a journey in time, space with the participants and in my life.

During the time of the write-up of this thesis, I also experienced multiple bereavement losses in my social circle. Some of them were due to natural causes, including COVID-19. However, it is striking to me that as we leave the restrictions and now at a time when we have fewer restrictions and are in the post-pandemic "Living with COVID" scenario, it seems people are struggling psychologically more than ever. As I come to the end of my research journey and complete the analysis and writing up of my research, four more people in my lifeworld, one of whom was a professional and frontline worker and one of whom

was only a young teen, have recently died by suicide. This is truly harrowing for me, and highlights in a very personal way, the horrific impact that working and living under such difficult conditions as the Pandemic has resulted in for many people. The necessity for the helping professions to adequately support those who provide care for others in our communities during times of crisis cannot be highlighted enough. For some people, the strain is clearly too much, and this is leading to a lack of raison d'etre among us, and ultimately, suicide appears to be one extremely negative outcome of this. The "horror of it", that is the Pandemic, as was described by the participants of this study, is also not over as we live with the aftereffects now, and as we learn to live with COVID-19 in our communities. Some of us are dying not from COVID-19, but from the strain of it all! While sadly, this may sound like a cliche, it is concerning to me that somehow, we must also find a way to care for the carers in our society. It is deeply concerning, that supporting the healthcare workers in our society is not always a key priority for policymakers and carers themselves, who often sacrifice enormously, sometimes to the complete detriment of themselves, to support and care for others. The collateral damage though, of continuing to ignore this circumstance is enormous for everyone.

As a clinician, it was challenging for me to move away from the participants' accounts and integrate the findings with the literature into the discussion. I have focused on the existential element of the experience as I believe this is informative at a deep and meaningful level for those who have lived through the pandemic emergency. I also wanted to emphasise this interpretation of the use of IPA as was beautifully illustrated for me in Rhodes and Smith's early case study on depression (Rhodes & Smith, 2010). I believe it is essential to

consider since the role of the psychotherapist, more generally, is to dwell with clients in their experience of their lifeworld and help clients to make meaning of these worlds. Whether therapists are online and remotely situated or whether they are in the same room as their clients, meaning-making matters, the findings of this study are very important. We, as a psychotherapy community, can and must learn from one another's experiences of this time.

Through this research process, I also discovered that it is impossible to fully bracket one's own experience when understanding the circumstance of others since we bring our preconceptions to our interpretation, which are always influenced by our own life experiences. Therefore, this process of understanding therapists making meaning of working online during the Pandemic is also coloured by my preconceptions and the meaning-making process of therapists' experiences. Nevertheless, I am left at the end of this process with a deep sense of reverence and gratitude towards all those who shared their experience with me. A deeply personal and exposing process of sharing was entered into by participants who trusted me with their inner experiences and were not remunerated in any way for their time or effort. This is simply another example of how psychotherapists have and continue to prioritise others and the greater good. It also speaks to their altruistic desire to make a meaningful contribution to society. This process of engagement and reflexive research has left me optimistic about the psychotherapy profession, the values displayed by therapists who are a part of it and feeling proud to be a member of this community.

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Appendix A: Ethical Approval

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University

DCU

Catriona Brennan
School of Nursing Psychotherapy and Community Health

Dr. Mark Philbin
School of Nursing Psychotherapy and Community Health

30th April 2021

REC Reference: **DCUREC/2021/103**

Proposal Title: **A study of the lived experience of Irish Therapists providing online therapy using videoconferencing technology (VCT) during the COVID 19 pandemic.**

Applicant(s): **Catriona Brennan, Dr. Mark Philbin, Dr. Eileen Courtney, Dr. Gemma Kiernan**

Dear Colleagues,

Further to expedited review, the DCU Research Ethics Committee approves this research proposal.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

Geraldine Scanlon

Dr Geraldine Scanlon
Chairperson
DCU Research Ethics Committee

DCU
Research & Innovation

Taighde & Nuálaíocht Tacaíocht
Ollscoil Chathair Bhaile Átha Cliath,
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Appendix B: Participant Recruitment

Advertisement **Recruitment Advertisement**

YOUR EXPERIENCE MATTERS !!!!!

WE WANT TO HEAR YOUR STORY...

If you are:

A a psychotherapist or psychologist

+

B registered with a professional psychotherapy body in Ireland such as IAHP, IACP or PSI/BPS

+

C Working in Private Practice setting

+

D started using online video technology in 2020 to provide therapy to clients

= E YOU ARE INVITED - please consider participating in this study

Please consider participating in this Qualitative IPA research study. We are looking for participants who are willing to participate in an interview of approximately 1 hour via Zoom to discuss your online therapy experiences during COVID 19 in Ireland.

If you are interested in participating in this study, please contact

Catriona Brennan

C Couns Psych PsSI Doctoral Candidate in Psychotherapy at Dublin City University, Catriona.brennan97@mail.dcu.ie

Plain Language Statement

Introduction to the Research Study

This study is being conducted by Catriona Brennan in partial fulfilment of the Doctorate in Psychotherapy, Catriona is a student on this course and is being supervised by Dr Mark Philbin and Dr Eileen Courtney (and Dr Gemma Kiernan) throughout this study.

You are being invited to participate in this study which has the working title of: An Interpretative Phenomenological Analysis (IPA) study of the lived experience of Irish Therapists providing psychotherapy online using videoconferencing technology during the COVID 19 pandemic.

The purpose of the research

The purpose of this study is to explore psychotherapist perceptions and experiences of online therapy using video conferencing technology (VCT,) in Ireland during the COVID-19 Pandemic.

The importance of this topic lies in the impact of COVID 19 on the mode in which psychotherapy is delivered to clients and the potential for future use to increase access and reach of mental health support services to difficult to reach populations.

For the purpose of this study Video conferencing technology for therapy refers to:

The use of telehealth platforms specifically video conferencing technology for the delivery of psychotherapy remotely to clients in remote locations usually in their homes. In all cases, therapists are located in a different location to the client and the client is responsible for providing themselves with a private space from which to access their therapist. This is distinct from clients attending a clinic or hub where they can access technology and see their therapist online using a telehealth platform in a controlled environment albeit with the therapist in a different location.

Why is this study being done?

The vast majority of the literature to date covers pre-pandemic attitudes to the use of online therapy guided by a professional (Apolinário-Hagen et al., 2017). Since the COVID 19 pandemic occurred, there has been a natural experiment with many people globally having upskilled in their ICT proficiency due to stay at home orders and remote working realities. Therapists are among those who have found themselves working online to provide continuity of care to their clients during this difficult time. There are no studies that we are aware of focussing on online therapy (VTC) in Ireland that provide an in depth exploration of the perceptions in the psychotherapy population of therapists' perceptions towards online therapy (VCT). The Pandemic has offered an opportunity to demonstrate whether or not it is possible to provide remote therapy to hard to reach populations. Internationally it has been observed that many therapists moved rapidly in response to the public health restrictions to provide psychotherapy online during the pandemic (Békés & Doorn, 2020, Liu et al., 2020) Studies elsewhere suggest that psychotherapists are the gatekeepers to the provision of this mode of service delivery and therefore attitudes matter (Mendes-Santos et al., 2020). UTAUT theory

suggests that users experience and attitudes predict their intentions to use technology in the future (Békés & Doorn, 2020). This project hopes to explore the lived experiences of psychotherapists during the pandemic in Ireland and what the implications are for therapy in the future in Ireland

What does participation in this research study involve? Participation in this study involves you being invited to take part in a 1hr interview with Catriona Brennan to reflect on and discuss your experience of working online using videoconferencing technology with clients during the pandemic.

Are there any risks to me in taking part in this study?
There is a risk that the interview may trigger negative memories for you of your experience working with clients online during the Pandemic. There is equally a risk that during the interview process memories may come up for you that could be upsetting.
The researcher will provide support numbers at the initial stages of consent for all participants to be made aware of, however the researcher also will encourage participants who become upset during interview to discuss this with her to ensure that supports are identified and accessed where necessary.

What are the benefits of taking part?
There are no specific direct benefits identified for participants, however indirectly participants may feel a sense of contribution towards the community initiative to fight the mental health consequences of the COVID19 pandemic.

Other benefits might include an opportunity to reflect on the experience of working online during COVID19 and how this might influence future work that therapists might do. Interviews offer a chance to articulate in detail the experience of providing therapy online which is the focus of this study.

The researcher is hopeful that this research may help to increase the local knowledge of therapists' use of online therapy and their attitudes towards this form of therapy with a view to informing policy and influencing reduction in stigma associated with therapy access and increasing acceptability and consequently access to mental health services for hard to reach populations. An additional hoped for outcome is that the research may help to inform supervisors, psychotherapists and psychotherapy training programmes about online psychotherapy in Ireland, so that it can be adequately integrated into the training and development of professional programmes.

How will my confidentiality be protected?
All data collected and recorded during interviews will be anonymised as far as possible. It should be noted that while all efforts will be made to

hide the identity of the participants, the researcher will be using quotes in the write up of the research from the interviews.

If you agree to participate in the interview, it will be recorded with your consent. The audio file will then be transcribed, and all identifying information will be removed from the data, participant names will be replaced by a pseudonym. The original data will be available only to the researcher Catriona Brennan.

Confidentiality, however, is subject to the following limitations: The researcher must adhere to legislation, therefore,

- should you disclose there is a child protection issue Children First Act (2015) will be adhered to.

Other situations where there may be limits to complete confidentiality include, if

- data is subject to a subpoena by law enforcement
- data is the subject of a freedom of information claim

How will my interview data be used and disposed of?

All digital and hard copies of data collected will be irrevocably destroyed a maximum of five years after the completion of the study following the finalisation of publications relating to the research. All data will be collected processed and stored in compliance with the principles of GDPR (2016) regulations. The completed dissertation will be available through Doras, the online research repository in DCU Library. Results will also be disseminated through published articles in psychotherapy journals such as the Journal of Psychotherapy Research and the Journal of Telemedicine, through presentations at relevant conferences such as the PSI and BPS Conferences. A summary report will be made available to you upon request.

Do I have the right to withdraw from this study?

You are free to withdraw from this study at any point in time up to the point when the data is anonymised as it will not be possible for the researcher to identify which data is yours once this has occurred. At any point in the data collection you may cease completing the interview and your data will not be saved or included in the data set analysed.

For interviewees all interviews will be recorded on Zoom. Should a participant wish to withdraw their data from this study please contact the researcher and inform them of this. It will be possible to withdraw from the study up until the point that data is anonymised into a broader dataset at which point it is no longer possible to identify participant specific data and therefore could no longer be withdrawn. Following the interview the researcher will not process the audio recording for at least 10 days to allow for participants to contact her and withdraw their data if they so wish.

Any other relevant information

It might be relevant for you to know that the principal researcher is also a practising Chartered Counselling psychologist with extensive experience working both in a co- located face to face environment and using online videoconferencing therapy with clients in remote locations.

Data Protection /Privacy Notice

The Joint Data Controller and Primary Data Processor for this research project is DCU. The research team is made up of the following principal investigators: Catriona Brennan, Dr Mark Philbin, Dr Eileen Courtney and Dr Gemma Kiernan from the DCU School of Nursing, Psychotherapy and Community Health.

Under Irish Law you have a right to request access to your own personal data held by DCU at any time. You may request access to this information by contacting The DCU Data Protection Officer is Martin Ward

You also have the right to complain should you believe that your rights as a data subject have been infringed in any way. If you wish to make a complaint, you have the right to do so by contacting:

The Irish Data Protection
Commission. 21
Fitzwilliam Square
South Dublin 2
D02 RD28
Ireland

If participants have concerns about this study and wish to contact an independent person, please contact:

The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Dublin 9. Tel 01-7008000 or rec@dcu.ie 187

Appendix D: Informed Consent Form DUBLIN CITY UNIVERSITY

INFORMED CONSENT FORM –
Semi-structured interviews
Research Study Title
A study of the lived experience of Irish Therapists providing online therapy using videoconferencing technology during the COVID 19 pandemic.

Thank you for considering being a participant interviewee in this study. Dublin City University is the Data Controller and Catriona Brennan is the primary Data Processor and the person to contact if you have any queries or concerns regarding your data or the processing thereof. She can be contacted at Catriona.brennan97@dcu.ie

This study is being conducted by Catriona Brennan in partial fulfilment of the Doctorate in Psychotherapy, Catriona is a student on this course and is being supervised by Dr Mark Philbin and Dr Eileen Courtney (and Dr Gemma Kiernan), all from the School of Nursing, Psychotherapy and Community Health, throughout this study.

The purpose of this interview is to understand your lived experience as a psychotherapist providing therapy to clients using videoconferencing technology in Ireland during the COVID 19 pandemic. The information collected during this interview will be recorded and transcribed verbatim using the Zoom platform DCU licence. Interviews are being held online due to the current COVID 19 public health restrictions, to eliminate any risk of contracting COVID 19 during the course of the interviews for either researcher or participant. It is also consistent with the research topic of the experience of working online during the pandemic and is therefore appropriate. Following transcription, the data will be analysed to establish themes that may provide insights into the experience of practitioners working online during this period.

Participant – please complete the following (Circle Yes or No for each question)

I have read the Plain Language Statement (or had it read to me Yes/No
I understand the information providedYes/No
I understand the information provided in relation to data protectionYes/No
I have had an opportunity to ask questions and discuss this studyYes/No
I have received satisfactory answers to all my questions Yes/No
I hereby agree to participate in an online interview using Zoom Yes/No
I am aware that my interview will be audio recorded Yes/No
I am aware that anonymised data from this study will be used for future publication Yes/No

Confirmation that involvement in the Research Study is voluntary

I am aware that I have the right to end the interview at any point during the interview thereby withdrawing my consent for my interview data to be included in this study.
I am aware that I have the right to request the withdrawal of my data from the study up to the point when my data is anonymised to the extent that the researcher would no longer be able to identify it as my own.
Confirmation of arrangements to be made to protect confidentiality of data

All data collected will be treated securely and any personal information will be kept confidential at all times with the exception of legal limitation where either there is a child protection mandatory reporting circumstance or the researcher is obliged to cooperate with An Garda Siochana in providing information requested in the case of a criminal investigation.

Confirmation of arrangements regarding retention/disposal of data

I hereby consent to the use of my data for publication of the findings of this research study across journals and other means of dissemination including conferences, websites and social media platforms.

I understand that my data will be kept for up to a maximum of 5 years following completion of this project for the purposes of research publication. At this point the data will be deleted completely and will not be retrievable.

Signature:

I have read and understood the information in this form. My questions and concerns have been answered by the researchers, and I have a copy of this consent form.

Therefore, I consent to take part in this research project

Participants Signature: _____

Name in Block Capitals:_____

Appendix E: Interview Guide

Number of years Fully Chartered/Accredited by your professional body What is your main Therapeutic Approach?
Average number of hours per week working in co-located clinical work prior to the Pandemic
Average number of hours per week working in co-located clinical work during the Pandemic
Average number of hours per week seeing clients online prior to the Pandemic
Average number of hours per week seeing clients online during the Pandemic (since March 2020)
Possible Qualitative Questions

Please could you describe your experience of living and working online during the Pandemic from the day that you realised working this way with clients was an option for continuity of care during the restrictions?
Prompt: Can you liken this experience to anything else in your life to date? Please tell me about what your typical day would be like as psychotherapist working online during this time.

1. Please describe a noteworthy clinical experience or a particular situation that you recall when working online since 11 March 2020 during the COVID-19 Pandemic?
Prompt: How was it different from other times during your working career?

2. How do you feel that this experience of working online and remotely affected you personally at the time?
Prompt: Describe a remarkable memory you have of how working remotely affected your personal life.
3. How do you feel that this experience affected you professionally at the time? Prompt: How do you feel it affected your client work? How did it affect your work with colleagues and other professionals?
4. How has this experience influenced your work as a psychotherapist, if at all? Prompt: Please describe any way in which this experience changed the way you approach your job as a psychotherapist?
5. Please tell me anything else you would like to add to describe your experience of working online using video conferencing technology since March 2020 to date during the COVID 19 pandemic?
6. Prior to the Pandemic, would you ever have considered using video conferencing technology to provide therapy to your clients? Prompt: tell me a bit more about your pre pandemic perceptions about VTC as a mode for therapy delivery?
7. Now that you have had experience working therapeutically online what are your intentions for future use of technology in your clinical practice?

Appendix F: Excerpt of Transcript of Analysis of Jude (20pg)

Experiential Statement		Exploratory Note
	00:08:47 Researcher	
	So what was it like for you then when the pandemic hit and suddenly, we were faced with closing the clinic and all that went with that.	
	00:09:02 Jude	
The week when the pandemic hit and there was no other alternative than to work online, was extremely difficult and had the effect of bringing memories of the loss experienced when his father died suddenly 10 yrs before. Something	I I I think I'm still processing…. I think it was one of the most traumatic weeks I've ever had professionally in my in my life. I I, I think it comes	Still working through the trauma of the experience - compares experience of shut down as being similar to

about the sudden nature of the the pandemic experience triggered historic grief experience.	close to, you know, trying to go back to work after my father died 10 years ago.	losing his father - grief
	00:09:20 Jude	
Existential crisis experience of threat to his "life", his home and his work/ livelihood were both under significant threat when the pandemic hit this left him in a major crisis with a significant challenge to his survival.	I think I I I had to place it in context I had...In August 2019, I was given an eviction notice and I had to leave .... Was told I had to leave my house and it took me six months, but I managed to get a Mortgage and saved the house and not be evicted so by the time it got to...a March of 2020...I... still hadn't bought the house and it was still ... could still have been taken away from me.	context extremely challenging and difficult faced threat of losing his home while also facing threat of losing his business - losing his" life"- existential crisis! Challenge to his

		survival and existence
	00:09:51 Jude	
At the start of the pandemic ey was already feeling drained and then the crisis hit, putting inordinate amount of pressure on him to keep going to maintain eir income and save eir home	The reason I'm saying that is because my reserves were low I... was fraught...And the the really, the killer was that I had to keep earning the same amount of income to impress the banks...Uh, in order to get to save my house.	loss of income was not an option- survival needed to keep on working in order to avoid losing his home and becoming homeless
	00:10:10 Jude	
Realising ey was not feeling strong emotionally Realisation that ideally ey should have looked after emself but was not able to take time off under the circumstances]	Uh, and I I honestly wasn't in a good mental health space. I should have taken time off.	burnt out and depleted exhaustion (echo for researcher)
	00:10:16 Jude	

Realisation that ey was exhausted and this in combination with the strain of the pandemic created a "Perfect Storm" (The meaning of perfect storm is a critical or disastrous situation created by a powerful concurrence of factors.) https://www.merriam-webster.com/dictionary/perfect%20storm. ey describes how ey was unable to cope very well and feeling depressed as well.	Uh, I was really depleted. So uhm, that's why. It just was a perfect storm by the time. And the March 2020 came along. I was in very poor shape mentally and unable to Uhm, cope internally I got quite depressed uhm?	expresses exhaustion and being psychologically challenged perfect storm- poor shape mentally - struggling, not coping, depression
	00:10:37 Jude	
Felt supported by a strong supervisor reflecting on inordinate amount of stress endured at that time	I've had a brilliant supervisor and by the time I finally got... the mortgage approval, then I could	support experienced

	take time off and do what I needed to do and start minding myself. But so it was particularly stressful.	through supervision
	00:10:56 Researcher	
	So at the time of the shutdown you were in the throes of trying to save your home.	
	00:11:04 Jude	
	My home, yes. So my just my emotional reserves were rather low.	emotionally very tired and exhausted
	00:11:13 Researcher	
	So what was it like then?	
	00:11:16 Researcher	
	When you were faced with your your business being threatened as well and your clients being at risk of not being supported and.	
	00:11:27 Jude	

Experienced the time as surreal, distant and confusing. ...Incongruency between what clients saw and what ey actually experienced in reality which was overwhelming. Purposefully put on a show-performance	I know it... was kind of surreal as I look back on it now, I don't know. I I, I've only just begun seeing people face to face and and a client last night told me how smooth I had managed it…. (July 2021). Which I thought you...Have no idea you have no clue. And so, uh, I think it's that I used to be an actor so...I think I can put on…. A good….Performance uhm?	surreal experience - unsure how he managed to survive it performative aspect of it... clients perceived him to have managed smoothly in spite of the difficulty he was experiencing managing it all. Put on a performance that

		he was coping for his clients while actually really struggling through the crisis
	00:11:56 Researcher	
	So it was, performative?	
	00:11:58 Jude	
Reflecting on being real enough with clients while still providing the safety that therapy does Gave clients the impression "things are absolutely	It was performative. I felt it was important to try and give the impression that things were absolutely fine that, uhm. And I know from having worked through as I say when my father died, I knew that it is possible to be there for clients even if you are not in a good space as long as it is somehow named...You know, not that you're saying... I'm, you know, I'm heartbroken, but that you do say look, I'm I'm, I'm here I'm...present enough and let's try and make it work, which is my approach, but I think I had	performative-creating a good impression, providing stability for others

fine". Even though ey wasn't confident in what ey was doing ey need to give the impression to eir clients that ey was confident		
	00:12:30 Jude	
Acknowledging that eir own supports were gone and this added to the difficulty of the time realising that ey is a social person and the isolation was extremely difficult for him to cope with	but I think I had no the social networks that and the the the, all the things that usually support me through difficult times like meeting with friends like you know, all that. I'm a social person... that was taken away. That's that's the killer, I just found it extraordinarily difficult as I talk about it know ... I don't know how I survived it....really challenging for me, No I don't.?	loneliness and isolation reflection- expressed surprised that he had survived Lack of belief expressed at how hard it was and how he had survived- disbelief

	00:13:05 Researcher	
	yes...So quite a shock?	leading
	00:13:07 Jude	
Deeply impacted by the disruptive nature of the experience and the time	Deep shock. Yeah, yeah. Deep shock.	expressed the shocking nature of the experience - reiterating deep level of shock
	00:13:13 Jude	

Personal family difficulties compounded eir stress Needed to take time off to help eir family use of term imploding suggesting catastrophic difficulty consequential financial burden was challenging - reducing work hours	And by the time it got to the summer, my family was in trouble. My mom, my sister is a single mum with a, uh, a child who was really. They were having a terrible time. Our family just just were imploding. It was really difficult, so I had to take time off to help my nephew. Keep away from my elderly mother. Keep her safe. It was an extraordinary difficult time, but I managed to reduce my working hours. Limp along financially, uhm? And keep the like keep a fair number of clients. Uhm, I didn't end with any clients, but I certainly didn't take on any new ones for a long time.	personal challenge family imploding need to keep elderly mother safe resulting in further continued isolation] financially challenging reduced his hours of working with clients due to the personal difficulties survival mode
	00:13:58 Researcher	
	And how many clients a week were you seeing?	
	00:14:21 Jude	
Example of client unable to secure private space therefore unsuitable for online work	I switched more like I. Let's see I I can't remember exactly I I. I know I lost three who I'm going to	Example of client who could

	reconnect with soon to sort of say hello and I came back in in my office. Uh, one, just couldn't and I I do worry about him. He couldn't do the privacy bit, uh, living with his elderly mother. He just could not do any online work and uhm? Quite concerned about him.	not go online because he couldn't secure a private space
	00:14:38 Jude	
	Another, uh?	
	00:14:41 Jude	
	Uh, for his professional reasons, uh, couldn't just manage the the, you know he was in in the mental health field himself. He couldn't, uh, do face to face either.	
	00:14:54 Jude	
	And another and so I lost about four UM.	
	00:14:57 Jude	
	On average I would say I do about. Five or six for four days a week…And then a couple on a Monday morning. Usually I'm with my nephew and a	

	Monday afternoon. And so what's that on average? 5 or 6 ; 20 to 24 a week	
	00:15:18 Researcher	
	So 24 a week when you were on your reduced hours?	
	00:15:21 Jude	
	No, I I cut I I gave up my mornings so I just stayed to afternoons. During the summer.	
	00:15:31 Researcher	
	So heavy caseload, heavy enough.	
	00:15:33 Jude	
	Heavy caseload	
	00:15:34 Researcher	

	At a time that things were really quite difficult for you both in your personal context. And the broader community context.	
	00:15:49 Jude	
Threat of losing eir home was present for the first 3 months . The extreme burden came from the need to keep producing the same pre pandemic income for the bank in order to get a mortgage to avoid being evicted from his home.	Yes, but also the the the the killer was the fact that I had to keep on producing the income to impress the bank. That's the bit I, otherwise I wouldn't have got the mortgage 'cause I'm too old and and self-employed, so it was a difficult one to get anyway and...	Pressure from the bank to maintain his income at a particular level in order to hold onto his home.
	00:16:04 Researcher	
	When did that go through?	
	00:16:06 Jude	
The pressure was encapsulated by how ey could only call a halt to that	Finally, in May, so two months after the pandemic hit and it's only in May that I could then go, whoa, OK enough. "I can't do it anymore."	

level of pushing emself once eir home was secured		
	00:16:18 Researcher	
	So it sounds like there was a lot of pressure financially on you.	
	00:16:28 Jude	
Experienced the internal conflict and irony that you don't become a therapist for financial gain yet ey was completely dependent on the money from therapy to save eir home	Incredible I, I would just very unusual 'cause I I wasn't, I I wasn't thinking...I mean you don't become a therapist for the money, but I was determined not to be kicked out by a vulture fund. Uhm, so I was determined. So that's the context.	
	00:16:40 Jude	
Reflecting on why it was so bad. the time... ey became quite depressed	I it's funny you know building up to this interview I was going. . Why was it so bad? and there were a lot of things that uhm? So I became quite depressed…I would say during the summer and only rallied by August.	the period was very difficult and ey felt quite depressed

	00:17:05 Jude	
Things improved for em since August coinciding with easing of restrictions and family system recovering too. Questions what is new normal? Implication things are not the same as before	Not saying I haven't looked back since, but yeah, it only became tolerable in August when I'd given myself enough time, spent enough time with my nephew...Sister began to rally herself and things began to, I don’t know? What's the new normal? We began to get used to it...	it is still hard
	00:17:24 Researcher	
	So what was a typical day for you then? What did it look like? During the period.	
	00:17:30 Jude	
Noticing how challenging it was for em pretending that everything was fine when it was not and moving automatically onto online work with	And, well, the the really stressful period was trying to pretend like nothing had happened and switch automatically to zoom. And I don't know how I	pretending everything was fine when it wasn’t it was really difficult unsure how he coped surreal - disconnected from it

clients (and working from home) expresses disbelief about how ey managed that. Expressing feeling disconnected from the experience	managed that...that's kind of like a bit... very surreal...	
	00:17:49 Jude	
Expresses that ey experienced inordinate strain at this time and that ey was able to effectively hide this from clients, some clients tried to let em know everything was fine which ey had a negative internal reaction to... felt furious with client who seemed to be acting as if nothing had changed	I was very stressed and again performative, trying to let me know everything was fine, and I remember one client in particular. Uh, she took to the work online like a duck to water as if nothing had happened and I I remember the countertransference. I was furious with her like it was all part ...funnily enough We've begun looking at that.	performative element of being there for others even when things were collapsing for him inside. felt fury with the client for her denial of the gravity of the situation

	00:18:14 Jude	
Noted the experience is all part of the process now and part of what must be processed	Now that we're working face to face again in the last few weeks, we began looking at that period so it's all grist to the mill.	
	00:18:20 Jude	
Strong sense of responsibility for clients and surprise at how well they were using the medium. Also aware of an exhaustion that had set in for him. Acknowledging that eir cynicism pre pandemic regarding online psychotherapy was not borne out in reality	It's all part of the work, UM? But I I began to be. My overarching sense of responsibility for my clients was exhausting me, but I began to realize in the first few weeks that actually they were using it rather well. To my surprise, they were using the medium much better than. I would have thought and that that was an education.	strong sense of responsibility for clients-- surprise at the realisation that clients were using the online medium quite well surprised that it was better than expected

	00:18:47 Jude	
Practical decisions were needed regarding platforms. Learnt as ey went- experiential learning Grateful for the experience working with supervisee pre pandemic as this helped em work out a structure to cope	For me it was all learning on the hoof. As I say, because I knew how it had worked with my supervisee for those years. At least I could, you know the structure I could work out. Zoom seemed a much better option than Skype and and I've actually I'm very fond of the medium the platform. I think it's great.	adaptation
	00:19:12 Jude	
It was evolutionary process which ey learnt as ey went along uses another theatrical metaphor "we all played it be ear". Strong belief that congruency was important for clients to know this is stressful for everyone Acknowledgement of the shared humanity in the experience	And we all played it by ear. And I said to my supervisees and to my clients. I said it was really important to be congruent to let everyone know this is stressful. Uh, for everybody I I wanted I that's part of my supervisees. We've got to acknowledge these...These are stressful, difficult times. We've got to acknowledge it's impacting us all. We're not...We	made it up as we went along strong belief that therapist must be real authenticity is important No denying the

	can't put on the blank screen and go...You know everything is fine.	reality that we are in this together
	00:19:45 Jude	
Clarifies that being performative is not the same as denying that things are not good. Expresses eir humanity and equalises the client therapist relationship	When I say I'm performative. I, I mean, I hide my distress, but I tell them things are not good, as in it's very stressful, isn't it? Or these are Difficult times, or you know, so it's it's. I'm not in the ivory tower dispensing wisdom from above. I'm kind of going shit this is crazy. (laughs)"How are you doing?"	Connection in shared experience
	00:20:11 Jude	
	And anyway, once I had sort of June, July, August, then with less work on. Just the after working just the afternoons. Then I began to rally and recover. And rest I needed a lot of rest.	By August felt recovered- more self-care
	00:20:31 Jude	

Once ey had managed to secure this home with the mortgage coming through there was huge relief that ey had secured eir house, safety of home...ey had started to move out of crisis mode and into a sense that ey was surviving.	And anyway, once I had sort of June, July, August, then with less work on. Just the after working just the afternoons. Then I began to rally and recover. And rest I needed a lot of rest. And also it helps that my house was mine in the end and umb 'cause I've been living here for 10 years so that helps me. You know, gardening and just, you know just. Getting through... so by August.	Self-care
	00:20:48 Jude	
Having secured eir home it was possible to cope better with the work started to increase work again	In myself, I'd begun to sort of cope with the the the work and begin to just tentatively take on, uh. A little bit more work and. So by September I sort of recovered enough.	
	00:21:08 Researcher	
	And did you provide your therapy from home, did you? When you went on Zoom, did you?	
	00:21:15 Jude	

Described how eventually ey setup eir home space suitably for the task of working online	Yes, this this is. Yeah, this is my lovely old uh 24 inch Mac. It's about 12 years old. And it can only do one thing at a time. It's that it's that old so I don't ...everything else is stripped off and it just really works because. it for me…If I'm seeing you as as large as I would as if you were in my room and I'm looking at, you know it's. So I thought about it in the initial stages. Of course I was. Using my phone and a little earpiece, which was ridiculous...You know it was, but that's what we didn't know how to do it and it was in my office which didn't have Wi-Fi and it was all crazy anyway, so once I realized OK, I need to invest in it.	
	00:21:58 Researcher	
	Can I stop you there for a second and just dwell on that little piece that you mentioned about the beginning and the phone and what that was like.	
	00:21:59 Jude	
	Yeah yeah, yeah.	
	00:22:08 Researcher	
	We were thrown into this situation and kind of sink or swim type of scenario.	

	00:22:15 Jude	
	Exactly that feeling.	
	00:22:18 Jude	
Reflecting on how ey had initially felt ey needed to be in eir office, not sure why? **Perhaps to maintain a sense of control, continuity in a very disrupted and uncertain set of circumstances. (CB interpretation)**	So I had my, you know I had my phone on. ... A little stand. (laughs) And little, you know things here and it was in my office... I don't know why I felt I was had to be there.. I had to be there for some reason at the beginning.	desperately holding onto what is known - safety in what is known in such uncertain unsafe circumstances
	00:22:31 Jude	

Realising how ey felt comfortable going online with clients because ey had an existing relationship with them prior to pandemic-. at first ey connected with them by being explicit about noting the strangeness of the situation. Making everything explicit was how ey worked online especially that it was difficult in the beginning on the phone clients were tiny **they were- somehow physically reduced - within the context of the enormity of pandemic situation - existential piece around powerlessness and being a tiny part of the broader universe? (CB interpretation)**	And so, and bear in mind these were people. I already had a good relationship with, so I think that that helped enormously. And so it we just talked about the strangeness of it all, and I again, I always...you know, make explicit what's difficult I I never hid what was difficult and I , so it was strange looking at a phone with a tiny picture and almost by memory going I know what they're looking like but..On the phone it was they were so tiny...	having a relationship with clients prior to moving online helped the therapist feel safer knowing what he was dealing with. narrated and made explicit what was difficult - strangeness of it all
	00:23:06 Jude	

Reflecting on the practical reality of setting up a therapy space at home	Uhm, so eventually I you know, after the first week or two then it was like OK, what do I need to work from home? Got a light? Yeah, there's, uh, you know things you get from Amazon, etc. Yeah, it's just this sort of lighting box thing	Stabilised and started to think about what was needed to work from home got practical - lighting
	00:23:26 Researcher	
	Very good, what is it?	
	00:23:26 Jude	
	Can you see, UM? It’s for photographer thing.	
	00:23:32 Researcher	
	Oh, very good.	
	00:23:35 Researcher	
	So you put that where?	
	00:23:37 Jude	

Set up and lighting was important this therapist thought about eir setup like a theatre set - dressing a set or stage for performance	Just, uh, well I'm beside a window. If I didn't have it, it would, uh, I'd be...You wouldn't be able to see this side of my face.	set up and lighting was important therapist thought about his setup like a theatre set - dressing a set
	00:23:45 Jude	
	I was an actor remember, so I I do know camera work. (laughs)	
	00:23:49 Researcher	
	So you you you were able to set yourself up, then in a way that was very much professional actually 'cause yeah, I mean your setup looks very professional.	
	00:23:58 Jude	
	Thank you, yes, uhm in the end.	
	00:24:00 Researcher	
	I like the background by the way.	
	00:24:01 Jude	

	Thank you and always have a bit of flowers and.	
	00:24:07 Researcher	
	Nice yes.	
	00:24:07 Jude	
	So yeah, uhm.	
	00:24:08 Researcher	
	You thought about your space?	
	00:24:10 Jude	
	I definitely did yes and encouraged my supervisees.	
	00:24:12 Researcher	

	You MOVED from the phone too a More manicured arrangement?	
	00:24:17 Jude	
Likens the experience of preparing eir setup at home for online work as similar to dressing a set	More manicured, more. Yes, it's like dressing a set UM and UM.	
	00:24:22 Researcher	
	OK, it was like dressing a set. Now you were really performing?	
	00:24:29 Jude	
makes a link between the sacred space of theatre and the the sacred space of psychotherapy	Now, well, yes, I've always thought there was a link between the sacred space of theatre and the sacred space of of of psychotherapy. So for me, it was like all right? Well, let's see.	draws a link between sacred space of theatre and sacred space of pscyhotherapy
	00:24:47 Jude	

Magic feathers- we try to create a space where magic work can happen- the conditions where psychotherapy can work	It's it's like the magic feathers in existential psychotherapy. It's like we, we try and create together a space which in which magic work can happen. In which the the conditions for psychotherapy can work and I didn't know how well it would work. ... Bear in mind at the beginning I was skeptical.	magic feathers - Spinelli- unsure of whether it was going to work or not
	00:25:10 Jude	
Only confident it worked for supervision, skeptical that psychotherapy could work online- this was pushing em out of eir comfort zone	It was only in supervision that I felt. Uhm, that it would work. I was not convinced in my, based on my limited experience that it (psychotherapy) would work on Zoom.	only confident it worked for supervision did not convince it was suitable for therapy
	00:25:23 Jude	

Ey responded by trying to organise eir space and create structure to assist em feel more comfortable. A large screen	Uhm, but I think it it helped me to have this big screen in front of me. Uhm, and it helped me to try	big screen helped structure

helped em to see eir clients build a structure of working and counter the weirdness of not leaving the house	and build a structure of working uhm. Yeah, I.I mean we joke about it know it's I don't know. It's it's so we've got so used to it now. But it was so weird never leaving the house. It was so weird, we you know...Very strange, uhm.	helped weird never leaving the house-dystopian
	00:25:57 Researcher	
	When you say it was weird, can you? Can you go into that a bit more?	
	00:26:04 Jude	
Previous experience of working at home with client - didn't like it preferred to go to work and separate work and home separation of work and home was preferred; during lockdown it was	I I went I for a short period, maybe two years. As a therapist I had clients come to my home and I didn't like it. That's why I got the office in town UM and I it's nice to be able to leave your home. Go do the work... I used to wear a suit...ha.come and try and separate it psychologically so I would do the work...Have a nice coffee with the ladies across the you know, the road...A little chat in the morning, do the work...Go home uhm. It was demarcated uhm…. so with THIS (the Lockdown situation) the clients are in my space…. in my home.	

challenging as clients were in his home again.		
	00:26:54 Jude	
with clients in eir space clear demarcation separating clients from eir personal space became important	And again, it's trying to find a way of separating it. Of going OK...This is here so.	
	00:27:01 Jude	
Reflecting on how small eir cottage home is and how to demarcate a separation between client work and	Uhm, I only…It's a little cottage I live in so, but I kept this...I haven't moved this since April of last year. This space this little table this at, this setup, so try to keep it as…As a... the ritual of it	stage - set is permanent space and setup to assist in demarcating client space in his home

home - physical space created with ritual		
	00:27:20 Jude	
	And, uh. I forget your question anyway,	

	00:27:27 Jude	
ritual helped - participant remarked that they were forgetting the questions- having difficulty focussing	so it's I think it's about ritual and creating that container that remains the same, which is what I do in the office, and I do it here.	ritual helped -
	00:27:41 Researcher	
	OK, well I was asking about the weirdness of it, to the weirdness of not not leaving the house being confined to the house. At that stage was only two k's I think was the original radius that we were permitted. .	
	00:28:07 Jude	
	God yeah.	weirdness confinement
	00:28:10 Jude	

Surreal experience of being confined, the Lockdown generally- expresses desire to forget. expresses how bad the experience of isolation in Lockdown was. Found ey got to know eir neighbours- experienced the loneliness of confinement forced em to reach out to those around em in close proximity all their normal social network and contacts were gone	Surreal times, uh, funny how I.I think we'll all forget it as soon as we can, 'cause it's so awful those two K Oh my God...Do You know I have I you're making me remember a period of time that I I really have tried to forget!! It was so bad that.... the 2K meant I couldn't even see my mother. Uhm, and the 2K a lot of good friends, I couldn't see, and I had to get to know my neighbors who, which I'm very glad I did now...But it ...we're very very different!	surreal, awful- wants to forget this memory I am trying to forget so bad- I couldn't even see my mother] trauma of isolation
	00:29:05 Researcher	
	And what was it like not being able to see your mother?	
	00:29:09 Jude	
Devastating not being able to see eir mother- felt the sense of triumph of teaching 85 yr old mother to use WhatsApp	And that was.....of course .it was devastating. It was umb. It was I managed to, uh. Before I at some stage I was able to get her to use WhatsApp video. She's she's 88, so it's like that was a triumph and once once we could do that then things were it's, you know, there's before and after that ... So once that	devastation and yet triumph of getting mother to use whatsapp

	began to happen then things became a little bit more, UM…manageable for her…And she could see people God love her.	
	00:29:48 Researcher	
	So the gift of the online was useful there too?	
	00:29:50 Jude	
	The gift of the online and being able to help her with that, uhm?	
	00:29:57 Jude	
Managed to turn this difficult experience around	So yeah, the the weirdness of the being home. I only began to sort of address that weirdness then properly and and and take advantage of it in... Uh, August September when I decided. To get a dog.so I got a puppy in UM.October and he's now a year old and UM. then the advantage of working from home meant I could look after a puppy.	turned this awful experience around by getting a puppy
	00:30:25 Jude	
describes how ey started exercising because of the dog- lost weight - better health consequences change from not enjoying working from home to taking advantage of working from home	Uh, so I turned it around and I'm really glad I Idid. And then...So working from home from January on I began to walk walk be able to walk 10 kilometres a day. Walking the dog, lost a lot of weight since but I couldn't have done that if I had been working in the office Uhm 8 hours a day or whatever it was.	
	00:30:50 Jude	

	And and now he's old enough to be left on his own for a good few hours so it doesn’t. So now I can do the hybrid. Online and off.	
	00:30:54 Jude	
	00:31:01 Jude	
	Anyway, I'm zooming forward.	
	00:31:02 Jude	

	What else do you need to know?	
	00:31:04 Researcher	
	So is there any anything significant that you can remember about when you transitioned online?	
	00:31:12 Researcher	
	What you, how did you manage that with your clients? Did you have to ring them up and negotiate that on the phone? Or how did you? How did you get from being in the room to being online?	
	00:31:25 Researcher	
	What was that like?	
	00:31:28 Jude	
Hypervigilance and anxiety prior to the Lockdown. It was still a shock in spite of some predation for it.	But well, there was a period before that, of course, where everyone being was hypervigilant and going, "Oh my God, there's a virus around and we've got to....", you know, so we were we had...we had time to prepare at one level, although I don't .still don't ...The lockdown was still a shock.	anxiety around virus pre lockdown shock of the lockdown

	00:31:47 Jude	
	But uhm.	
	00:31:49 Jude	
	So I remember sending an email to everyone going "sensible precautions" that was the subject line and it was sort of detailing... hand washing and you know, don't attend if you're ill and you know just the stuff, we've now taken for granted, but it was trying to articulate and set up a conversation with other therapists...How do you? How are You doing this? What are you, you know?	
	00:32:13 Jude	
Fear of being infected if continuing to see clients co located Disbelief that inspire of the evidence some therapists	But it it was clear to me from what I was reading that actually spending an hour. Uh, with someone in	

continued to see clients in person. Expresses Fear of being infected.	a room was asking to be infected...But there ‘was still people who carried on working face to face as if that wasn't the case and I I haven't gone mad about that...I've gone I, that's why I I stayed working from home for all this time. UM, 'cause it seems to me self-evident… It's just one hour is enough if.....2 meters...? .. don't be ridiculous!!!!UM.	
	00:32:58 Jude	
working it out how to survive	I keep on forgetting your questions, I think because It's so emotional...It's it's I'm I'm. Yeah, I'm really grateful you're asking me, but actually it's just bringing up so much. I've been saying to people. At some stage only when it's over will we allow ourselves properly to have a good cry with our friends and go Jesus that was sh*t but we haven't yet got to that place ...We're still we're still working out...Personal space... do we hug? Do we you know it's so we haven't yet got to that place. Of yeah...Collapse and going... Christ... that was incredibly painful.	working it out how to survive
	00:33:38 Researcher	
	Because we're still in it in a sense?	
	00:33:40 Jude	
Feels tentative, still working it out, uncertainty	We're still in it. We're still, uh, tentative and working it out.	submerged in it still living it working it out
	00:33:46 Jude	

Finding it hard to stay focussed - forgetting the points Feels tentative, still working it out, uncertainty	I'm I'm going to write down your questions so I don't forget what You're asking me...	returning to the fact that he is having hard time remembering and following

		the conversation questions/topics
	00:33:51 Researcher	
	It's OK, there are questions that they're really just prompt to try and access the experience, and really, whatever you tell me is useful. D, there's no strict.	
	Some you know there's no strict format for the interview, so I'm really trying to go with what you're bringing up and what I'm interested in…Is your your deep experience, and the deeper the better actually.	

Appendix G: Interview 4 Kit - Narrative Summary

Context

Kit presented from eir home in rural Ireland. Ey reported that ey was practising for over 30yrs but was chartered for approximately 14 yrs. with eir professional body and was also a registered supervisor. Kit was practising both privately as well as the team leader of a busy addiction treatment programme when the COVID-19 pandemic occurred, and everything transferred online. Ey recounted eir experience as a manager and psychotherapist leading the transition to work therapeutically online. Ey spoke about eir initial resistance and skepticism about the efficacy of this mode of psychotherapy and how eir views changed as time went on "we learnt on the hoof" and ey realised that the connection necessary for psychotherapy to work, is possible online. Ey described the process as miraculous, "the 18th March we made the big decision that day and we all went home and the miracles started to happen." (line 145, 08:05)

A sense of venturing into a dark forest, a high degree of uncertainty

Kit describes the experience to be likened to venturing into a dark forest "pioneering" together with eir vulnerable clients. Ey reflects on how ey and eir colleagues were at the forefront of this experience and were learning as they went since no one really knew how to do this, work therapeutically online. It was anxiety provoking for em due to the high level of risk involved, to have eir vulnerable clients with em on this journey, into what was for them all a complete unknown. There was an "awful lot at stake" in eir view.

> We were venturing off into the forest together on a journey that I hadn't been on before. And I was bringing them (clients) with me...You know that kind of way. And and it was a dark forest...It was a bit of an unknown...But there was an awful lot at stake.... There was a bit of pioneering around it is how it felt...with risk.I.. think that was the piece...That all of a us and I particularly as a clinical lead felt, that there is risk to this (line 320).

There was a high degree of uncertainty experienced by Kit and ey expressed how ey was committed to doing his best, but did not know if ey would be alright,

> So so going out into the forest together...It was like ... I'll do my best, but I don't know if we will will be alright...And slowly gaining a bit of confidence..."I think we're all right...Are we still all right?" Yeah, so we were doing a lot of checking with clients at the end of group. "How was this?"Uh, and trying to reassure ourselves and myself and clients."See you next week. We'll sort that out, or we'll check that out or." It took quite a number of months before I could sort of come to group in the morning breathing a little bit easier. Breathing a little less tense tight, you know that upper chest tightness (line 324).

For Kit whose preference was to work co-located with clients, the reality of moving to online therapy was "daunting", it went against what ey would have traditionally felt about online therapy, namely that ey was never very excited about it prior to the pandemic.

> Well for me as a practitioner it was daunting, uhm? I'm around the block, a long time doing client work since '84 UM, I've never been

> terribly plussed with the notion of online therapy, because I would be very into the experiential body presence of working with the whole person toe to tip of crown (line,172).

Another way in which ey described the experience was the feeling of being "thrown in the deep end", implying the idea of sink or swim. Ey also described the experience as one of "learning on the saddle" - ey and eir colleague and their clients were all required to learn as they went in the process, since nobody was an expert in the situation. It was unchartered territory for almost everyone.

Kit reflects on how tough the situation was, the uncertainty of the lack of knowledge and not knowing how to be "present" online was intimidating.

> So it was tough.... And then there were lots of people who...Who just didn't know how to do this technology stuff they were trying... To be present in a therapeutic process which was very challenging anyway… most of them having very, very extensive...childhood and adult trauma (line 182).

Feeling the Differences between being in the room and being online.

Kit described how ey found it difficult initially to transition since ey works very much with the body and physical presence when ey is in the same room as clients. Kit believed online was limited in what one can see as it is two dimensional on the screen and therefore ey insisted with eir clients that at the minimum ey could see "tits to top of head". This was important, for em to be able to see enough of the client, to work with them effectively. Kit also mentioned the fact that there

was a real “energy burn” in the mutual experience of COVID which was the context of the experience both ey and clients shared in.

Physical and psychological Challenges

Kit described how not only were clients challenged but ey and his team were also challenged, by the mutual reality of the initial crisis of the pandemic and all that went with it, while simultaneously being there for clients. Ey likens the experience to that of a first responder to a fire and the consequential adrenaline rush that accompanies such an emergency situation.

> Back then we were fire brigade- ING there was a fire and we had to fire brigade. So it was high adrenaline. It was skillful, but it was exciting (line 202).

Ey experienced this as both stimulating and challenging at the same time. Some of the challenges Kit identified with working online at this time, included IT literacy, hardware and wifi availability for clients and therapists, which made things difficult to guarantee service provision for clients.

> To do it, to make sure I had a signal, we all had terrible problems with signals at times 'cause we were working...Dual systems, you know… And and of course clients had signal problems at times, so we had to help them with that. Yeah, it was. It was weird. So it was very... an exhausting time (line 232).

Kit Acknowledged that the sensory limitations online result in circumstances where therapists need to work harder to ensure clarity

particularly around expression of the felt experience of emotions this was also exhausting at times.

Impact

The impact of working online for Kit was that it was a stressful experience which manifested in felt tightness in his chest all the time. “It was the dance of the seven veils” (line 370) Kit refers to the pandemic experience and his responses to it, metaphorically as the “dance of the seven veils”, there was a process of unveiling occurring as time went on but there were still many layers of uncertainty.

Kit acknowledged that prior to the crisis, ey never believed it was possible to successfully do therapy online.

> Yeah, I I I.I think I was prejudice to against doing online work. Out of my experience of being very much a practitioner who works with body language and presence... a sensory affect head to toe.... And that's how I am in my own body…So the cutting off, of some of the human in the rectangle...You know it...It's against my….it prickles me… (line 262).

Since the pandemic eir opinion has changed based on eir experience gained throughout this pandemic which has led to the realisation that it is absolutely possible and may in some cases even be preferable to do online work with certain clients.

> Think of a woman living in rural Ireland. Having to get two buses to a city venue. ...on a wet November morning, having to have the money to do it, on a low income and she's managing a eupd diagnosis..And benzodiazepine and heroin addiction.Or she can go

> up to her bedroom when the kids have gone to school...Settle herself down...Have a rug on her knee...And not have that distress of travel. Agoraphobics...That's been another big one.People with high angst, social anxieties.You can see the difference straight away (line 288).

Ey acknowledged that ey had a preconceived notion that online therapy was inferior to a co-located alternative, however ey recognised that ey may have been wrong about online therapy and that connection and the core conditions required for therapy are all possible online. Ey is able to make meaning in this by rationalising that ey was fearful of taking eir clients into an unknown territory, had it not been for the pandemic ey may never have had the need to learn about how to work in this way.

> I suppose retrospectively, I was scared of going online into a foreign territory I didn't know. That was my stuff. I was also scared of inviting very vulnerable clients Into his space...That I hadn't been. I'm not comfortable with doing that with clients. And it wouldn't be my training (line 314).

Kit described how ey could not in conscience cease providing services to their extremely vulnerable and needy clients and that the move online was an attempt to keep clients in treatment where there was no other alternative. There was a sense of "thrownness" in the Heideggerian sense to it as well,

> Well, let's try going online and teaching clients how to go online. And find find a way of doing it. So once once the therapists on team and the boss agreed, let's give it a whirl. That's what we did. It was

as stark and as clear as that- it was no treatment or try to find a way of keeping them in treatment (line 153).

Kit closes the interview with a reflection on the new possibilities that this experience now presents him with in his career.

APPENDIX H Development of Kit's Themes

High Level Themes Interview 4

THEME 1	**Feeling Duty Bound to continue to support clients during this crisis.**
THEME 2	**LEARNING BY EXPERIENCE: Clients and therapists learning together**
Sub theme	Reflecting on the experience with team and clients connecting online
Sub theme	Reflecting on the difference between being online and being in the same room as clients.
Sub theme	Describes figuring out the technological challenges
THEME 3	**Reflecting on the toughness of the experience of working online**
Subtheme	Acknowledging feelings of enormous anxiety, fear and uncertainty
Sub theme	Surprised at how well online therapy works
Sub theme	Feeling ambivalent about returning to in person work

Appendix I: Development of Group Experiential Themes and Narrative

General Experiential Themes

GET 1	**Finding a way through the uncertainty**	PET Sub theme
interview 4	Feeling Duty Bound to continue to support clients during this crisis.	2
interview 4	LEARNING BY EXPERIENCE: Clients and therapists learning together	1
interview 1	Early Lockdown experience working from home chaotic and fractured	1

interview 1	Sense of Crisis and Emergency: No option but to go online to support clients	2
interview 3	Keeping the show on the road: making it work despite the challenges thrown at us	2
interview 6	Finding eir way through the crisis learning as eir went along	1
interview 7	Initial crisis response was very practical	3
interview 8	The shared nature of the experience was defining	3
Interview 8	`there was a practical reality	1

e

Table 3.4

Table of Personal Experiential Themes

Example of how Personal Experiential Themes developed from Personal Experiential Statements

Personal experiential theme 5 (interview 2)	**Adapting to the practical reality of the pandemic**	**Interview line**	**Transcript Quote**
Experiential statements leading to this theme	She quickly habituated to this way of working which become familiar	462	I got quite used to it.
	It was practical it helped achieve the objective of continuing to work while also being able to gain access to her dying mother	398	Uh, with the transition over to Zoom, but it was really a kind of a means to an end. It was practical.
	Works differently online, tracking the process and narrating what she observes- affect changing for example	660	And one of the things being that you'd name things maybe a little bit more than you would
	Reflection on what it was like on zoom vs in person-There is a sense that zoom is limited- remarks on the felt sense that she experienced even online that she would then comment on - whereas in the room she might not have named it as directly.	673	In other words, I would have a sense sometimes a really strong physical sense something had happened and I'd ask OK, whereas in the room. We'd be kind of communicating. somehow Yeah, in the silence or in it would be quite different, which is why I think. Zoom is also limited. You know, quite limiting. Well, as in video conferencing, whatever you want to call it, it's limited.
	Refers to narration as tracking of the process	613	So I would narrate it.
	Expressing irritation at blurring of boundaries - her	739	Sometimes it's like …..how hard is it

question about this indicates her annoyance and frustration that clients somehow were not able to keep the sacred space of therapy for themselves during the lockdown		to get away from your children? You know how hard is it to take this time and not let them in and and sometimes it's impossible. Yeah, in some cases, but sometimes it isn't, you know.
Experienced the blurring of boundaries as interesting and disappointing at times	733	Therapist yeah well, interesting like it's a bit. It's a bit disappointing at times.
Noting exceptional examples of boundary blurring	721	A session, I think was in a cowshed with a farmer like this kind of thing …that would never happen,
Expressing how it was outside of her comfort zone, it was new and it required adaptation	271	um Well it didn't occur to me not to work … I continued working. When colleagues didn't.... Most clients came over to zoom ...a few didn't. It was... an adjustment. I suppose ….it was new.
Expresses amazement at how easy it was to illicit a powerful moment in the work	601	It amazed me how. It was nearly easier to be...When there would be a moment, you know where somebody realizes something or... Says something for the first time. Or you know where there's this powerful sort of moment.

Table 3.5

Sample template of GET development

	High Level themes Interview 8
PET Theme 1	**A Sense of Ambivalence regarding working online**
sub theme	There was a practical reality
PET Theme 2	**A sense of isolation in adversity**
subtheme	Metaphorically it was like falling off a cliff
PET Theme 3	**The shared nature of the experience was defining**
sub theme	There were challenges to personal boundaries and privacy
sub theme	Something was missing/lost

	High Level Theme Interview 7
PET Theme 1	**Initial crisis response was very practical**
sub theme	Strong personal Support
sub theme	Sense of primitive survival
sub theme	Strong feeling of responsibility for clients wellbeing
Sub theme	Connecting with clients in their worlds
Sub theme	Ground Hog Day Existence
PET Theme 2	**Tension between the practical and emotional experience of moving online**
subtheme	Coping involved getting on with things without feeling
PET Theme 3	**Becoming aware of a change in eir view of online therapy**

	High Level Themes Interview 6
PET Theme 1	**Finding eir way through the crisis learning as eir went along**
Sub theme 2	Finding a way of being comfortable working online by managing risk
PET Theme 2	**Noticing a difference in how ey works online and how clients behave online**
Sub Theme	Realising that online therapy is beyond the therapist and the client

PET Theme 3	**admitting ey doesn't understand how it works but accepts that online therapy does work**

	High Level theme Interview 5
PET Theme 1	**Feeling apprehensive about the move online while also it being a shared experience**
PET Theme 2	**Reflecting on the embodied experience of connection using eir body to guide em**
Sub theme	Reflecting on what it means to be present online-
Sub theme	Notices intentionality of online connection
PET Theme 3	**Sense of curiosity and surprise that online therapy works**
Sub theme	Reflecting on the experience of working online with groups
Sub theme	Noticing differences with co located experience

	High Level Themes Interview 4
PET Theme 1	**Feeling Duty Bound to continue to support clients during this crisis.**
PET Theme 2	**Learning by experience: Clients and therapists learning together**
Sub theme	Reflecting on the experience with team and clients connecting online
Sub theme	Reflecting on the difference between being online and being in the same room as clients.
Sub theme	Describes figuring out the technological challenges
PET Theme 3	**Reflecting on the toughness of the experience of working online**
Subtheme	Acknowledging feelings of enormous anxiety, fear and uncertainty
Sub theme	Surprised at how well online therapy works
Sub theme	Feeling ambivalent about returning to in person work

	High level Themes Interview 3
PET Theme 1	**Keeping the show on the road: making it work despite the challenges thrown at us**
Sub theme	Pretending everything was fine
PET Theme 2	**Having no secure home to retreat to**
Sub Theme	Seeking the safety of home: Existential isolation

PET Theme 3	**Feeling surprised at how well online therapy has worked for most but acknowledging it may not be suitable for everyone**
Sub theme	Sense of intense connection
sub theme	The MAGIC FEATHERS may not be possible to create for all clients online

	High level Themes Interview 2
PET Theme 1	**It felt like the world was shrinking, somehow reducing**
Sub theme	A sense of personal loss and isolation
Sub theme	finding difficulty in the uncertainty (of online therapy) and yet believing there was no other option
PET Theme 2	**A sense of both connection and the tentative/precarious nature of it online**
PET Theme 3	**Adapting to the practical reality of the pandemic**
Sub theme	Zooming In- Online therapy was more intensely focussed
Sub theme	feeing a sense of gratitude

	High level Themes Interview 1
PET Theme 1	**Sense of Crisis and Emergency: No option but to go online to support clients**
sub theme	A sense of isolation, disconnection and hardship on a long journey
PET Theme 2	**Early Lockdown experience working from home chaotic and fractured**
Sub Theme	The challenge of moving online abruptly
Sub theme	Unfamiliar sense at the time of a shared experience with clients
Sub theme	IT challenges were a part of the experience
PET Theme 3	**Observing Resilience: Surprised at how she has adapted to the challenge of working online**

Table 3.6

Prevalence Table for Group Experiential Themes

Group Experiential Theme	Prevalence: number of participants represented in theme
GET 1 Finding a way through the uncertainty	6
GET 2 A sense of connection vs disconnection	4
GET 3 A sense of loss and isolation, lack of options/control	4
GET 4 A feeling of surprise that it works	7

Table 3.7

Prevalence of PET themes leading to GETS

	Group Experiential Theme	
GET 1 Evidence from interviews	**Finding a way through the uncertainty**	**Link to PET theme**
Interview 4	Feeling Duty Bound to continue to support clients during this crisis.	1
Interview 4	LEARNING BY EXPERIENCE: Clients and therapists learning together	2
Interview 1	Early Lockdown experience working from home chaotic and fractured	2
Interview 1	Sense of Crisis and Emergency: No option but to go online to support clients	1
Interview 3	Keeping the show on the road: making it work despite the challenges thrown at us	1
Interview 6	Finding eir way through the crisis learning as eir went along	1
Interview 7	Initial crisis response was very practical	1
Interview 8	The shared nature of the experience was defining	3
Interview 8	`there was a practical reality	1
GET 2- Evidence from interviews	**A sense of connection vs disconnection**	**Link to PET theme**
Interview 5	Reflecting on the embodied experience of connection using eir body to guide em	2
Interview 5	Feeling apprehensive about the move online while also it being a shared experience	1
Interview 7	Tension between the practical and emotional experience of moving online	2

Interview 2	A sense of both connection and the tentative/precarious nature of it online	2
Interview 6	Initially the experience was so bad it's difficult to describe- horrendous, exhausting	1

GET 3- Evidence from interviews	**A sense of loss and isolation- lack of options/control**	**Link to PET theme**
Interview 2	It felt like the world was shrinking, somehow reducing	1
Interview 3	Having no secure home to retreat to	2
Interview 4	Reflecting on the toughness of the experience of working online	3
Interview 8	Something was lost, missing	3
Interview 2	A sense of both connection and the tentative/precarious nature of it online, also personal loss	2
Interview 8	A Sense of isolation in adversity	2
Interview 8	Metaphorically it was like falling off a cliff	1

GET 4- Evidence from interviews	**Feeling surprised that it works!**	**Link to PET theme**
Interview 2	Adapting to the practical reality of the pandemic	2
Interview 3	Feeling surprised at how well online therapy has worked for most but acknowledging it may not be suitable for everyone	1
Interview 5	Sense of curiosity and surprise that online therapy works	1
Interview 7	becoming aware of a change in eir view of online therapy since the pandemic	2
Interview 4	ironically it worked wonderfully well	2
Interview 8	A curiosity about the different experiences with different clients working online some really struggled while others excelled.	1
Interview 6	Acknowledging that ey doesn't understand how it works but it does	1