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**Psychotherapists' Experience of the Transition to Telepsychotherapy Amidst COVID-
19 in India**

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Abstract

Objective: Since the onset of COVID-19, the provision of psychotherapy services has shifted online. Thus, telepsychotherapy has been the focus of much research to document therapists' experiences; however, it has been mainly quantitative. In the Indian context, no known empirical research has focused on the implications of this transition on psychotherapists.

Therefore, the present paper presents an in-depth idiographic study exploring psychotherapists' experiences in India, who had to transition to telepsychotherapy rapidly.

Method: Ten novice psychotherapists providing clinical services virtually were individually interviewed. The transcripts were analysed using interpretative phenomenological analysis.

Results: The main themes that emerged from the analysis were: negative impact on therapeutic process, detrimental effect on personal and professional self, positive impact of telepsychotherapy for therapist and, strategies for helping the adjustment to telepsychotherapy practice.

Conclusion: The idiographic and psychological focus enabled a detailed exploration of the profound impact the sudden transition had on novice psychotherapists' work with clients and their self-efficacy. Despite contextual constraints faced by the psychotherapy profession in India, the participants demonstrated creative ways of working around the challenges encountered during telepsychotherapy. Nonetheless, their experiences highlight the need to initiate training programs in telepsychotherapy. The findings are considered in relation to extant literature and provide fertile ground for novice practitioners to engage in thinking about their own telepsychotherapy use.

Keywords: psychotherapists, telepsychotherapy, interpretative phenomenological analysis, subjective experiences, India, COVID-19

Practical Implications

- The sudden transition to telepsychotherapy impacted therapists' work and self-efficacy.
- Training in telepsychotherapy is needed to gain skills specific to it and address the therapist's negative perception of it.
- Continued supervision post-training is essential for novice therapists to navigate the difficulties in therapeutic work.
- Therapists' engagement in reflective practice helped them successfully resolve their difficulties in telepsychotherapy practice and improved their confidence.

Introduction

With the global outbreak of the COVID-19 pandemic, there has been an increased uptake of telepsychotherapy services (Doran & Lawson, 2021; Sammons et al., 2020). The imposed lockdown and social distancing directives to contain the spread of the virus have led to this drastic change in psychotherapists' mode of service delivery. The transition to telepsychotherapy has been necessary to allow access and continuity of care.

Some studies have found that telepsychotherapy is comparable to in-person sessions (Varker et al., 2019) and, is efficacious across disorders (Norwood et al., 2018). However, despite the positive outcomes, telepsychotherapy has been barely used by practitioners (Pierce et al., 2019). Recent evidence suggests the role of psychologists' negative bias (Elliot, 2020) and lack of training (Perry et al., 2020) as barriers to telepsychotherapy use. Therapists' belief in the assumption that technology shall act as a deterrent in their therapeutic relationship with the clients has been one of the most pertinent factors contributing to therapists' hesitancy in adopting telepsychotherapy (Simpson et al., 2014, 2020). In view of the literature providing ample evidence for a robust association between therapeutic alliance (TA) and outcome (Flückiger et al., 2018; Wampold, 2015), therapists' concern regarding the quality of TA is likely. However, in an extensive review of studies examining TA in the context of videotherapy, Simpson et al. (2014) found that most of the studies had reported high ratings of TA by both clients and therapists across clinical populations; although, clients' initial ratings for TA were higher compared to therapists' ratings. The authors also noted in their review that therapists actively adapt their ways of establishing TA in videoconferencing. It appears that with exposure to and consistent utilization of telepsychotherapy, therapists are maybe more willing to overcome their initial concerns by making adjustments that aid the process of establishing TA. Therefore, therapists' attitude and knowledge about TA in the context of telepsychotherapy has been

recognized as important to address (Simpson et al., 2020). With respect to recent developments, there has been a surge in studies examining therapists' experiences of their transition. Of the many challenges reported by therapists, a lack of shared physical space and the initial difficulty in ensuring therapeutic engagement has been very prominent (MacMullin et al., 2020; Perrin et al., 2020). However, there have also been studies reporting the opposite. For instance, Watts et al. (2020) found the quality of working alliance formed in telepsychotherapy and face-to-face sessions as comparable to each other.

Several studies also document the varied challenges faced by therapists; for instance, technical glitches, data security issues, lack of non-verbal information, and many others (for review, see Fernandez-Alvarez & Fernandez-Alvarez, 2021). Moreover, feelings of poor self-efficacy were prominent among therapists who lacked prior experience in telepsychotherapy (McBeath et al., 2020; Aafjes-van Doorn et al., 2020). Also, a few studies examined therapists' personal and professional characteristics that may be associated with their experience of providing telepsychotherapy (Shklarski et al., 2021; Békés & Aafjes-van Doorn, 2020). They reported that perceived efficacy and convenience contributed to therapists' positive experiences (Doran & Lawson, 2021). Moreover, prior training in telepsychotherapy came to play an important role; because it led to a positive attitude and greater confidence in it (Tohme et al., 2021). These studies indicate therapists have grown to adapt their practices to suit this medium (Fernandez-Alvarez & Fernandez-Alvarez, 2021) and have become increasingly comfortable with its use (Sammons et al., 2020).

Most telepsychotherapy literature comes from the West, whereas, in the Indian context, there is a dearth of evidence (Sousa et al., 2020). Empirical data on the use of telepsychotherapy is absent before the pandemic. But its lack of popularity can be inferred from our observation of the scarce training opportunities in institutes providing clinical psychology courses (Mondal et al., 2020). Other infrastructural limitations like poor internet

connectivity in many parts of the country perhaps make it difficult for professionals to incorporate telepsychotherapy in their routine practice. However, in the wake of the pandemic, psychotherapists in India suddenly had to shift to it out of necessity. Nonetheless, telepsychotherapy's importance is being increasingly recognized in general because it affords the benefits of easy accessibility, reduced stigma, cost, and can help to narrow the skewed clinician-patient ratio in India (Kanuri et al., 2019). These benefits become significant, especially when there have been increased mental health difficulties among the general population due to the pandemic (Rajkumar, 2020). While one can find a discussion on the challenges and guidelines to facilitate the transition (Sousa et al., 2020; Mondal et al., 2020), there hasn't been any systematic investigation of therapists' transition to telepsychotherapy. The experience of making this transition without much time to prepare and simultaneously deal with the stressors of the pandemic may have proved to be crucial for psychotherapists. Thus, exploring their experiences becomes essential. The need to examine this topic is also linked with recognizing therapist factors as important in psychotherapy process research since they significantly contribute to the therapeutic outcome (Norcross & Lambert, 2018).

More specifically, examining it from the perspective of novice practitioners seems even more worthwhile. The novice professional phase, i.e., the early years of practice after graduation, forms one of the six stages of therapist development proposed by Rønnestad & Skovholt (2003), beginning from the lay helper to the experienced professional phase. Based on their interviews with 100 therapists, the authors described unique experiences and challenges for each of these six stages of professional development. According to the model, the novice professional phase is characterized by disillusionment with training and self in light of the unexpected challenges faced in practice. This triggers a sense of inadequacy or a lack of confidence in one's skills. While therapists of varying career levels may experience such self-doubt; however, professional self-doubt has been found to be the most prominent

among novices (Thériault & Gazzola, 2006). To deal with it, the novice may actively explore their self-i.e. attitudes, skills, and values, along with a work environment that fits well with self. Such openness and engagement in self-evaluation on the therapist's part has also shown to positively predict therapeutic alliance (Nissen-Lie et al., 2010). Therefore, this phase is considered 'critical in terms of continued development or stagnation' (Rønnestad et al., 2018, p. 3). Relatively few studies have examined the developmental phases of therapists in an Indian context. Duggal and Rao (2016) carried out a mixed-methods study to explore the challenges experienced by novice therapists in India. Besides mirroring the results from international studies, their analyses also included findings that reflect the challenges unique to the Indian context. For example, psychotherapy as a profession in India is not as well-established. One of the many reasons for it include the lack of awareness and increased stigma related to mental health problems among the Indian masses. Second, the authors found a lack of supervision for the novice therapists. The lack of opportunities for taking formal supervision was also highlighted by Bhola et al. (2017). In view of these challenges reported from prior studies, we can extrapolate that the psychotherapists in India possibly did not receive the support and feedback via supervision while implementing telepsychotherapy. Therefore, it may be reckoned that the distress involved in dealing with the complexity of therapeutic work for the novice practitioners could have been compounded by the novelty and ambiguity of transitioning to a new mode of service delivery.

Also, the vast majority of studies conducted during the pandemic on telepsychotherapy have been quantitative. While there have been only a handful of qualitative studies, most of them relied on responses to open-ended survey questions, not allowing the participants to provide a rich account of their experiences. On the other hand, qualitative methods utilizing in-depth interviews offer a more effective way of capturing the complexities of a phenomenon. Therefore, in the present study, in-depth interviews were utilized and analysed

using Interpretative phenomenological analysis (IPA; Smith et al., 2009). IPA was chosen because, with its 'psychological experiential approach' (Smith, 2016), it examines the participants' personal lived experiences. Therefore, the present study aimed to explore and develop an in-depth understanding of the novice psychotherapists' experiences during the rapid transition to telepsychotherapy amidst the ongoing COVID-19 pandemic in India. The research question in this study focused on- what were novice psychotherapists' experiences while transitioning to telepsychotherapy in India; how do they perceive and manage the impact of technology on their therapeutic work with clients?

Method

Participants

The sampling was done following the idiographic principle of IPA, which requires working with small homogeneous groups (Smith et al., 2009). A purposive sample of ten psychotherapists practicing in India was recruited as per the following inclusion criteria: licensed by Rehabilitation Council of India; currently providing clinical services virtually; and, having prior experience in face to face therapeutic practice ranging from 1-3 years. Thus, all participants were early professionals belonging to the same career cohort. One male and nine females participated, ages ranging between 26 and 30 years (Mean age=27.8 years). Six participants described their theoretical approach as cognitive behavioural, and four described it as integrative. Seven participants were working as consultants in psychiatric clinics, while three were practicing independently. Six participants were conducting psychotherapy via videoconferencing only, while four participants used both telephone and videoconferencing in their therapeutic work with clients. The time since participants started using telepsychotherapy ranged between 3 to 8 months.

Data Collection Process

Recruitment

The potential participants who met the inclusion criteria were identified from the first author's professional circle and thus, recruited via personal contact. The potential participants were then approached by email or phone for an initial discussion on the background of the study. They were provided with the Participant Information Sheet and an opportunity to ask questions about the study. Of ten such participants who were approached, seven provided the consent to participate in the study, while three did not. The reasons for non-participation as offered by two of them were unavailability, while one did not offer any. To complete our intended sample of $n=10$, we followed the snowball sampling process wherein one participant helped identify three additional study participants.

Interviews

Data was collected using in-depth interviews. For this, a provisional interview schedule was prepared by the first and third authors; and reviewed and revised by the second author. The schedule comprised open-ended questions based on the present study's research question. Before commencing with data collection, a discussion of interviewing process and techniques was held with the second author. It was stressed that the schedule is to be used flexibly to allow the participants to raise topics that they considered relevant. A pilot interview was conducted to improve the schedule, and the second author made specific suggestions for refining interviewing skills.

Interviews were carried out by the first author between August 2020 and October 2020 using Zoom video call given COVID-19 restrictions. All interviews were carried out in English since all participants had full professional proficiency in English; the interviews lasted between 45 min and 90 min. With participants' consent, interviews were recorded and then transcribed verbatim by the first author.

Data Analysis

The transcripts were analysed as per the IPA guidelines explicated in Smith and Nizza (2021).

1. A transcript was read multiple times along with listening to the audio recording of the interview to increase familiarity and gather an overall impression of the participant's account. At this stage, a free textual analysis was carried out to prepare the initial notes. This involved commenting at the descriptive level, i.e., describing the explicit meaning of key events and processes conveyed by the participant. In addition, noting at an interpretative level was done wherein preliminary interpretations were informed by the analyst's own reflections on the material. This stage also involved focusing on the semantics and the context of the participant's concerns.
2. The next step involved working with these exploratory notes and searching for connections and patterns to construct experiential statements. The experiential statements were described as a concise phrase at a higher level of psychological abstraction. This list of experiential statements generated from the initial notes for a specific case was independently produced by the first author, and these were then reviewed and discussed with the third author. Finally, the second author reviewed the analytic steps one and two. The discussions with the second author entailed justifying the interpretative activity with reference to the transcript, and learning how to frame an experiential statement in concise terms to reflect the psychological essence of the participant's account.
3. This was followed by identifying the similarities and interrelationships amongst the experiential statements and tentatively grouping them into different clusters; each cluster was provided with a descriptive label. These groupings of personal experiential themes and their sub-themes were organized in a table along with the participant's quotes from which personal experiential themes were derived, thus,

highlighting the most relevant and interesting aspects of the participant's account.

Such a documentation of the quotes helped in ensuring the accuracy of our analytic claims. At this stage, the research team held additional discussions to tentatively organize the master themes and their sub-themes.

4. In view of IPA's idiographic commitment to the detailed analysis of experience case by case, the above steps were carried out for each interview transcript separately. And so towards the end we had produced ten tables of personal experiential themes. In the last phase of analysis, a re-grouping of all personal experiential themes from the ten transcripts was carried out, to draw up a master table of group experiential themes that best reflected the participants' experiential account. The master table was produced by the first author in close dialogue with the third author. This was finalized after a discussion with the second author.

The analysis continued into the writing up of results section. The narrative quotes are used to substantiate the findings and analysis. Participant quotations are identified using identifiers P1 through P10.

Reflexivity

With the onset of the pandemic, the first author's personal experience of shifting to telephonic sessions as a mode of service delivery in a university counseling center prompted this research. At the same time, the second and third authors' research expertise in qualitative methodology and the need to explore lived experiences of novice therapists in the context of telepsychotherapy use influenced our decision to adopt IPA. To ensure the credibility and quality of our study, it was assessed against Yardley's (2000) criteria. Our study demonstrates sensitivity to context, commitment, and rigour. A thorough interviewing process was carried out, wherein skills essential to carrying out a good interview was emphasized. This yielded a rich corpus of data. Important considerations were also given to

data analysis. For instance, after each interview, the first author engaged in reflective writing tasks and discussed the same with the research supervisors. It was done to ensure that the first author's pre-existing expectations or assumptions did not influence the analysis (McLeod, 2011). One such assumption that became apparent during the analysis was the first author's preoccupation with the narrative of a positive shift in participants' perception of telepsychotherapy. While it was relevant, this was being done at the expense of neglecting participants' experiences of professional undermining and self-doubt. Such bracketing off preconceptions facilitated a more open and an in-depth exploration of our data; thus, contributing to the methodological integrity of the study (Levitt et al., 2017). Moreover, the second and third authors conducted mini audits to warrant that interpretative work produced by the first author was based in participants' accounts. To further establish transparency, verbatim extracts are presented as evidence.

Ethical Considerations

The research proposal was approved by the Institutional Ethical Committee for Social Sciences at the University (Anonymised Reference). The participants were informed about all aspects of the study through the use of a Participant Information Sheet. It included the purpose of the study, voluntary nature of participation, the video recording of the interview, and who would have access to data. It was also emphasized that participants have the right to withdraw during the interview or a maximum of two weeks after the interview, without giving any reason. Furthermore, they were ensured that their data would be kept confidential, and anonymity will be maintained in all documents arising from the study. All participants provided informed consent using a Google Form created by the researchers. During recruitment, participants were informed in detail about the interview process. They were told that they could ask for a break at any time and have the right not to answer any particular question if they did not want to. Thus, the interviews were conducted as sensitively as

possible to minimize the potential for distress. Moreover, additional sources of support were listed in the information sheet for the participant, should any problem arise after the interview.

Results

The analysis resulted in four main themes and fourteen subthemes. See Table 1 for the names of themes and subthemes with the number of endorsements.

Negative impact on therapeutic process

Diminished quality of online therapeutic relationship

All participants' accounts reflected a vital problem of the negative impact on online therapeutic relationship with clients. An important facet of the therapeutic relationship was the difficulty in building rapport with clients. Participants' experience of the formation of therapeutic relationship in face to face sessions influenced their view of the same process in virtual mode. Here is P2 discussing the issue:

“I feel it is a virtual thing so I find it superficial that you are trying trying trying to make your rapport and you are putting in more efforts...” (P2)

P2 questioned the authenticity of the rapport formed in virtual mode because the screen as a perceived barrier was creating a psychological distance. Moreover, she perceived the rapport formed in virtual mode as 'superficial'. Her response speaks to the demanding nature of the efforts required here. Nonetheless, she still found herself questioning its quality time and again.

Other participants explicated the significance of changing their body posture to depict an emotional attunement with clients. But the inability to do so had led to a compromise in their role performance. In this regard, P4 highlighted her feelings of discomfort with a graphic embodied example:

“There was this client who lost her cat and she was grieving and crying, and I felt so bad for her. So in a normal situation I would have given her a pat on her back...and I could feel that the presence of me as a therapist that would have helped like I would have soothed her in a much better.” (P4)

P4’s account was illustrative of her sense of helplessness at not being able to institute a presence that would enable empathy such as engaging in an almost reflexive tactile behaviour of patting the client that would have soothed her in the way she experienced with her cat. Moreover, participants had difficulty capturing the subtleties of clients’ non-verbal behaviours to form their impressions:

“If there is a colour change in the client’s face you cannot see because it depends on the quality of the camera also”. (P1)

This extract points to an awareness of an extraordinarily detailed bodily perception occurring in face to face therapy which isn’t possible in telepsychotherapy.

Since all participants were trained to take face to face sessions, they relied heavily on such cues for information about a client’s emotional state:

“We have been trained in doing face to face sessions only. The session begins the moment you see the client, the way the client enters and walks inside the room and sits on the chair”. (P10)

These extracts powerfully point to acute embodied skills therapists develop and which are frustrated by the medium of telepsychotherapy.

Difficulty in ensuring privacy of a session

Since virtual sessions took place from clients’ homes, such a personal setting proved difficult for both clients and therapists.

“So it becomes difficult with such a patient because they not able to open up as much at their home”. (P2)

P2 reports perceiving that the clients were worried about their family overhearing the session content. This made them feel uncomfortable, and as a result, they found it difficult to open up and share their vulnerabilities. Participants faced this issue with a majority of the clients because people live with their families in an Indian social context. Also, due to the ongoing pandemic, all of them had been staying indoors. Therefore, clients faced difficulty in finding a private space from where they could attend their sessions. Participants found this problem salient for the clients in which the family was the source of distress. Highlighting this challenge, P6 described a case wherein, it was difficult for a client to discuss critical information with her:

“So I have seen this patient who is lesbian and she wanted to confront it to her parents and first she wanted to tell it to me but although I understood what she is trying to tell me but she was not able to tell it in detail”. (P6)

The setting acted as a deterrent in enabling trust and security in P6’s therapeutic relationship with the client. One can also appreciate the patient’s frustration at not being able to express themselves. Participants also highlighted the distractions due to frequent interferences caused by clients’ families:

“People will just keep coming inside and going even when they are told that they should not be... it becomes little distractive for the patient or even I try to be as composed as I can but of course that definitely impacts”. (P8)

P8 reports it was challenging for her to control her client’s physical environment despite providing clear instructions. Inevitably, these disruptions to the session impacted her composure because she had to remain collected in the face of such challenges.

Difficulty in employing particular therapeutic techniques

Another obstacle to participants' therapeutic process was experienced while making use of behavioural techniques. The nature of behavioural techniques is such that demonstration by the therapist helps the client in implementation. However, the frequent and unexpected technical glitches made it difficult to carry out the demonstration in one go. P4 reports:

“So maybe my voice was not coming through well and because of that in the relaxation session itself they were like yeah what did you say”. (P4)

Regardless of technical glitches, the majority of the participants still found it difficult to employ these techniques. Participants found teaching relaxation exercises like Jacobson Progressive Muscle Relaxation (JPMR) rather unsuitable in virtual mode:

“You are doing JPMR over video...you are giving him instructions but you still can't see his full body”. (P8)

P8's account suggested her struggle to gauge if the client was able to follow her instructions correctly. Participants claimed that the 'accuracy' needed in a demonstration for its successful implementation by the clients was missing online.

A few of the participants also perceived difficulty in the treatment of obsessive compulsive disorder (OCD). For instance, P1 said:

“If it is an OCD patient with dirt and contamination so I cannot take my laptop to the toilet and cannot show the person that I am touching this toilet so you can touch like this”. (P1)

Here P1's account presents the logistical issues relating to modeling exposure exercises in OCD's treatment. Given P9 and P4's orientation towards the acceptance commitment framework, they found it difficult to use specific techniques like diffusion exercises.

Ill-suited for particular clientele

The majority of the participants had unfavourable experiences with clients having similar concerns, thus making them conclude that telepsychotherapy is in fact, not suitable for a particular group. The problems were manifold, especially when conducting marital therapy.

For instance, P6 reflected:

“If it would have been in a normal situation in a clinic I would have send the husband out, calmed the wife first and maybe then call the husband separately and counselled him...but in this kind of face to face virtual set up it becomes difficult obviously and at that time I feel that what to do next now?” (P6)

P6 found it demanding to work with couples virtually because of the challenge of establishing control over the session. She viewed the virtual mode of practice as unusual because it made her feel inept at dealing with the stumbling blocks encountered in marital therapy; for instance, the arduous task of getting a couple to engage in a turn-taking conversation. P6 counterbalanced such feelings of ineptness by reflecting on the possible course of action that she would have taken in a face to face session. Similarly, P7 recounted:

“Just making them talk to each other or even the process of mirroring which has not been quite as successful virtually”. (P7)

P7 found it impracticable to create a therapeutic environment that would facilitate a turn-taking conversation between the partners. As a result, it wasn't easy to use techniques central to the practice of marital therapy.

The second kind of clientele identified by the participants as challenging to engage virtually was children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). P2 said:

“There is a child who is already hyperactive so actually that person is not able to hold the phone properly”. (P2)

P2 raised the problem of creating an adequate environment online, ensuring a child's engagement with the therapist. The many distractions like the features available on a

laptop or mobile made the process difficult for her. Also, the medium compromised her ability to adopt techniques that would help capture the child's attention.

Detrimental effect on self- professionally and personally

The rapid transition to telepsychotherapy required getting accustomed to an unfamiliar mode of service delivery and, secondly, working from home amidst an ongoing pandemic. This led to a significant impact on participants' sense of self.

Experience of professional undermining

Participants were wary of the blurring of professional boundaries with clients in telepsychotherapy. Participants explicated various client behaviours, such as, clients frequently contacting her outside of therapy sessions to underscore their experience of professional undermining. , P3 described her feelings as follows:

“it creates that feeling that oh my client was in a problem and I did not offer them, the client also feels the same that I am in a problem and my therapist is not responding to me. One of my clients actually sent me a mail which I somehow missed answering...and she replied saying that you abandoned me”

(P3)

With the client's disappointment explicitly directed at P3 for not responding at the time of distress, it left P3 questioning her self. While P3 acknowledged the issue as a boundary management challenge, she found herself in a quandary because of its impact on the established therapeutic relationship, virtually developing, which had already been a problem. Behaviours like cancellation without any prior intimation or displaying lack of adjustment in scheduling sessions and requesting one at odd hours of the day were also a source of chagrin for P5:

“I have seen some of the people taking it for granted like if it didn't happen today it is okay since it is online and we don't have to go there physically.” (P5)

P5 perceived clients' behaviour as a reflection of a lack of regard for her professional role. Similarly, encountering and dealing with such behaviours roused negative emotions in P6:

“sometimes it makes me frustrated. But at times there would be some genuine issue and if they explain to me well or they call me or tell me then it is ok, I understand that obviously we are psychologists we should be empathetic and we should understand them but at times patients just message you and nothing else just message you “I can't take the session at this time” so that time I feel really frustrated.” (P6)

P6's account reflected her experience of paradoxical feelings of empathy and frustration towards clients' casual behaviour. She acknowledged her feelings of frustration at the sudden cancellations because it meant a loss in terms of time and money for her. However, P6 struggled with such negative feelings that stand contradictory to the empathetic identity expected of a clinical psychologist. P6 went on to strengthen this expectation of herself as was evident from her use of the word 'should'. Therefore, it can be assumed that P6 made a conscious effort to adopt an empathetic stance to understand the reasons behind clients' behaviours.

Experience of professional self-doubt

For some, telepsychotherapy had an impact on their professional identity:

“You feel that you have not done justice to the patient and you feel so in every session. You start questioning yourself, your abilities also, your self confidence...that is there any difficulty or is that I am the culprit who is not able to conduct the session very well.” (P2)

P2 struggled to attribute the difficulties being faced in telepsychotherapy. She contemplated her role and wondered if she was to be blamed for the problems and its ineffectiveness. Since participants were originally trained face to face, the novelty of the situation and challenges

that were unique to telepsychotherapy was rather disconcerting. This may have led P2 to question her competence in carrying out telepsychotherapy. This feeling was more prominent following sessions when she was not able to meet her expectations. Similarly, P7 stated:

“even though I have been in a private practice for 2 years you still get that thing that was your 2 years luck? You do have those self-doubts, you have feeling of helplessness because you are feeling that you are not doing enough, you feel you are not good enough.” (P7)

P7 imagined the ease with which she would have been able to take a session in a face to face set up. However, with P7, the feelings of low confidence and self-doubt were rather overgeneralized because she ended up questioning her entire career till date.

Diminished psychological well-being

The effort to deal with such feelings was further compounded by the need to adapt to an unprecedented situation like the pandemic. The pandemic seemed to bring about a host of changes in professional and social life. For P9, it was exhausting to deal with the uncertainty related to both the pandemic and telepsychotherapy’s effectiveness:

“it can get frustrating because you have to learn a lot of new things simultaneously, also manage the burnout, the fatigue that comes out of constant online interaction, lack of social interaction...” (P9)

, P8 also recounted how stressful working in this way can be :

“So if I am seeing 8 patients a day or I am seeing 9 patients in a day, which is a lot! And after that all I do is just switch off... because major time of my day I am just working, there is nothing else I am doing.” (P8)

For P8, the lack of options to engage in recreational activities further added to her disrupted work-life balance; and, this ended up making her feel dull and not motivated. P3’s account also highlighted her discomfort at not being able to work to her full potential:

I don't feel enough from within in terms of providing to the client because I am myself a part of this pandemic. I am myself is working from home while staying with my family who is also having some or the other issue.” (P3)

The pandemic had led to a surge of clients with mental health problems. So the pressure to deliver while working from home in a pandemic had left P3 feeling emotionally exhausted.

Positive impact of telepsychotherapy for therapist

Overcoming personal biases

A few of the participants partly attributed their skepticism about telepsychotherapy's effectiveness to personal biases. However, post-transition, a positive impact was seen in terms of being able to overcome these personal biases. For instance, P9 exclaimed:

“I have a certain block with learning new technology. You can always work around these barriers if there are any, this is what I have perceived.” (P9)

P9's professional disposition was such that she had never been comfortable with technology; however, since the situation warranted the use of technology, P9 described herself as having become comfortable with it. Likewise, P10's account indicated a change in her idea of what constituted an ideal therapy setting. Having been trained for face-to-face settings and eventually practicing in it, she perceived it to be the best medium of therapy. However, telepsychotherapy practice changed her perspective, and the experience made her more flexible in her thought process.

P7 also lacked the eagerness to make a transition to telepsychotherapy because of her presumed lack of competency:

“it is also equally important to understand what is your maybe automatic thought about it. I think the automatic thought which I have for tele counselling is that A) it is not going to be effective B) I will not be very good at it. And these were the “the I will not be very good at it” if you recognize that it is a negative

automatic thought. So working on these two things was the most important part.” (P7)

However, P7 described the importance of working with one’s bias.

Professional development

P1 judiciously utilized the opportunity to work from home:

“So I started my own practice and I have started my own set up at home.” (P1)

P1’s private practice was based on a shared revenue model, leveraging the chance to expand his practice from home without incurring any extra financial costs, such as the costs needed for a physical set up. P1 seems to be proud of this accomplishment. P4 was able to do the same i.e., accommodate more clients in her schedule, given the flexibility in work timings. While P5 was vocal about the challenges involved in conducting telepsychotherapy and her dissatisfaction, she nonetheless desired to view her entire experience positively:

“I have also evolved as a therapist. I feel happy and excited...” (P5)

To compensate for the unfulfilling experience with telepsychotherapy, P5 tried to derive satisfaction from reflecting on the professional development in terms of learning new skills. She acknowledged that the inculcation of skills specific to telepsychotherapy contributed to her therapeutic identity.

Improved psychological well-being

An overall positive impact of the transition on psychological well-being was seen in P4’s account. Telepsychotherapy provided her with the opportunity to take up more clients of her own accord. Thus, it proved beneficial both professionally and personally. Due to the sudden lockdown imposed in the country, P4 found herself living alone, away from family. The uncertainty of the situation and living in isolation had been tough for her initially. However, continued involvement and expansion of clinical work kept her engaged and provided another means of social contact:

“So this particular challenge brings in a sense of excitement and a sense of purpose, that fulfillment that I am able to make a change in people’s lives by sitting so far from them...” (P4)

In addition, P4’s account reflected a sense of personal reward and satisfaction at providing mental health services at a crucial time like the pandemic. Even though P4 entered an uncharted territory, she viewed it as a challenge that ought to be overcome.

On the other hand, for P5, compassion motivated her to continue providing telepsychotherapy services, regardless of her skepticism related to its effectiveness:

“I will be able to help a wider section of the society so that also makes me feel you know very happy about it.” (P5)

Strategies for helping the adjustment to telepsychotherapy practice

Participants acknowledged the necessity to adapt to telepsychotherapy to ensure continued service provision. In light of this, participants actively conceived ways to cope with the transition and reduce its negative impact on participants’ self and their clinical practice.

Utilizing technological benefits effectively

Participants found ways to make use of advanced technical features that came with online platforms:

“I needed some equipments and after that I was able to like the zoom app has facilities. So it is very easy to show the client and to tell them about stuff.” (P1)

Given the lack of familiarity with online platforms like zoom, P1 took some time to orient himself to its use. Gradually, he realized the need for an upgrade of the software or tools that would facilitate the process. For instance, initially, P1 found diagramming key concepts when psychoeducating the client as difficult to carry out. Finally, however, a stylus purchase allowed him to replicate his style of practice as he would do in a face to face session.

The most distinctive use of technical offerings was visible in P7’s account:

“So be it on whatsapp or text I always encourage them to text me as soon as they have an issue because it helps in forming the rapport.” (P7)

P7 has described herself as a ‘hands-on therapist’ because she used the flexibility of online medium to her benefit. P7 perceived that the assurance provided to clients by responding to them timely during distress, had helped her to overcome the challenge of forming rapport virtually. Her account stands out because, as highlighted earlier, participants had found clients’ incessant contacting beyond therapy hours as a major boundary challenge.

Communicating ground rules of therapy

To underscore the importance of the professional nature of a therapeutic relationship, participants had to communicate rules regarding it actively. For instance, P6 emphasized:

“I have told them you can’t message me after this particular time or before this particular time so there is a very clear demarcation, the line is very clear.” (P6)

For P6, clients’ contacting her outside therapy sessions was a major boundary challenge. So to curb their expectations of receiving prompt replies from their therapist, P6 drew the ‘line’ clearly at the onset of therapy. Similarly, P3 detailed the clauses in her consent form. She made clear that proper channels of communication were to be followed if there was an emergency. Likewise, P9 described:

“I already have a message prepared to be sent to the new clients, stating the rules of cancellations and also there is a clause of interruptions.” (P9)

Since unexpected technical glitches are inherent to the online medium, P9 explicated the guideline of switching to an audio call if there were constant interruptions to their video session. Formulating such guidelines was considered essential by the participants because it avoided chaos and loss of time.

Developing tele-therapeutic skills

With time, participants realized the need to develop skills unique to telepsychotherapy. Therefore, they focused on the active acquisition of skills as a means to cope with the transition. P7 states:

“what I do is I try to work on my skills, reading the same books, trying to strengthen some of your concepts...”. (P7)

Since P7 had been trained in a face to face setting, she struggled with feelings of self-doubt. To cope with them, P7 started reading literature on telepsychotherapy. Getting acquainted with theoretical knowledge made her feel prepared and reposed confidence in her skills to practice telepsychotherapy. While P4 reported:

“we now know how to modulate our emotion and how to support them like with our facial expression.” (P4)

P4 had explicated how a therapist’s physical presence facilitated the therapy process. So in its absence, P4 had learned to rely on non-verbal cues like ‘facial expression’ to convey her empathy to clients.

To tackle the problems in telepsychotherapy, certain organizations had started coming up with guidelines for effective practice and training programs for professionals. P5’s account suggested a positive experience of participating in a training program for providing tele-counselling to children in quarantine because she gained skills central to tele-counselling.

Seeking client feedback on one’s role performance

Time and again, participants questioned their professional competence in carrying out telepsychotherapy. Hence, they understood the need to rely on objective feedback rather than their biased judgments about self:

“I have created certain objective parameters like the baseline assessments which we usually carry out so we are carrying out this for every case.” (P3)

Conducting baseline assessments using objective measures is routine in therapy since it is indicative of a client's improvement. P3 started to rely on such measures to conclude if the therapy was working well rather than relying on her subjective judgment. For P2, positive client feedback was a major confidence booster:

“when I get a client who boosts up your confidence that you are doing well and you are helping the client really well, I cheer myself up from there.” (P2)

P2's account reflects that the positive feedback helped in coping with her feelings of low self-efficacy in practicing telepsychotherapy.

Managing work-life balance

The change in work setting and schedule and increased caseload had negatively impacted participants' work-life balance. As a result, participants actively sought to combat this to protect their emotional well-being and prevent any negative impact on their clinical work with clients:

“I make it a point to have one day completely of off work, be it clinical work, be it research work...all the areas are switched off at least on a Sunday.” (P10)

With extended work timings throughout the week, P10 ensured that she was not working on Sundays to have enough time for her family and personal pursuits. Similarly, P8 indulged in activities like physical exercise to maintain a basic activity level while working from home. In addition to enjoying the benefits of exercising like mood regulation, it also allowed P8 to break from the monotony of working from home. Similarly, P3 took out time to engage in recreational activities, which helped her tackle the stress of working during a pandemic:

“activities that provide you with the mental peace like painting, going for a walk, watching something...” (P3)

Discussion

The results of this study are illustrative of the varied challenges faced by participants in conducting telepsychotherapy (Theme 1). Since the importance of a strong therapeutic relationship for an effective outcome is well established (Ahn & Wampold, 2001); for all participants interviewed, the experience of diminished quality of therapeutic relationship was prominent. In the present study, the limitations contributing to this problem were lack of non-verbal cues, and technical glitches. This theme is congruent with Sousa's et al. (2020) discussion of potential challenges in telepsychotherapy within the Indian context. Our study participants' experiences resonate with accounts reported in several other studies (Shklarski et al., 2021; Poletti et al., 2020; Aafjes-van Doorn et al., 2020). What our study adds is a rich description of participants' psychological experiences while facing these challenges. Their experience reflected dissatisfaction and struggle because of the increased effort to build and maintain a therapeutic relationship online. The use of words like 'superficial' (P2) and 'artificial' (P3) to describe the therapeutic relationship formed captures this sentiment robustly. For the participants, the lack of non-verbal cues as an impediment to the formation of therapeutic relationship was critical, a finding consistent with Cipolletta and Mocellin (2017). Face to face sessions allows the clinician to rely on the use of non-verbal behaviors to convey their empathy to clients; for instance, the use of body language in depicting an emotional attunement with the client, a finding also reported by McCoyd et al. (2022). In addition, participants highlighted the importance of perceiving clients' non-verbal behaviors to form impressions. While much of the evidence indicates the comparability of both modes of treatment in terms of the quality of TR formed and outcome (Watts et al., 2020; Simon & Reid, 2014); however, therapists tend to hold a deep concern over technology impeding the formation of the therapeutic relationship (Simpson et al., 2020). This was indeed expressed by our study participants wherein they reported experiencing frustration as stemming from a lack of control owing to the unreliability of technology. As a result, therapists may be more

likely to perceive the quality of TR formed as poor. Moreover, a recent study by Lin et al. (2021) noted that therapists with little training or no prior experience in telepsychotherapy were more likely to perceive difficulty when implementing common therapeutic skills, such as warmth, hopefulness, and intentional silence, in the virtual setting. Since our participants were novice professionals, the experience of diminished quality of TR may likely have been more pronounced. Nonetheless, it becomes important to address such a perception because it impacts a therapist's acceptance of telepsychotherapy (Bérekés et al., 2021). Another major challenge was not being able to ensure confidentiality due to clients' crowded personal settings. This challenge may be more pertinent in the Indian context because most people tend to live with their parents. Similarly, the use of particular techniques, specifically behavioural techniques was challenging. Consequently, it became difficult in the contexts where behavioural interventions were central; for instance, in OCD, therapy with children and couples. This is in accord with previous research (Eppler, 2020; Burgoyne & Cohn, 2020). Moreover, novice therapists tend to conform to a single conceptual system and use techniques rigidly (Rónnestad & Skovholt, 2003). Therefore, such an approach may have added to the challenge of adapting their skill-set to the virtual setting. In conclusion, these challenges impeded participants' role performance, and the perceived impact on their professional identity was seen as paramount.

The current study provides a resounding detail of the detrimental impact of transitioning on participants' professional and personal selves (Theme 2). An overwhelming sense of professional undermining owing to boundary challenges in telepsychotherapy was the most conspicuous. This aspect was reported but only in passing by Perrin et al. (2020). In the present study, these challenges included clients' behaviours like frequent appointment cancellations, contacting beyond therapy hours, and adopting a casual approach while taking sessions. They relate to Drum and Littleton's (2014) discussion of professional boundaries in

a novel setting like telepsychotherapy. Their assertion for the flexibility of the online medium in contributing to these boundary issues was espoused by our study participants too. Moreover, this can also be understood in the light of the status of the psychotherapy profession in India, wherein it 'is not understood by society and lay people' (Duggal & Rao, 2016, p no. 46). Therefore, such contextual factors need to be reckoned with when understanding the challenges encountered in conducting telepsychotherapy. The current study provides an expanded perspective by detailing how this challenge affects therapists psychologically. Statements like 'they just don't take you that seriously' (P6) or 'granted' (P5) captures participants' experience of a lack of regard by clients for the therapist's professional role. Consequentially, it was exasperating for a few participants. This was profoundly reflected in P6's struggle to deal with her ambivalent feelings of frustration and empathetic understanding towards clients. The need to proactively deal with such issues gets highlighted because they tend to negatively impact therapeutic relationship, as was evident from P3's case. Another important aspect pertaining to this theme was a few of the participants' experiences of professional self-doubt. Given the challenges recounted by these participants, they had started to question their skills and professional competence in carrying out telepsychotherapy. Similar experiences of self-doubt were noted by Aafjes-van Doorn et al. (2020) and McBeath et al. (2020). This sub-theme connects with prior research that describes how such experiences of professional self-doubt are prominent among novice practitioners (Therriault et al., 2009; Skovholt & Rønnestad, 2003). According to Skovholt & Rønnestad (2003) the novice professional phase is an overwhelming experience for professionals because of the difficulties encountered in clinical practice. Their lack of professional confidence and increased anxiety make them more directed toward themselves than the therapeutic process. Similar feelings of self-doubt and low confidence have been noted among novice therapists in India (Duggal & Rao, 2016; Kaur et al., 2015). In the present

context, it becomes important to acknowledge that none of the participants had either any training or experience in telepsychotherapy; thus, leading to an increased propensity for developing such feelings of self-doubt. Our findings of professional undermining and self-doubt are noteworthy because they may be seen as maintaining a therapist's negative perception of telepsychotherapy. Lastly, for a majority of the participants, the impact of transition was compounded by the stress of the ongoing pandemic. It led to notable changes to their professional work, such as long clinical hours. The inability to segregate their personal and professional lives; and the lack of recreational activities to engage in dampened their motivation. This study provides a detailed delineation of participants making sense of personal distress. It was apparent that they were attuned to their experience of fatigue and recognized its negative impact on their role performance.

We also get insight into how the transition led to a positive impact for therapists (Theme 3). Notably, the opportunity to engage in an experiential process of doing telepsychotherapy allowed them to overcome certain personal biases contributing to an earlier skepticism about telepsychotherapy's effectiveness. A few participants' personal biases ranged from discomfort with technology use, perceptions about ideal therapy setting, and lack of competency. While a positive change in therapists' attitude towards telepsychotherapy has been noted in studies (Sammons et al., 2020); however, our study adds to this literature by providing an illustrative account of the process underlying this change in attitude. A few participants reflected on their professional development, such as expanding their clientele and learning new skills. The importance of experiential learning in the inculcation of skills is well recognized. Among Indian psychotherapists it was found to have the strongest influence on their professional growth (Kumaria et al., 2018). More importantly, it can be recognized from the fact that identifying and overcoming personal biases is indicative of participants' engagement in reflective practice. It may be expected that such efforts were prompted by

participants' experiences of professional self-doubt. This is in line with the finding that professional self-doubt in therapists is positively linked to patients' psychotherapy outcome, perhaps, indicating a receptiveness to their limitations and a willingness to overcome them (Nissen-Lie et al., 2013). Concurrently, such reflective awareness may have also helped curb participants' feelings of professional self-doubt and overcome their biases against telepsychotherapy. Rønnestad and Skovholt (2003) too have emphasized the importance of continual reflection of one's professional experiences, including challenges to facilitate one's professional development. A lack of exploring one's skills, limitations, and attitudes aids stagnation instead of development. Therefore, such reflective awareness may have also facilitated in curbing participants' feelings of professional self-doubt. Another positive effect observed was compassion satisfaction among a few participants. It is the experience of contentment stemming from helping out others and has been found to buffer the negative effect of stress or trauma work (Samios et al., 2013). The participants spoke about deriving satisfaction from being able to do their bit during the pandemic. So it was a key motivating factor to continue with its use. The idiographic approach of IPA depicted the complexity involved in the participants' meaning-making process. This is best reflected in P5's account, wherein, at one level, she declares her dissatisfaction with telepsychotherapy and hopes to return to face-to-face sessions; while on another level, she consciously adopts to view the ongoing situation positively.

The possibility of increased stress among therapists during pandemic has been recognized and studied empirically (Rokach & Boulazreg, 2020); however, evidence on how therapists have been coping with the transition is lacking. Our analysis reveals the different strategies therapists have conceived to deal with, one, the problems encountered in implementing telepsychotherapy and, two, engaging in self-care for better psychological well-being (Theme 4). The fact that participants went on to develop more positive attitudes to

telepsychotherapy use, despite experiencing problems, can be explained by the fact that they could successfully adapt their skills and techniques to the online medium. What comes forth are the participants' successful resolution of their difficulties in conducting telepsychotherapy and, consequently, tackling their feelings of incompetence and professional undermining. It represents the participants' capacities to reflect and engage in creative problem solving to overcome the challenges involved in using telepsychotherapy.

However, a few limitations need to be taken into account. While our sample was homogeneous in most respects as required by the IPA principles; however, with respect to gender there were nine female therapists as opposed to one male therapist. Another limitation included the occasional technical glitches encountered while taking interviews using Zoom video call. However, this was the case with only a few of the participants. Moreover, the technical issues were swiftly resolved except for one participant with whom we had to switch to an audio call towards the end of the interview. Despite these glitches, the interviews were conducted smoothly with no apparent impact on the participants' or the interviewer's tolerance and motivation. The participants instead used these instances to draw parallels with their telepsychotherapy experiences. Also, the feature of being able to securely record and access the video call later allowed a more fine grain analysis of the transcripts.

Notwithstanding the limitations, our findings are relevant given the paucity of research on the study of psychotherapists in India (Bhola et al., 2017). Moreover, to our knowledge, this is the first study in the Indian context that has attempted to examine psychotherapists' experience of transitioning to telepsychotherapy systematically. Our findings point to the important context specific implications for psychotherapy training and practice in India. There is a need for the initiation of training programs in telepsychotherapy. This would be useful in gaining skills and confidence in conducting telepsychotherapy. While this may be the ideal thing to happen, one cannot ignore the resource constraints that happen to mar the

psychotherapy profession in India. Nonetheless, a focus on helping trainees develop specific relational skills in the context of telepsychotherapy, such as learning how to use non-verbal cues effectively, or learning to navigate the boundary challenges, is warranted. Training will also help to address therapists' skepticism around using telepsychotherapy. Another implication of our findings indicates towards the need for supervision opportunities post training. The negative feelings experienced by participants as a result of the challenges they faced was evident from their accounts. Supervision allows the novice practitioner to process and deal with adverse therapeutic encounters (Rønnestad & Skovholt, 2001). Therefore, supervision can be a potent source of support for novice therapists in times like these. Although qualitative research precludes generalizability of findings (Finlay, 2011), the present study holds potential implications for training contexts and novice therapists in general. The findings highlight the importance of continued reflection on one's skills, limitations and attitude in view of challenges encountered in psychotherapy. Therefore, emphasis needs to be laid on cultivating and practicing the skill of reflexivity among novice therapists (Bennet-Levy, 2006).

Since the present study engaged early professionals, future research may consider using a sample of experienced therapists. Also, future research may take into account other factors like work context, theoretical orientation, gender, and the use of asynchronous modalities. Future studies may also undertake an exploration of clients' perspectives.

Conclusion

This study examines the impact of the transition to telepsychotherapy on novice psychotherapists practicing in India. Using IPA enabled us to gain a deeper insight into their experience of dealing with a novel situation like this. Taken together, the findings suggest that participants were faced with innumerable challenges that impacted their therapeutic work. One of the more significant findings to emerge from this study is participants'

experience of professional undermining by clients, compromised role performance, and how the two contributed to their professional self-doubt. Moreover, it shed light on participants' proactive implementation of strategies to overcome these challenges. Our findings will be of interest to practitioners since it may allow them to reflect on how participants' specific challenges may impact their own professional identity and work with clients.

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Table 1. Main themes and sub-themes and their distribution

| Themes | Sub-themes | N |
|---|---|----|
| Negative impact on therapeutic process | Diminished quality of online therapeutic relationship | 10 |
| | Difficulty in ensuring privacy of a session | 10 |
| | Difficulty in employing particular therapeutic techniques | 7 |
| | Ill-suited for particular clientele | 8 |
| Detrimental effect on self-professionally and personally | Experience of professional undermining | 5 |
| | Experience of professional self-doubt | 6 |
| | Diminished psychological well-being | 6 |
| Positive impact of telepsychotherapy for therapist | Overcoming personal biases | 4 |
| | Professional development | 3 |
| | Improved psychological well-being | 2 |
| Strategies for helping the adjustment to telepsychotherapy practice | Utilizing technological benefits effectively | 5 |
| | Communicating ground rules of therapy | 4 |
| | Developing tele-therapeutic skills | 4 |
| | Seeking client feedback on one's role performance | 2 |
| | Managing work-life balance | 3 |