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ONLINE THERAPY - SHORT-TERM SOLUTION OR OPPORTUNITY DURING THE COVID-19 PANDEMIC? AN OVERVIEW OF THE DYNAMICS OF THE THERAPEUTIC FIELD IN ROMANIA

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Abstract

The COVID-19 pandemic has forced people to rethink borders and spatiality. The main aim of this article is to explore the changes brought about by the COVID-19 pandemic in the face-to-face talking therapeutic work. The main solution recommended and adopted by therapists in this context is online therapy. Online therapy becomes an increasingly popular and convenient approach in mental and emotional health treatment due to its advantages in terms of mobility, geographical distance, time management, work-life arrangements, affordability and efficacy. Besides its undeniable advantages, online therapy also raises a number of issues regarding therapists' education, the means of communication, confidentiality, intimacy, therapeutic relationship, etc. Briefly, online therapy makes us reconsider work, space, place, time, relationship, intimacy and personhood. This article draws on a secondary and primary exploratory research carried among Romanian therapists. The exploratory research is based on unstructured interviews with therapists trained in psychodynamic therapy who moved their face-to-face sessions online as a reaction to the new constraints engendered by the COVID-19 pandemic. While online therapy sessions used to be a niche service before the outbreak, they have now become the norm, thus ensuring continuity within an

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ever-changing environment and at the same time opening up to new therapeutic avenues (e.g. COVID-19-induced anxiety, depression, stress, etc.). Our focus is on how therapists work, on how they view the changes they are currently making to their work and on whether they envisage implementing these new found solutions in the longer term once the crisis is over.

Keywords: online therapy; therapeutic boundaries; space and time boundaries; work-life balance; intimacy boundaries

Introduction

The switch from face-to-face talking therapy to online therapy induced changes in space, place, time, relationship, intimacy and personhood. One of the most important changes induced by this switch is the rethinking of the physical therapeutic presence, which is regarded as a critical element in therapy efficacy.[1] The question of "presence" doesn't only concern the e-therapy, it is a debated issue in more general analyses of online spatiality. Berger analyzes the concept of "telepresence" in relationship to the concept of space, showing how individuals construct their spaces through "perception, feelings and thoughts" and that one cannot merely talk about spatial metaphors with regard to the Internet, but about a space which is the result of a mix between concrete and virtual elements.[2]

The self is also affected by the switch to e-therapy, as it becomes a "disembodied self", which has a negative impact on the therapist's ability to create a safe and containing space, which is an essential part of the therapeutic process, especially in dynamic therapies. Space is an important part of the psychotherapy setting, that goes beyond the consulting room and includes many other "organizational" aspects that are meaningful for

[1] Shari M. Geller, Leslie S. Greenberg, "Therapeutic Presence: Therapists' experience of presence in the psychotherapy encounter", in *Person-Centered and Experiential Psychotherapies*, December 2002, vol. 1, issues 1-2, pp. 72-73.

[2] Viktor Berger, "Phenomenology of Online Spaces: Interpreting Late Modern Spatialities" in *Human Studies*, 13 May 2020, [https://www.researchgate.net/publication/341345177], p. 4.

therapy, such as: confidentiality, duration, time, frequency, fees, breaks, cancellations, etc. All these elements set the physical and psychological boundaries between therapy and the "external world", as well as those of the therapeutic relationship,[3] thus creating a secure transitional space.[4]

The positive aspect of this change is an increased client empowerment, which brings benefits to his/her self-esteem and self-reliance. Also, Lemma argues that, in fact, the self is not disembodied and that in online, mediated therapy, there is an embodied presence, the difference lying only in the way we experience it.[5] Space and Self are important issues for more general analyses of online spatiality. Online spaces are generally conceived as "(…) mixed experience of both real and imagined spatiality".[6] Dix describes how our "internal models of space", a mix of objective and subjective experiences, of essential and non-essential characteristics function in the construction of information space/cyberspace.[7]

Weinberg and Rolnick emphasize the fact that online therapy still allows for feelings, body sensations and emotional communication but what is missing is body-to-body communication. In these conditions, the therapist must focus more on the client's non-verbal cues, such as posture, body relaxation/tension, etc. and on active listening. Sometimes, online therapists try to replicate face-to-face space by imposing distancing and seating rules in front of the computer, but it is debatable whether this replication is possible and whether it has the same therapeutic effects.[8]

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[3] Haim Weinberg, Arnon Rolnick, "Introduction", in Haim Weinberg, Arnon Rolnick (eds.), *Theory and Practice of Online Therapy. Internet-delivered Interventions for Individuals, Groups, Families, and Organization*, NY & London: Routledge, 2020, p. 7.

[4] Donald Woods Winnicott, *Playing and Reality*, London & NY: Routledge Classics, 2005, pp. 1-34.

[5] Alessandra Lemma, *The Digital Age on the Couch. Psychoanalytic Practice and New Media*, London & NY: Routledge. Taylor & Francis Group, 2017, pp. 90-92.

[6] Denise Doyle, "Avatar Lives: Narratives of Transformation and Identity", in Jayne Gackenbach, Johnathan Bown (eds.), *Boundaries of Self and Reality Online: Implications of Digitally Constructed Realities*. 1st Edition. London, UK: Academic Press, 2017, p. 60.

[7] Alan Dix, "Paths and Patches: Patterns of Geognosy and Gnosis", in Phil Turner, Susan Turner & Elisabeth Davenport (eds.), *Exploration of space, technology, and spatiality : interdisciplinary perspectives*, NY: Information Science Reference: Hershey, 2009, p. 26.

[8] Weinberg, Rolnick, *op. cit*., p. 7.

Another important change is the advent of a new kind of intimacy: the online intimacy or e-intimacy, described as more similar to the intimacy developed in face-to-face therapeutic large groups, based on a cohesive climate and on a feeling of belonging.[9] Lemma talks about the "simulating presence" as a result of technology altering intimacy, and mediating it.[10]

All these changes have an impact on the therapeutic relationship and raise a more general question regarding the contribution of the therapeutic relationship as opposed to that of therapeutic techniques to the efficacy of the therapeutic process. A related question is if online therapy is recommended for all therapists, for all clients and for all types of therapy (e.g. cognitive and behavioral therapies that are more technique-based, as opposed to affect-based and relational therapies).[11] Other important aspects of the therapeutic relationship affected by the switch to online therapy are: how the therapeutic alliance takes shape, transference and countertransference processes, detachment and the end of therapy. Online therapy has the advantage and disadvantage at the same time of developing the "(…) fantasy that we can overcome human limitations of time and space, as we can continue our relationship whenever we want and wherever we are."[12]

Online therapy and the question of boundaries

The main boundaries challenged, created or erased by the switch from face-to-face talking therapy to online therapy are: therapeutic boundaries; intimacy boundaries for both the therapist and the client; space and time boundaries; social class and income boundaries.

The ones most challenged by online therapy are the *therapeutic boundaries*.[13] The necessity arises to create and maintain boundaries so as not to affect the treatment negatively and so as to optimize its results.

[9] Gily Agar, "The Clinic Offers No Advantage over the Screen, for Relationship is Everything Video Psychotherapy and its Dynamics", in Weinberg & Rolnick (eds.), *op. cit*., pp. 66-78.
[10] Lemma, *op. cit.,* p. 2.
[11] *Ibidem*, p. 87.
[12] Weinberg, Rolnick, *op. cit.,* p. 6.
[13] Katherine B. Drum, Heather L. Littleton, "Therapeutic boundaries in telepsychology: Unique issues and best practice recommendations", in *Professional Psychology Research and Practice*, 2014, vol. 45, no. 5, *passim*.

Therapeutic boundaries include *spatial boundarie*s. Here, space is transitional and allows for safety, predictability, confidentiality, trustworthiness and is altogether a very personal space.[14] "*Transitional spaces are characterised both by external reality and boundaries, and by individual and shared phantasies*".[15] In online mediated therapy, the creation of a transitional space becomes the client's responsibility in equal measure, he/she becomes a co-constructor.

The therapeutic boundaries are closely linked to *intimacy boundaries for both the therapist and the client.* Zur, Williams, Lehavot & Knapp analyse the effect of Internet technology on therapeutic classical instruments of intentional self-disclosure and transparency, concluding that "the Internet has irreversibly changed the nature of self-disclosure and psychotherapists' transparency",[16] because clients have more access and search for information about their therapists. That leads to a change in how roles, expectations and power are perceived; the "patient" becomes an "informed consumer" who has the right to research, and to expect and demand transparency from psychotherapist from personal and professional standpoint.[17] These changes relate to more general analyses on the influence of Internet on power relationship, such as that of Poster[18] who describes how the new media and Internet have affected the interaction and power relationship, and transformed the construction of identity. The client is also affected by the issue of transgression of the boundaries of his/her personal life, because therapists have more access to information about their clients via the Internet. At the same time, because of the change in therapeutic settings, they can get direct and indirect information about the client's environment.

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[14] Elizabeth Punzi, Cristoph Singer, "'Any room won't do.' Clinical psychologists' understanding of the consulting room. An interview study", in *Psychodynamic Practice*, 2018, vol. 24, no. 4, pp. 319-320.

[15] *Ibidem*, p. 319.

[16] Ofer Zur, Martin H. Williams., Keren Lehavot & Samuel Knapp "Psychotherapist Self-Disclosure and Transparency in the Internet Age", in *Professional Psychology Research and Practice*, 40(1), February 2009, p. 22.

[17] *Ibidem*, p. 25.

[18] Mark Poster, "CyberDemocracy: Internet and the Public Sphere", Irvine: University of California, 1995, https://acloudofdust.typepad.com/files/cyberdemocracy.doc], 30 august 2020.

Online therapy has changed the *space and time boundaries.* It increases access for clients from remote locations or areas which are not connected by public transport and lack therapy services. Also, it allows for a better time management for people with busy schedules[19] and consequently, a better work-life balance: "In a global fast-moving economy time and geographical distance have become key variables that determine the viability of long and more intensive therapy".[20]

National boundaries no longer exist in online therapy. This gives the expat client the opportunity to continue or to have therapy in his/her native language. Language is an important factor in the development of identity, it has a major influence on an individual's worldview, according to Sapir-Whorf's Linguistic Relativity Hypothesis[21] and, consequently on cognitive processes and the concept and sense of self. Language has an integration function and the ability to transcend time, space and social context: "through language, an entire world can be actualized, any time".[22] The native language plays an important role in the creation of a therapeutic alliance[23] because the language learned in childhood during primary socialization is more emotion-related.[24]

Online therapy has also challenged *social class and income boundaries*, which offers increased access to underserved groups, such as low-income individuals. Online therapy is generally cheaper than face-to-face therapy because the therapist's expenses are lower, and there are no extra costs for transportation, for instance. In addition, it offers a better social connection, irrespective of social class due to easier access to technology and an Internet

[19] Kate Anthony, DeeAnna Merz Nagel, *Therapy online: A Practical Guide*, LA, London, New Delhi, Singapore, Washington DC: Sage Publications, 2010, p. 7.
[20] Lemma, *op. cit*., p. 82.
[21] Basel Al-Sheikh Hussein, "The Sapir-Whorf Hypothesis Today", in *Theory and Practice in Language Studies*, vol. 2, no. 3, March 2012, p. 642.
[22] Peter L. Berger, Thomas Luckmann, *Construirea socială a realității*, București: Art, 2008, p. 60.
[23] Daria Diakonova-Curtis, "Bilingualism as a Tool in Psychotherapy", in *Psychotherapy Bulletin*, Society for the Advancement of Psychotherapy, 2017, [https://societyforpsychotherapy.org/bilingualism-as-a-tool-in-psychotherapy/], 30 July 2020.
[24] Catherine L. Caldwell-Harris, "Emotionality differences between a native and foreign language: theoretical implications", in *Frontiers in Psychology*, vol. 5, September 2014, p. 2.

connection.[25] Another important aspect is that power imbalance deems, and people feel more at ease to express themselves and they perceive themselves as more independent.[26]

Online therapy during the COVID-19 pandemic. An overview of the dynamics of the therapeutic field in Romania

The analysis of online therapy and the dynamics of the therapeutic field in Romania during the COVID-19 pandemic draws on an exploratory qualitative research. The data collection method is that of an in-depth unstructured interview. The subjects are ten therapists trained in psychodynamic therapy who moved their face-to-face sessions online as a reaction to the new constraints engendered by the COVID-19 pandemic during the state of emergency and the national lockdown in Romania (16 March-15 May 2020). All subjects have private practice. With the lockdown lifted, and the state of alert still in place, some of them have continued to work exclusively online and some of them in a mixed formula: face-to-face talking therapy and online therapy (15 May 2020- present).

All interviewed therapists have previous online therapy experience with persons who live in other countries or in various regions in Romania. Some of the therapies started directly online while others started face-to-face and then continued online after the client moved to live in a different location. In these cases, therapists consider online therapy as a necessity and not a choice. If they could work face-to-face, they would prefer it. *I cannot see any benefit to working online. Even with those people who live abroad or in other cities, if I could, I would work face-to-face. It is only a necessity. (M.R.)*

People who live abroad have chosen to work with a therapist from Romania because they need to work with someone who speaks their native language and because the prices are lower. Many of them have tried to work with therapists from the country where they currently live, but they could not overcome the foreign language barrier in order to open up and

[25] Belle Liang, Nicole Duffy, Meghan Commins, "The Online World, the Internet, Social Class, and Counseling" in William Ming Liu (ed.), *The Oxford Handbook of Social Class in Counseling*, Oxford University Press, 2003, p. 261.
[26] Anthony, Merz Nagel, *op. cit*., p. *7*.

emotionally express themselves. For therapies that started face-to-face, the therapeutic relationship is the most important factor in the decision to continue working online.

I rarely accepted to work online before the COVID-19 pandemic. Usually, it was the case of people who lived in other countries. They wanted a Romanian therapist because they considered that they could better understand the cultural context. I am referring to migrant adults. Besides, paying 23-25 euros per hour is considerably more affordable than paying 100 euros. (G.E.)

Online therapy constituted the main, and during the lockdown, the only solution to continue the therapeutic work, for both therapists and clients. For some of the clients, the lack of an intimate space was the main reason to pause therapies and to pressure the therapist into continuing the face-to-face therapy after the lockdown was over.

Time management has been different, for both therapists and clients. Some clients continue to work from home during the state of alert as well, while some of them have gone back to their regular work schedule. Obviously, this has also had an impact on the therapists' work schedule. Some therapists have tried to keep the same work schedule as before in order to respect the previous therapeutic time arrangements and not to create chaos when they go back to face-to-face therapy.

During lockdown, the clients were more flexible, because many of them were also working from home. Before, my schedule was busier in the afternoon, when people finished work. Now, my afternoons are not so busy, I have more time for myself, I enjoy this schedule, that gives me the opportunity to have more time for my personal life. (C.S.)

Therapeutic boundaries are the most affected in the online setting. Space plays a vital role in the therapists' narratives about the difference between working online and working face-to-face. The therapeutic space is defined by: physical setting, atmosphere, energy, emotional closeness, non-verbal/body language, confidentiality, trustworthiness and intimacy. The atmosphere, the energy, the emotional closeness and the ability to read and interpret the non-verbal language are the most negatively affected by the

switch from face-to-face to online therapy. The therapist cannot relate emotionally with the client in the same way and cannot read the subtle cues given by the physical presence.

When I work face-to-face, in my private practice I have a sort of tentacles through which I can feel the client. In the online setting, these tentacles disappear. (G.E)

I think there is a difference in energy, because the other one can see you, can feel you, and you can see and feel him/her. Face-to-face, I can see every micro expression. Online, this is not possible anymore. (I.R.)

The atmosphere and the emotional closeness can be more easily recreated in the online setting if the therapy started face-to-face, even if it is not the same thing. That is why some of the therapists schedule 2-3 face-to-face meetings and then move online in order to stay safe during the COVID-19 pandemic. This is not a new way of working, since even before the pandemic face-to-face meetings were specifically required or encouraged by the therapist before working online where possible (e.g. during the client's holidays or short visits in Romania).

In my opinion, if the therapeutic relationship is born online, I cannot emotionally connect to the client. It's different, I think that there is also the screen, I believe this is a big obstacle. I cannot see the posture, I can see the expressions, but I cannot see the micro expressions. I cannot feel the energy, I no longer benefit from that moment when I first meet the client, in order to see how and where he/she sits, if he/she analyzes me or the office. The emotional spectrum lacks. I'm not saying that online therapy doesn't work, but it's much poorer. (I.R.)

During the lockdown, all the interviewed therapists worked from home. At present, the situation is more nuanced: some of them work online from home, some work online from the office, and yet others work online and face-to-face in the office. Working from home raises the issue of work-life balance, of increased access of the client to the therapist's personal intimacy, and the access of family members to the professional intimacy required by the therapeutic work. The situation was even more difficult during lockdown and the state of emergency because the entire family had to stay at home,

the schools were closed, and the learning process moved online. In some cases, working from home was better because the therapist could fulfill his/her family responsibilities and have a better time management.

After I put a locker on my room, it was better. My parents moved in to live with me; my father has dementia, he didn't want to interrupt me, but he forgot and a few times he came in to tell me something. Otherwise, for me, it was better, I felt better when I worked from home, because I had a better time management. All my clients were extremely punctual, and so was I. When I work face-to-face, I need to take longer breaks, of 30 minutes, in order to clear my mind between therapies, and to avoid overlapping sessions when they don't start on time. When I worked online only from home, I had a 15-minute break, and that was enough. Moreover, I could also respect the routines required to care for my old parents. (C.V)

In terms of time management, for me it is better to work from home. I have the opportunity to take care of my daughter, and to assist her with online learning. In terms of energy and attention, sometimes it is worse, because I have to change the focus and the mindset, and at the end of the day I feel extremely tired. (M.M)

The question of work-life balance was also addressed by the therapists who live alone and don't have family responsibilities.

Although I live and work in the same place, working online was a big change. Before the pandemic, I would descend into the office, change my clothes, put on makeup, and meet my colleagues. I feel isolated now. Our work isolates us anyway, but now I feel even more isolated. This is one of the reasons why I decided to start working face-to-face again come September. (C.S.)

Professional intimacy and a better work-life balance are the main reasons why some of the therapists decided to work online from the practice. Therapeutic work requires a considerable amount of attention, being focused on multiple levels, being connected with yourself and with the other person and it is easier to have this mindset in the office.

It is difficult to work from home. Even if I have a well-separated working space where I have intimacy, I am distracted by all kinds of stimuli: a sound, my kid's voice, the painting I can see in front of my eyes, all sorts of things. That's why

I decided to go and work from the office, even if for a while I worked exclusively online. When I close the door to my office, I enter the therapeutic mindset straightaway. (C.D)

When I worked online only from home, it was difficult to enter the therapeutic mindset, but after the first client, it was easier, it was no longer a problem. A more important issue was that after the last session, I didn't have the time to clear my mind, to disconnect from therapies. The transition from work to personal life was extremely abrupt and I was in the "doing mode". Now, even if I work mainly online from my office and I am in a rush to go home because my kids are waiting for me, I have some time for myself. While I do a little bit of cleaning and get ready I can clear my mind. (M.M)

Generally, the interviewed therapists didn't feel there was a breaching of the personal intimacy boundaries on the client's part. Some clients manifested an explicit interest regarding certain objects from the therapist's physical setting, like a drawing, a painting, the wall design or color, or a decorative object, but it wasn't any different from the usual small talk around the physical setting in face-to-face therapy. There were instances when the client had involuntary access to the therapist's personal life, such as interruptions from the therapist's family members (usually the children) or pets (cats, dogs) who entered the room, the couriers' arrival, etc. Some therapists felt the need to explain where they were working from in order to assure the client of the privacy and intimacy of the session, which implicitly revealed to the client some information about the therapist's personal life. There were clients who noticed the changes in the therapist's physical setting, but there weren't any intrusions.

In the beginning, honestly, it was pretty hard to connect, I needed to adjust a little bit, to make an effort and it was tiring. I had to explain to my children that this was my new office, that I needed privacy and that they were not allowed to disturb me when I was working. Still, they interrupted me a few times, I didn't like it, I had the impression that the clients had too much access to my private life. (A.C.)

However, none of these aspects had a negative influence on the therapeutic relationship. On the contrary, in some cases, the therapeutic relationship benefited from this involuntary self-disclosure. The therapeutic boundaries became more flexible, and that led to a more equal relationship.

It was a very interesting phenomenon. Because the clients saw me as a human being, I somehow lost the "aura" of the authority figure and this was beneficial for the therapeutic relationship because people opened up more. Also, they were more concerned about my wellbeing and health, as if we were in the same boat. I think the pandemic has also had the equalizing effect of putting all human beings on the same part. (T.G.)

Online therapy proved to be a very rich source of information about the dynamics of the client's life system, which is very useful for the therapeutic work.

I could see cases when the client's partner didn't respect the therapy, those wretched 50 minutes when a person needs to be by herself. The partner entered the room 5 or 6 times under the pretext that he needed something. Moreover, he was half -naked. By working online, I got important information about my clients' problems. (G.E.)

In addition, online therapies revealed the importance of the intimacy of the therapeutic physical space provided in face-to-face talking therapy. Half of the interviewed therapists had to explain, especially to the new clients with whom they started to work directly online, the rules of intimacy and privacy required by the therapy.

I pay a lot of attention to my clients' intimacy. Especially when I started to work online, and not only then, I asked them if they felt comfortable, if they could talk freely. That is important, because otherwise, the therapy doesn't sink in. The big majority created a safe space themselves. If they didn't have intimacy, they went in their cars, locked themselves in a room, asked their partener to also wear headphones or asked their partner to go out for a walk with or without the kids, depending on the case. It proves also the client's motivation to work in therapy and to solve his/her problems. (I.R.)

There were also cases where the therapists decided to reschedule or to postpone the therapy because the client's setting didn't observe the standards of confidentiality, privacy and intimacy required by the therapeutic work.

Online therapy allows for a high degree of flexibility, but there is a fine line between flexibility and chaos. I had cases when the clients didn't arrive on time in a private space, when they started the session while still in their car or even while driving. It was difficult, the setting was changing all the time, they weren't focusing on the therapy and nor was I. For instance, I would pay attention to the sounds of the traffic they were in. I decided to reschedule the therapy, because one cannot work like this. (I.R.)

I was extremely surprised when one of my clients was in a hairdressing salon, it was impossible for me to understand how she thought we could work like that. I suggested we reschedule our session. (T.G.)

The question of the Self in the online setting is involved in every interaction between therapists and clients, directly or indirectly. For example, the therapists pay attention to the messages and information that their working space conveys to their clients, especially when they work from home. Generally, the focus was to minimize the space exposure (e.g. to blur the image of the space that is behind him/her) and to ensure both a professional setting and a professional relationship. They even maintained the same physical appearance (clothes, make up etc.) and kept the same habits they had when they were working face-to-face. The fact that they can seem themselves on screen is sometimes disturbing for the therapists, because they feel more exposed and move their attention to their own look, gestures and mimics. There are clients who also try to minimize their exposure, but there are also clients who open up more and who show the therapist their entire home or working space if these are reasons for high self-esteem.

Conclusion

While online therapy sessions used to be a niche service before the outbreak, they have now become the norm, thus ensuring continuity within an ever-changing environment and at the same time opening up to new therapeutic avenues (e.g. COVID-19-induced anxiety, depression, stress, etc.). Our primary research revealed that COVID-19-induced psychological disorders are not so present in the interviewed therapists' work. There were only cases where the COVID-19-induced stress made more acute the client's symptoms, depending on the client's previous problems (e.g. anxiety, agoraphobia etc.). Some of the interviewed therapists registered to work online, voluntarily, with people emotionally distressed by the pandemic, but the clients' addressability to their services was extremely low.

Online therapy was the norm during lockdown, when face-to-face therapy was forbidden by law, which stipulated that the psychological counselling could continue by phone or other electronic means. Some therapists chose to work online even before the lockdown and the enforcement of the legal obligation to do so for safety reasons. At present (end of August 2020), as the state of alert continues in Romania, and the therapeutic work can be done face-to-face with the obligation that both therapist and client wear masks, the circumstances are more nuanced. Some of the interviewed therapists continue to work exclusively online, motivated by the responsibility for their own safety and health, as well as for their clients. They are also motivated by the negative impact of the obligation to wear masks on the therapeutic work efficacy, because of the impossibility to read the client's emotional cues that can be gathered from the facial expressions.

I believe it is safer for everyone. It is not only about me, I have health problems, and I have to protect myself more, but I cannot risk contracting and spreading the virus. I work with a lot of people. What is more, many of my clients are physicians and they are more exposed to the virus. In addition, it is impossible for me to imagine how we can work in therapy with masks. You cannot see the entirety of their faces. Online, at least you can see the face, even if you cannot entirely read the

emotional expressions because of the screens. Or, if someone cries in therapy, which is something that happens very often, how do we go about it now that we need to wear a mask? Plus, we cannot hear and understand each other properly. (V.O.)

Some of the interviewed therapists have a mixed approach in therapeutic work: online and face-to-face. The online work is either from home or the office. Some of them clearly divided the work schedule in days for working online and days for working face-to-face. Some of the therapists alternate face-to-face and online therapies in order to have longer breaks between the face-to-face therapies so that they can clear the air in the working room. The option to work face-to-face and the schedule are also influenced by how the physical space of the office is organized. In some situations, the space was modified in order to respect the safety norms such as separate circuits, rearrangement of the furniture in order to respect the distancing norms, etc. and air filtration measures (e.g. the acquisition of UV lamps for disinfection, or ozone for air purification, keeping a window always open etc.). If the space could not be changed or did not assure the safety norms, the therapists decided to work online or to work from a different space. One of the main reasons why they came back to working face-to-face was the need of both therapists and clients to experience the human presence and emotional connection, which lack or are poorer in the online therapy.

I cannot stand working online anymore, I miss the emotional connection, and the clients miss it as well. They are super-happy that we will meet again face-to-face. (G.E.)

Other very important reasons are the fatigue provoked by online work and the negative impact of various technological issues on the quality of the therapeutic work, such as delays, poor signal, quality of image and sound.

Other reasons that have led to resuming face-to-face meetings are: the lack of intimacy for some of the clients, the inability of some clients to adjust to online therapy and the increased efficacy of face-to-face therapy compared to online therapy in some specific cases such as the type of psychological issue (e.g. paranoid elements), special physical health conditions when

online working is contraindicated (e.g. epilepsy), age and the ability to focus in the online setting (e.g. children). The incomes of the interviewed therapists weren't significantly affected by the move to online therapies, with a reported loss of 5%-6% of their clients provoked by the move to online therapy. This might explain why the financial motivation was not an incentive to go back to face-to-face therapy, whereas that was precisely the main reason for other therapists to do so, as the secondary research of forums and online groups revealed. Furthermore, there were psychologists and therapists who applied for furlough payments (net income: 2.382 ROL/month) according to the regulations of emergency ordinance 32/2020 which instituted social protection measures for the economic activities affected by the restrictions required by the spread of the COVID-19 pandemic.

The questions of "trust" and "taking a risk together" are important elements in the narratives of those therapists who decided to work face-to-face and become a part of the therapeutic relationship.

I trust them, many of my clients only leave the house to come to therapy. They don't expose themselves; they come by personal car, and they work from home. (C.V.) Yes, I think there are risks, but there are also benefits. I asked them how they wanted to continue, I didn't impose anything on them. We agreed that we were in this together. But life is also about taking risks. (C.D.)

For those who work in a mixed formula (online and face-to-face), the alternation of the two ways of working is deemed the solution during the ongoing COVID-19 pandemic, depending on the number of infected persons and the measures taken by the government.

No matter the current working formula, all interviewed therapists see online therapy as just a short-term solution to continue their work. Only one of them considers that the online therapy offers the opportunity to diversify the services and to increase the addressability for some clients, not for therapy, but for individual or group psychological counselling, which does not require such in-depth work as therapies do. Apart from the already mentioned reasons, online therapy is considered by the interviewed therapists to be less effective than face-to-face therapy, at least in the psychodynamic studied practice, because it is more difficult to "feel" and to

work with the processes of transference and countertransference, to create a strong therapeutic alliance and to apply more diversified in-depth therapeutic strategies, techniques and methods (e.g. psychodrama, art therapy, hypnosis).

Thank God that there is the alternative to work online. It is better than nothing, and I am glad that people are open to this option. I have seen on various groups that many colleagues were hardly hit and negatively impacted. I think working online will be a very good alternative for the year to come. Or until a vaccine is discovered. (C.V.)

Online therapy has undeniable advantages in terms of mobility, geographical distance, time management, work-life arrangements, costs, affordability and efficacy in some types of disorders. While it challenges and erases some of the boundaries raised by face-to-face therapy, it creates some others, because of its perceived impersonality, the poor emotional connection, the absence of a shared safe and containing physical therapeutic space, and the negative impact on the creativity and diversity of methods required by the therapeutic work.

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