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RESEARCH ARTICLE

Online Therapy in Turkey during the Covid-19 Pandemic: Examining the Experiences of Psychotherapists

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ABSTRACT

The Covid-19 pandemic affected many people worldwide, causing limited in-person interactions and restricted mobility. For, mental health professionals, this entailed replacing face-to-face therapy sessions with online settings. Although many studies have claimed that such online mental health services are effective, it was a new method in Turkey. Thus, this study examines psychotherapists' experiences while providing online therapy during the pandemic. Drawing on the phenomenological method, data were gathered through semi-structured interviews with 14 Turkish psychotherapists. Thematic analysis was employed to analyze the data. Three themes were identified: "technology," "therapy process," and "ethical issues." The findings indicate that the therapists had difficulties preserving clients'' confidentiality during online sessions and emphasized that a lack of training and supervision in online therapy contributed to ethical issues. Additionally, technical problems, including unstable internet connections, made it difficult to establish effective therapeutic relationships. The findings can help raise clinicians' awareness of the potential risks of online therapy and suggest precautions for a better service. Psychotherapists in Turkey should also acquire internet-based intervention skills to enhance their confidence and online therapeutic competence.

Individual psychotherapy sessions have a unique content due to the specific therapist-client interaction in each session. The definition of psychotherapy varies due to several factors, such as the number of individuals involved, the therapist's therapeutic approach, and the methods applied. Among unconventional psychotherapy practices, online sessions have recently become another increasingly common. Online therapy is defined as the provision of psychological support services through internet technology (Oktay et al., 2021). The Turkish Psychological Association's (TPD) Ethics Regulation (TPD, 2014) categorizes, online therapy under "non-traditional psychotherapy setting" as an approach applied to individuals who cannot receive face-to-face services. More specifically, it defines non-traditional psychotherapy settings as those in which "telephone,

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email, mutual conversation in a computer environment ('chat'), video conferencing, etc., are used from the beginning of the psychotherapy relationship" (TPD, 2014). Non-traditional psychotherapy methods have been applied since the late 1960s, while their development has been observed worldwide.

Following the coronavirus outbreak in 2019, online treatments via digital devices became necessary, widely recognized, and used by mental health professionals (Markowitz et al., 2021; Xiang et al., 2020). Research has linked Covid-19 with anxiety and obsessive thoughts about contamination risks, severe illnesses, and potential or actual loss of life. Furthermore, social and physical restrictions and uncertainty about the future caused many people to experience intensified stress and lose their support system (Tanhan et al., 2020; Webster, 2020). This complicated situation created a greater risk of mental health problems for many individuals who had previously experienced no such problems while worsening the symptoms of those already struggling with mental health issues. These changes caused by the pandemic increased the need for mental health care and raised the issue of providing remote services.

Although e-health/telehealth services were already in use before the pandemic, many therapists had to shift to online platforms due to social distancing and lockdown measures (Xiang et al., 2020). This unexpected change to a "new normal" was stressful for both mental health professionals and clients, who were unprepared for this sudden change in the therapy setting. For instance, patients experienced anxiety due to the unexpected transition to online psychotherapy (Knight, 2020), while many therapists found it to be a significant challenge, highlighting the need for proper online training programs (Shklarski et al., 2021). Therapists also faced significant levels of stress, burnout, and self-doubt (AafjesVan Doorn et al., 2020; 2022), which reduced the effectiveness of therapy and lengthened the required course of therapy (Joshi & Sharma, 2020; Litam et al., 2021). In addition, connection difficulties because of technical problems disrupted online services, which weakened the therapeutic alliance and increased drop-out rates (Markowitz et al., 2021; Stoll et al., 2020).

Despite these challenges, online therapy can provide a valuable option for those who cannot attend in-person sessions or have concerns about leaving their homes. Thus, it has made psychotherapy more accessible, flexible, and cost-effective (Puspitasari et al., 2021; Stoll et al., 2020).

Design Online Therapy in Turkey During the Covid-19 Pandemic

Non-traditional psychotherapy practices have developed relatively late in Turkey (Bozkurt, 2013). Nevertheless, following the coronavirus outbreak in December 2019, as in many other countries, many psychotherapists in Turkey moved their sessions to online platforms in response to lockdown measures (Tuzgöl, 2020). Meanwhile, the stress, uncertainty, helplessness, fear, and despair experienced during this period also increased the need for psychological support in Turkey (Ulusoy & Çelik, 2020; Tuzgöl, 2020).

On the other hand, the pandemic presented an opportunity, with the emergence of various online platforms and applications offering therapy services (e.g., Hiwell, Terappin, and Evimdeki Psikolog). Although the Turkish Psychological Association (TPD, 2020) published a "Telepsychology Guide for Online Psychological Intervention and Practices," which was one of the most important steps to regulate the changes regarding providing online therapy, the effectiveness and safety of online therapy services in Turkey, both for therapists and clients, remains unclear. For example, Zeren et al.'s (2020) randomized controlled study showed no differences in the effectiveness of online counseling and traditional face-to-face counseling. More recent studies have revealed that confidentiality and technological issues have been major issues hindering the adaptation of online therapy for children and the elderly, while the inability to get nonverbal cues has been a handicap for the therapists during online sessions (Şen-pakyürek & Korkmaz-Yayın 2023; Teker, 2021; Tuna & Avcı, 2023).

Given that mental health care systems worldwide are evolving towards online services, remote treatments have become crucial solutions, especially during crises. Thus, it is important to understand and adapt to this relatively new change in Turkey to ensure the provision of high-quality, effective therapy services.

Present Study

Despite the increasing use of technology in psychotherapy services worldwide, particularly effective applications in response to the Covid-19 pandemic, this development has not been sufficiently studied in Turkey. Although the literature has addressed the advantages and disadvantages of online therapy, further research is needed that delves deeper into the common problems of mental health professionals and their coping strategies. Accordingly, the present study examines the main problems experienced by mental health professionals practicing online therapy and the coping strategies they develop to address these problems. The results will contribute to the field by enabling prospective therapists to identify potential disadvantages and develop appropriate coping strategies when starting online therapy.

This study is guided by the following three research questions:

a) How did psychotherapists experience the provision of remote services during the Covid-19 pandemic lockdown?

b) What were psychotherapists'' main difficulties in transitioning to online therapy during the Covid-19 pandemic?

c) How they overcome these perceived difficulties?

Methodology

The present study was designed using qualitative research method of phenomenology. Phenomenology aims to deeply examine phenomena (events, situations, or experiences) encountered in individuals' lives (Patton, 2014). Hence, the essence of the phenomenological method lies in individuals'' subjective experiences, perceptions, and the meanings they attribute to events. Phenomenological research aims to reveal how individuals perceive the facts about a situation (Patton, 2014). In the present study, the phenomenology method was chosen to reveal in detail the opinions and experiences of psychotherapists practicing online therapy during the Covid-19 pandemic in Turkey. This approach was deemed particularly appropriate because of its potential to understand the experiences of therapists who provided remote treatments during the Covid-19 pandemic. These experiences cannot be fully understood without taking the participants' individual perspectives and constructions into account.

Participants

The source of data in phenomenological research, is individuals who have experienced the phenomenon under investigation (Yıldırım & Şimşek, 2005). Accordingly, the present study selected mental health professionals who met the following four participation criteria: a) having graduated from a psychology or counseling psychology degree course; b) having completed supervised psychotherapy training; c) have actively practiced therapy for at least one year in their chosen psychotherapy approach; and d) having experience in both online and face-to-face therapy.

Given that phenomenological studies aim to gain deeper insights into the participants' experiences through detailed interviews, it is advisable to only recruit a few participants (Yıldırım & Şimşek, 2005). More specifically, three to fifteen interviews are considered sufficient for a good quality phenomenological analysis (Creswell, 2013; Smith et al., 2009). Accordingly, 14 participants were recruited for the present study, consisting of 11 females and three males. At the time of data collection, their ages ranged between 26 and 40 years. Eight were working in government institutions and six in the private sector while the length of their working experience ranged from four to fifteen years. The platforms used by the participants included Skype (7), Zoom (6), Google Meet (1), and also occasionally WhatsApp, depending on the situation. Twelve of the participants first started online therapy during the pandemic, while the other two were already using it. The participants reported working with three different groups: adults (7), couples and families (4), and children/adolescents (3). The participants used various therapy approaches in online therapy: cognitive behavioral therapy (4), schema therapy (3), psychoanalytic/psychodynamic (2), emotion-focused therapy (2),

solution-focused therapy (2), and EMDR (1). The participants' training across different therapeutic schools has made a significant contribution to the richness of the therapists' experiences.

Procedure and Measures

After obtaining ethical approval for the study from the University's Ethics Committee, electronic invitations for study participation were sent to the authors' acquaintances and associations related to mental health (e.g., EMDR, TPD, and ÇATED). Interested participants were then connected to the first author via email, who scheduled interviews at their convenience. An informed consent form was sent via email to each participant, who were also verbally informed about the purpose, procedure, confidentiality of their information, the recording process, voluntary participation principle, and their right to end the interview at any time. Once the participants agreed to participate in the study, their demographic information was collected online through a Google Form. The semi-structured interviews, which lasted 30-45 minutes, were conducted via Zoom and recorded with the participants' permission for transcription purposes. Each participant was assigned a number from 1 to 14 (P1, ...P14) to ensure anonymity.

Various measures were taken to ensure the participants' confidentiality. The data and informed consent forms were collected online while the interview data were transcribed. All data were stored in the first author's Microsoft Office account. During the research process, data were saved in a password-protected file on the first author''s password-protected computer. All records were erased following completion of the study.

Demographic Form

A demographic form was prepared to gather information for each participant, such as age, gender, workplace, length of service, and the age group they work with.

Semi-Structured Interviews

A semi-structured interview format was used, with interview questions covering topics related to participants'' experiences with online therapy, the challenges they encountered during sessions, and the coping strategies they employed. Example questions include: "What kind of difficulties did you experience during online sessions?" "How did you adapt the therapy model for which you received training to the online platform during this process?" "Did you encounter situations or incidents where ethical principles were violated?" The researchers initially prepared the semi-structured interview questions based on relevant literature and their own work experiences. The questions were then revised based on the expert opinions from two professionals working in the field. The experts were designed to avoid leading, negatively phrased, and binary questions. For instance, to capture a range of views, including those asserting that implementing online therapy for individuals in every age group is challenging, participants were asked, "Do you believe that online therapies are effective for all walks of life?" rather than "What are your experiences while working with different age groups?".

Data Analysis

The interview data were analyzed using the thematic analysis method. This enables the researcher to identify, analyze, and report themes, and then interpret the data from various perspectives (Braun & Clarke, 2019). Thematic analysis has six stages: (1) familiarization with the data and establishing relationships, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining themes, and (6) naming and reporting themes.

To enable the analysis, the interviews were recorded and then transcribed. The researchers first read the transcripts repeatedly to gain familiarity with the data before independently coding the data using a deductive approach. The researchers repeated this process until they could no longer identify any new codes. After identifying these initial codes, the relevant codes were categorized into meaningful groups to create the main themes. These themes were then refined based on the research questions and the researchers's judgment. This enabled the categories to be transferred into accurate themes. Once the main themes had been defined and

labeled, the researchers reviewed the final themes to ensure that the code extracts were valid and logical. Based on the researchers' consensus, some themes were combined, such that three final themes emerged.

Trustworthiness

Peer debriefing, member checking, and reflective journaling were used to improve the study's credibility (Yıldırım & Şimşek, 2005). For peer debriefing, the researchers and a female fellow researcher—a clinical psychologist experienced in qualitative researchmet to assess the transcripts, emerging themes, and final report. Member checking was performed by sending the final version of the findings to the participants via email to seek their confirmation that the findings accurately reflected their views. All participants responded, and none asked for changes in the findings. Lastly, the first researcher kept a reflective journal to become more aware about her thoughts and experiences during the data collection and analysis.

Results

This study aimed to investigate the challenges mental health professionals face conducting online sessions and their coping strategies. Interviews with 14 participants were analyzed, resulting in three main themes (technology, the therapy process, and ethical issues), which comprised a total of seven sub-themes (see Table 1).

Table 1. Summary of themes and sub-themes.

Themes	Sub-Themes
1. Technology	1.1 Connection Problems 1.2 Online Applications
2. The Therapy Process	2.1 Therapy Environment 2.2 Observation Area 2.3 Therapy Techniques
3. Ethical Issues	3.1 Confidentiality 3.2 Competency

Technology

The first main theme that emerged from the interviews was technology. This theme is divided into two sub-themes: connection problems and online applications.

Many participants reported experiencing connection problems during online therapy sessions, which evoked various emotions. One participant (P1) mentioned experiencing this problem frequently while practicing their adopted therapy approach and described it as distressing and stressful:

The most frequent and stressful part for me is when the internet disconnects because, at that moment, while I''m doing something for the client while talking while explaining something, the internet disconnecting is really distressing ... Please, let the internet not cut off because it''s such a stressful thing, especially for me, as someone who practices EMDR. If the internet cuts off while I''m triggering trauma in the other person, if it freezes while working on a traumatic memory, it seriously stresses me out." (P1)

Participants mentioned experiencing frequent interruptions during peak internet usage hours, leading them to repeat themselves multiple times. For example:

With the pandemic, internet usage intensifies during peak hours in the evening. Since everyone is engaged in online education and online meetings, the internet gets congested around 8-9 in the evening. Perhaps it''s something related to the country''s internet infrastructure, so there are frequent interruptions; it''s patchy. I find myself having to repeat things five times. I have encountered problems due to internet connectivity. (P2)

Some participants also mentioned experiencing anger when the connection problem occurred because it disrupted the process and made the session last longer.

As I became a better internet user, I started paying more attention to having a faster internet. Sometimes, I learned to be more flexible about it when it happens. Initially, I used to feel incredibly angry because the process was suddenly interrupted, which also caused issues with our schedule. Sometimes, we spend 10 minutes of the session dealing with connection problems. It could be because the person is in a spot with poor reception or performance drops when they connect via phone. (P12)

Another problem that the participants encountered was with online applications and platforms, which played an intermediary role in conducting the sessions. These problems mostly concerned their different usage features, with many participants highlighting accessibility features for users. For example, P2 stated, “Not everyone is very familiar with using the application, including myself at first. Skype is manageable, but it’s disappointing that there is a time limit on Zoom.” P9 suggested that “People over a certain age don’t know how to use it, struggle with using the device, and ask for help from someone around them.”

The presence of different features in applications and their usage by clients from different age groups increased the problems experienced:

Such platforms or applications have emerged for psychologists to conduct online sessions. These are more systematic or easily accessible. When I mention Zoom, the client is not available, when I say Skype, it doesn''t work. I need to switch to WhatsApp. There isn''t certain easy access for most clients. It''s not a problem for young or tech-savvy clients, but having a specific platform or accessible meeting network would be easier, I think. (P4).

Similarly, Participant 3 stated:

If the other person is not very familiar with technology, it creates a problem. Due to their age, downloading Zoom is difficult, and you want to switch to something easier. The fact that Zoom is in English is also a problem. We tried using Google Meet, but there can be issues like the internet lagging or sound cutting out, which makes things difficult.

The participants expressed different views on solving this problem. For example, according to Participant 10, “Connection problems and internet disruptions are something that significantly disrupts the session. Perhaps it would be good to develop applications more suitable for this interface.”. Similarly, Participant 12 stated:

"I would have preferred an application like Zoom to be in Turkish. Some clients cannot set it up. In an online therapy site I am involved in, we don’t have the chance to select the clients who apply to us; when the client selects us automatically on the site, we cannot choose, we are not informed about the client, it could be better if we were informed. It could be good to have a higher sense of reality. There is something called VR technology that can be integrated into therapies, making the reality higher."

Therapy Process

The second theme identified from the interviews was the therapy process. This theme encompassed three sub-themes: therapy environment, observation area, and therapy techniques. Both during the pandemic and under normal conditions, the main point emphasized in online sessions was delivering remote therapy. The participants encountered problems related to the environment regarding the reactions and problems experienced by their clients. Additionally, the participants drew attention to the ways participants and clients perceive the online environment. Participant 1 explained the reactions they received from their clients during the transition to the online environment:

They said that the face-to-face environment was different. They mentioned that they couldn't establish a connection there and that the online environment felt cold, but at the same time, they felt more comfortable in terms of managing their time because they were at home, but I didn't transfer many of my clients.

Participant 8 noted that some clients do not perceive the online environment as a therapy room and behave accordingly:

Some clients try to attend the session while lying down and reclining on the bed. It''s not something I would normally address in therapy sessions because of my dynamic background. You wouldn''t normally question why a client connected from their bed, but in online therapy, you need to address even that:, why they''re not sitting on a couch but rather lying down, slightly propped up or not propped up at all.

According to Participant 12, clients perceived various effects in online meetings, which may be contradictory, and create an inability to deepen connections:.

Not being able to fully access the consultant [in person] creates the opposite effect in some clients. The presence of a computer creates a border effect. If the first meeting is online, the client sees this as an advantage. They perceive virtual interactions as having less reality, allowing them to open up more. Sometimes, we can make rapid progress, but other times, it can be the opposite, and reaching the client can also be difficult. The virtual world indeed creates a bug, such as an inability to truly deepen connections.

Participants emphasized that clients may struggle to find a suitable environment for therapy or that there may be disrupting factors in their environment. They said that when clients come to an institution or office for therapy, they have a dedicated time and space for themselves; however, this may be interrupted or nonexistent during online sessions:.

When they come to the session room, we're alone. Online, there's someone else in the other room, the sound travels, and they can't be available at home. They speak softly or with unease, wondering if they'll be overheard ... Others [in the client's online location] aren't aware of this; they just barge in, leaving emotions unfinished or hindering exercises like creating a safe space or giving hypnotic suggestions. They can't get into that mode with the noise from inside. I would have preferred it to be more isolated and to change it. (P2)

You can be in a very noisy place. External noise can be overwhelming. A very "cathartic" moment can be ruined if a window is open and the call to prayer starts. When you're face to face, you can hear the call to prayer and it's not a problem, but when the sound comes so loudly through your headphones, it becomes striking and explosive. It takes you out of the real environment. (P7)

The participants also pointed out that they and their clients may view their environment from different perspectives. The participants suggested that experts adapt their surroundings to make them suitable for therapy, and advise beginners to arrange their environment''s decoration accordingly. For example, Participant 1 described this as a U- shape: "We spend a long time sitting and looking at the computer, during which time I suffer from eye, neck, and back pain, for example. If they have long sessions, they may need to pay attention to comfortable seating, even down to the screen's brightness. It's important to prioritize your comfort first." Similarly, Participant 8 suggested, "If I were in a session right now, I wouldn't leave the curtain like this. I've experienced this a lot; you need to prepare yourself in a place where you'll feel comfortable before entering the session. Sometimes, when you're inexperienced, you might not account for the sun and be over-exposed. Sometimes, you might find yourself in a place where you're freezing."

The second sub-theme concerns the observation area. That is, the participants reported having limited observation space or being unable to observe their clients'' body language. The participants emphasized that, during therapy, they pay attention not only to the verbal but also to the non-verbal messages of their clients. Hence, they conveyed the need to pay attention to the limited observation area:

You pick up on the client''s energy but must be very careful with their facial expressions. What reaction did they have, how did they move, how did their behavior change after what? In face-to-face sessions, we could also see their legs. But online, I only see a part of it. Are they shaking their leg anxiously there? Did they put their hands under the table? What are they doing? There''s no upper part. Body language is lacking in online therapy, especially regarding symptoms. We focused more on facial expressions. In face-to-face therapy, I used to watch very closely for movements like how they entered through the door, how they sat, and how they moved their arms, after which reaction, it seemed like they were getting into internal turmoil. You can''t understand that here [in online therapy], there''s nothing below here (pointing to the chest area), for example. (P5)

The third sub-theme concerns therapy techniques. The participants used various techniques based on their adopted therapeutic approach. In addition, due to the problems they encounter, their coping strategies, and how they adapt them to online platforms also vary. Some participants mentioned initially struggling to adapt CBT techniques to online therapy before eventually adapting, while others claimed that EMDR was more suitable.

Some materials, such as the whiteboard used in CBT, are utilized. We use that whiteboard face-to-face, but I didn''t want to use it online because it would feel too much like being a teacher. Instead, I wrote down the schemas, templates, or notes the other person needed to see on small pieces of paper and held them up to the screen. I digitized some of them and emailed them, including some scales, inventories, and exercises. They filled them out and sent them back to me via email. (P9)

[We connected] the EMDR device to the computer's microphone input and the other person wearing headphones. This way, we can easily transmit the signal to the other person. There are also apps for signal transmission. By installing it on the phone, we ensure that it processes itself in a bidirectional manner, allowing you to start and stop the application. Thirdly, for eye movement, we bring our hand to a distance of about 20 cm from the screen, similar to your distance, and guide it to the corners. It's unsuitable with the phone because the eyes can't follow it. Because EMDR offers multi-directional stimulation, we apply butterfly tapping. For those with a high dissociation probability, we instruct them to look at their knees and tap them physically. (P11)

Participants working in different approaches expressed difficulties in applying techniques. For example, Participant 5 mentioned that while they found it easy to implement schema therapy techniques face- to- face, they struggled to do so during online therapy. They suggested the following solution:

I struggled with the empty chair technique. Saying, "Bring three chairs for this session," isn't understood. It seems absurd for the client to suddenly bring a chair. Maybe a fourth person will come out from inside, and for that person, they'll bring in a chair from inside, etc. It disrupts the ambiance. There would already be chairs in face-to-face sessions, even if there were five or six sounds. We manage the process, but online, the client manages it. That was the disadvantage. Later, as I mentioned, I used a pen and eraser. For example, if we transitioned to the critical voice, we had them speak as if the right side represented the critical voice, and the left side represented the adult parent voice. We used this in the empty chair technique, but we adapted it like this. (P5)

Apart from these approaches, some participants highlighted the difficulty of working with families in online therapy. For example, Participant P11 stated, "I wouldn't take families. The situation suddenly disappears from the screen; you need to separate them into different rooms. Imagine two people trying to fit on the same screen yet don't even want to stand side by side. It's a challenging process. I couldn't handle it, so I wouldn't take them." Participant 14 reported a similar issue in online couples therapy:

Perhaps in couples therapy, it's crucial to intervene directly and actively stop highly conflicted couples. Some couples are not suitable; they don't listen to you. You can try a few sessions, but you should refer them to face-to-face therapy if it doesn't work. I also prefer not to work with such couples online.

Ethical Issues

The third emergent theme was ethical issues. The participants shared various experiences illustrating that ethical principles could be violated during online sessions due to its. This theme is divided into two sub-themes: confidentiality and competency.

The participants shared experiences where the principle of confidentiality was violated during online therapy sessions. They reported that it was not always easy to maintain ethical principles and highlighted the difficulty of this for both clients and therapists. For example, some participants mentioned the possibility of someone else either being present at the online session location or overhearing the voices:.

I had this concern as to whether you''re alone in the room right now or if your mother is listening to us. I experienced something like this with one of my clients, who is a teenager. They said, "I have things I want to tell you, but I'm uncomfortable because I'm at home. Would it be okay if I went to the park and we did the session there?" This situation was disadvantageous for the client. Curious parents could wonder what their child is telling us that they haven't told them. (P13)

Another issue related to confidentiality was storage of documents sent via computer. The participants reported experiencing anxiety in these situations and described the precautions taken:

We send forms to each other via email. How responsible are we for the security of this? I haven't had any issues with this, but the client''s name is written there. They provide answers. There's an ethical issue here: If it falls into someone else's hands and the email address gets hacked, what will happen? Secondly, even if we're not recording, we're conducting sessions through a platform. I use Skype. If it somehow records before the sessions, an agreement can be made through a platform stating that no recordings will be made in any way, that there are no cybersecurity vulnerabilities, and that neither party is responsible, similar to a privacy agreement. (P8)

The second sub-theme was competency. Online therapies, which mostly began with the onset of the pandemic, started with a sudden and unsystematic transition. Most participants stated that they did not receive any training or supervision support regarding online therapies. Additionally, they expressed the need for mandatory training on online therapy:

I believe there should be training on this because it has always been there. I graduated in 2016, and actually, it was never really addressed. It was briefly mentioned in a small part of the class during my undergraduate studies. It was brushed off with remarks like "There might be phone or online counseling." Now, it's almost coming back to this point, especially when we look at the private sector, considering that the pandemic could last a long time. For example, there could be direct training on how to approach this. (P3)

Another ethical issue that the participants encountered concerned boundary issues. They stated that the boundaries in online therapy were not the same as in face-to-face sessions. They mentioned encountering last-minute cancellations and reported that clients may not take online therapy seriously:

When it's online, last-minute cancellations are much easier to make. Typically, a last-minute session cancellation due to illness or an emergency is still charged for, whether it's in-person or online. However, when it's online, there's a greater sense of ease, thinking the therapist is also at home, just sitting there. They might say, "I can't make it," and last-minute cancellations can be challenging ... So, it's indeed easier to violate boundaries online. (P10)

On the other hand, the participants stated that boundaries need to be clearly defined, and that, if boundaries are established from the beginning, they will encounter fewer problems:

Preventive explanation, an informed consent form, and informative text are very valuable. That's the most effective. Similarly, when you outline the framework regarding payment, rules, and boundaries, you and the

other party are less likely to be victimized. The initial structuring process is the most effective. (P6).

Discussion

This study examinesd the difficulties experienced by therapists conducting online therapy and their coping strategies. To collect data, semi-structured interviews were conducted with 14 therapists practicing online therapy. The research findings identified three main themes: technology, the therapy process, and ethical issues.

The interviews revealed that connection problems affect the therapy process in many ways. Spending time to resolve connection issues during therapy, repeating verbal expressions due to misunderstandings, and interruptions at critical moments all aroused anxiety, stress, and anger among the therapists. Another factor exacerbating these problems was heavier internet usage at certain times and experiencing freezing or disconnection. The use of online meeting applications increased during the Covid-19 (Emmungil & Yılmaz, 2021). The therapists suggested that these issues could be solved by developing applications or platforms suitable for therapy, aside from the ones currently used. Clients and therapists have different perceptions of currently used applications like Zoom, Google Meet, WhatsApp, and Skype.

The interviews also revealed that online therapy was demanded by clients from diverse socioeconomic and cultural backgrounds. These differences led to various problems. For instance, older clients may encounter difficulties with technology-related issues, such as installation, connection, and the application language, due to their lack of knowledge and experience. Although therapists themselves faced occasional technology-related challenges, they learned to adapt over time by showing flexibility in response to connection problems. As online applications become more efficient through more accessible and user-friendly features, therapy outcomes are expected to improve.

The environment in which online therapy takes place is very important for the therapy process. During online sessions, daily life continues, so therapists or clients may not always have the limited time they set aside for themselves. While therapists may manage to create such an environment, clients sometimes express concerns about the possibility of their voices being overheard by third parties during sessions. For example, clients receiving therapy unknown by their families or partners wished to schedule sessions when they were alone, such as in the car, in a park, or at home. While there may be many reasons for keeping the session confidential, the main one is the client's negative perspective regarding therapy and fear of stigma. The transition of therapy to the home environment instead of a specific office or institution to some extent, reflects society''s perspective. Therefore, it is necessary to discuss how ready and acceptable it is for psychological support to be positioned in a particular place and integrated into society more easily through online therapies.

Another aspect where the therapeutic environment differs is the limited ability to observe the client in online therapy compared to face-to-face sessions. As indicated in previous studies, some individuals prefer face-to-face services due to their dissatisfaction with technology, considering it inadequate or citing the lack of responses other than verbal expressions (e.g., Erdem & Özdemir, 2020; Stoll et al., 2020). Beyond verbal expressions, gestures, facial expressions, and body language are also important in therapy. Although Borcsca and Pomini (2018) reported that families receiving online psychotherapy sometimes feel comfortable due to the sense of anonymity when sharing information, a difficulty arises in obtaining sufficient information and evaluating the information due to the limited observation area. This finding is supported by the present study regarding the challenges experienced by the interviewed therapists due to the limited observation area. They also reported problems such as two individuals not fitting within one screen in family or couple therapy or a lack of adequate technological devices in situations requiring separate screens. The interviews revealed various issues regarding the online session environment, particularly the comfort of the home environment, related to last-minute cancellations, lack of attention to detail compared to face-to-face therapies, and the possibility of certain behaviors encouraged by online therapy becoming session material. These all led to various consequences.

They lead to the perception that therapy boundaries can be relaxed in online therapy sessions. Therefore, the therapists emphasized the importance of setting clear boundaries at the beginning of the online sessions, which is critical to adhering to boundaries throughout the process. The interaction between therapist and client does not end with boundaries alone. However, the therapists also noted that problems encountered in online therapy can be overcome once the therapeutic relationship has been established. A strong therapeutic relationship between the client and therapist may help therapists navigate challenging situations more easily, such as difficult topics or technical glitches.

Another factor influencing the therapy process was the use of therapy techniques, which was important in online therapy. Therapists practicing different approaches adapted the techniques they use in face-to-face sessions to online therapy. For example, they converted the pencil-and-paper forms used in face-to-face cognitive-behavioral therapy into PDF format to share with online clients. Similarly, support they provided to online EMDR clients through applications.

However, while suitable environments can be provided for clients in face-to-face schema therapy under the therapist''s control, the interviews revealed that, in the online environment, this depends more on the client and their conditions. That is, roles, positions, and responsibilities are fundamentally changed in online therapies. The application or non-application of techniques also influenced the progress of therapy. Despite being seen as a disadvantage in online therapy, the inability to adapt techniques can provide an opportunity to observe the importance of therapy and its contribution when techniques are not applicable.

Another main finding related to ethical issues. Ethics is also of great importance in face-to-face sessions; however, the interviewees reported differences between face-to-face and online sessions, particularly regarding competence. The therapists'' training often did not adequately address online sessions or even did not address it at all. The lack of necessary information in training led some therapists to question their professional competence. This supports previous studies finding that experts may not consider themselves sufficiently competent in technical knowledge and skills (e.g., Yazıcı et al., 2021).

Confidentiality was another challenge that the therapists faced in adhering to ethical principles, with the merging of the work and home environments introducing many difficulties. For example, therapists reported feeling uneasy about their voice being heard by third parties during online therapy sessions and even doubted whether they were alone with their clients in the session environment. Another aspect of confidentiality concerned the applications and communication channels used as intermediaries. Doubts about whether the applications were recording, the possibility of unauthorized access to the user's account containing therapy-related information, and the theft, copying, and distribution of confidential information can constitute security breaches. Therefore, as Çetintulum-Huyut (2019) notes, to minimize the risk of being deceived or encountering abuse if clients' information were accessed, it is necessary to take strict security measures.

In the present study, the interviews revealed that the therapists had limited control which led to the experienced of threatening effects. In response, they developed various strategies to prevent such threats, such as using headphones to prevent third parties from hearing the conversation and locating the session to avoid transmitting the therapist''s voice to others than the client. The therapists suggested that it could be beneficial to inform clients about these measures.

Measures taken to ensure confidentiality included clients placing a warning note on the door during sessions to prevent interruptions and selecting an appropriate time and place for the session if they participate in the session secretly. Several coping strategies were observed for internet-based sessions that threaten confidentiality, particularly using pseudonyms in documents used to send or save the client's' information to ensure privacy and security (Bal et al., 2015). The security vulnerability of recording online therapies through the application or website threatens both the therapist and the client.

Another threat was the risk of the therapist''s account being hijacked through a sent link, leading to the leakage of information belonging to other clients. To address these issues, it was suggested to clarify the points for which both parties are responsible or not responsible in case of potential privacy and security vulnerabilities, or even to agree on a solution. The interviews showed that the solutions offered by experts are based on the

problems they encounter. Challenges can also bring along their solutions.

Clinical Implications

The results of this study carry important implications for mental health practitioners. In the current era of rapidly advancing technology and the widespread integration of artificial intelligence across various sectors, it is essential for professionals providing therapy services to remain informed about these developments. The present study underscores the importance of proficiency with technological devices and online platforms for the effective delivery of internet-based mental health services. While counseling and psychology students are traditionally trained in therapeutic techniques in schools, it is crucial to reassess and update training programs to encompass online therapy modalities, including the associated ethical and practical considerations. Additionally, these programs should educate trainers about potential challenges and emphasize the importance of supervision. Lastly, policymakers have a vital role in enacting legislation to prevent the misuse of technology and safeguard the safety and privacy of clients engaged in online therapy.

Limitations and Directions for Future Research

This study has certain limitations. First, the sample was non-homogeneous due to the diversity among the participating therapists in terms of approach, gender, department, and institution where they work. ASecond although a small sample size is adequate for phenomenological studies, the findings cannot be generalized until more research is conducted in Turkey. Thus, future studies should examine diverse therapy approaches among the wider population of psychotherapists.. Furthermore, studies should be conducted on therapy approaches that were not included but exhibit different distributions. Third, only families and individuals were represented as client groups. Hence, the effects of online sessions conducted for groups, children, and the elderly are not yet known for either therapists or individuals seeking services. Fourth, quantitative studies are needed using mediator variables to better understand online therapy's effects on clients and therapists. Fifth, longitudinal studies can reveal the effects of therapy in the long term. Regarding therapists'' experiences, this study demonstrated the importance of therapist-client interaction, even if conditions change. Therefore, it is believed that considering responses from the client''s perspective in online therapies can help develop and improve efforts in psychological support services.

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