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EXPLORING COUPLE AND FAMILY THERAPISTS' ADJUSTMENT TO ONLINE THERAPY IN THE CONTEXT OF COVID-19 FROM A SYSTEMIC PERSPECTIVE

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Exploring Couple and Family Therapists' Adjustment to Online Therapy in the Context of COVID-19 From a Systemic Perspective

Çift ve Aile Terapistlerinin COVID-19 Bağlamında Online Terapiye Uyumlarının Sistemik Perspektif ile İncelenmesi

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ABSTRACT

The pandemic has brought along unexpected changes that affect the normal flow of life. Due to health precautions, online therapy has turned into the only viable option for maintaining therapy practice. The transition from face-to-face to online therapy has caught many therapists unprepared due to a lack of knowledge/training/previous experience. However, how therapists and patients experienced this transition is not well understood. For that reason, the aim of the present study was to investigate how couple and family therapists (CFTs) experienced transition to online therapy, and adjusted to unavoidable changes that occurred in their professional practices from a systemic perspective. To deeply understand the experiences of CFTs, a qualitative approach was used. Semi-structured interviews were conducted with 12 CFTs. The data were analyzed with thematic analysis. Four themes were identified: "facing new challenges", "increasing competence", "strengthening connectedness and solidarity", and "changing one's perspective". The findings showed that despite the unique challenges CFTs faced, they initiated a learning process, gained experience, developed new skills, found alternative solutions, sought support from their social networks, and took action with a sense of solidarity. As a result of living through many changes and gaining new perspectives, CFTs' self-confidence and inner resources increased. Passing through challenging times culminated in CFTs' growth experience, as they started to appreciate new opportunities offered by remote therapy with time. The findings were discussed in the relation to the literature on online therapy, therapist resilience and the pandemic. Suggestions for clinical training and practice, and recommendations for future research were presented.

Keywords: COVID-19, online therapy, couple and family therapy, couple and family therapists, transition, adjustment, growth

ÖZET

Pandemi, hayatın normal akışını etkileyen beklenmedik değişiklikleri beraberinde getirmiştir. Sağlık önlemleri nedeniyle, çevrimiçi terapi, terapi uygulamalarını sürdürmek için tek seçenek haline gelmiştir. Birçok terapist, yüz yüze terapiden çevrimiçi terapiye geçişe bilgi/eğitim/deneyim eksikliği nedeniyle hazırlıksız yakalanmıştır. Bununla birlikte, terapistlerin ve danışanların bu geçişi nasıl deneyimlediği tam olarak bilinmemektedir. Bu nedenle bu çalışmanın amacı, çift ve aile terapistlerinin çevrimiçi terapiye geçiş sürecini nasıl deneyimlediklerini ve mesleki uygulamalarında meydana gelen kaçınılmaz değişikliklere nasıl uyum sağladıklarını sistemik bir bakışla incelemektir. Çift ve aile terapistlerinin deneyimlerini derinlemesine anlamak için çalışmada nitel yaklaşım kullanılmıştır. 12 çift ve aile terapisti ile yarı-yapılandırılmış görüşmeler yapılmıştır. Veriler tematik analiz ile incelenmiştir. Tematik analiz sonucunda dört tema belirlenmiştir: "yeni zorluklarla karşılaşmak", "yetkinliği arttırmak", "bağlılığı ve dayanışmayı güçlendirmek", "bakış açısını değiştirmek". Bulgular, çift ve aile terapistlerinin karşılaştıkları zorluklara rağmen öğrenme sürecine girdiğini, deneyim kazandığını, yeni beceriler geliştirdiğini, alternatif çözümler bulduğunu, sosyal destek sistemlerinden destek aradığını ve dayanışma duygusu ile harekete geçtiğini göstermiştir. Birçok değişimden geçmenin ve yeni bakış açıları kazanmanın bir sonucu olarak, çift ve aile terapistlerinin özgüvenleri, içsel kaynakları ve kendilerine olan inançları artmıştır. Zorlu bir dönemden geçmek, bu çalışmadaki katılımcılar için bir büyüme ve gelişme deneyimi ile sonuçlanmış; çift ve aile terapistleri çevrim içi çalışma biçiminin sunduğu yeni fırsatları zaman içinde görmeye başlamıştır. Bulgular çevrimiçi terapi, terapist dayanıklılığı ve pandemi ile ilgili literatürle ilişkili olarak tartışılmıştır. Klinik eğitim ve uygulamaya yönelik önerilerin yanı sıra gelecekteki araştırmalar için öneriler sunulmuştur.

Anahtar Kelimeler: COVID-19, çevrimiçi terapi, çift ve aile terapisi, çift ve aile terapistleri, geçiş, uyum, büyüme

INTRODUCTION

Along with the advancement and changes in information and communication technologies (ICTs) and the increase in prevalence of Internet usage, the ways of benefiting from mental health services have been shifting, and these changes have made it possible to receive psychological support remotely (Springer et al., 2021). Online therapy has been defined as any kind of therapeutic interaction and relationship established between mental health care practitioners and their patients through Internet by using technological hardware and software (Rochlen et al., 2004). In other words, the use of ICT in the mental health field have included communicating with patients, colleagues and supervisors, and/or conducting therapy through various technological mediums by interacting synchronously or asynchronously (American Psychological Association [APA], 2013). The field of online therapy has been growing day by day, and becoming widespread among mental health practitioners with the advancement of new technologies (Anderson, 2016). Between 2013 and 2018, the rate of people who received online mental health services has risen from nearly 350.000 to nearly 7.000.000 in America (Waldman et al., 2020, as cited in Morgan et al., 2021). Although this has been the case for mental health professionals in general, couple and family therapists (CFTs) have been reported to manifest hesitancy toward ICT adoption and utilization for conducting online therapy in the literature (Akyıl et al., 2017; Bacigalupe et al., 2014; Borsca et al., 2021), and they were even called as "late adopters" (Springer et al., 2021).

With the outbreak of a novel disease called Coronavirus (COVID-19) in late December 2019 in China, firstly the news about this novel disease started to spread around the world, and then the virus itself has spread far and wide within the world rapidly. In mid-March 2020, the COVID-19 was declared as a global pandemic by the World Health Organization because of its rapid and unstoppable diffusion (WHO, 2020). To reduce the risk of transmission, a lot of protective measures have to be taken at individual and societal levels such as complying with lockdown restrictions, isolating ourselves by staying-at-home, physical distancing, starting to

work from home, wearing masks, using hand-sanitizers, washing hands frequently, and avoiding our daily life habits such as commuting with public transportation, or meeting up with our friends and communities (Rolland, 2020; Zhou et al., 2020). The COVID-19 pandemic has inevitably affected macro systems, micro systems, families, couples and individuals in various layers in different ways (Brock & Laifer, 2020; Fraenkel and Cho; 2020; Falicov et al., 2020; Lebow, 2020b; Rolland, 2020). In other words, the COVID-19 has greatly changed and transformed the world individuals live in, the way they live their lives, the way they work, the way they establish and maintain their relationships, and the way they think, behave and feel.

Unavoidably, therapy practice has taken its share from these changes in the outer world. Despite the lower rate of online therapy utilization among CFTs prior to the COVID-19, the unexpected risks and threats posed by the pandemic has increased the rate of conducting online therapy dramatically (Burgoyne & Cohn, 2020). CFTs had to move from face-to-face therapy to online therapy rapidly to protect themselves and their clients' safety, not to lose their livelihood, and to meet their patients' urgent needs in the face of multiple stressors posed by the COVID-19 (Burgoyne & Cohn, 2020; Dickerson, 2020; Fraenkel & Cho, 2020; Morgan et al., 2021; Springer et al., 2021). While the literature has shown CFTs' unwillingness to conduct online therapy prior to the COVID-19 (Akyıl et al., 2017; Bacigalupe et al., 2014; Borsca et al., 2021), and their lack of training and education opportunities to learn and improve themselves about online therapy (Caldwell et al., 2017; Blumer et al., 2015; Pickens et al., 2020), transition to online practice happened suddenly, rapidly and inevitably to some extent. This change posed the question of how CFTs experienced the move from face-to-face to online therapy and how they adjusted to online therapy process.

There has been a growing number of studies about mental health professionals' experiences in the COVID-19 context. Some of these studies focused on therapists' sociodemographic characteristics and their general attitudes toward remote therapy (Cioffi et al., 2020; Békés & Aafjyes-van Doorn, 2020; Aafjyes-van Doorn, Békés & Prout, 2020; Tohme et al., 2020); factors that ease the transition

process such as previous training and preparation level (Békés & Aafjyes-van Doorn, 2020; Shklarski et al., 2021); and working in a shared traumatic reality, vicarious traumatization, experiences of resilience and growth (Aafjes-van Doorn, Békés, Prout & Hoffman, 2020; Aafjes-van Doorn et al., 2021; Ledesma & Fernandez, 2021; Shklarski et al., 2021a). Currently, there have been very limited empirical studies on the systemic, relational or CFTs/trainees' experiences in the context of COVID-19. Existing studies focused on diverse topics including their challenging and meaningful experiences in the early phase of transition, experiences of working with couple and families remotely, and attitudes toward online therapy (Eppler, 2021; Heiden-Rootes et al., 2021; Hardy et al., 2021; Machluf et al., 202; McKee et al., 2021; Mc Kenny et al.,2021; Trete et al., 2021).

Although conducting online therapy has its own specific difficulties by itself (Hardy et al., 2021), carrying it out in the context of COVID-19 seems to pose unique challenges for therapists. Firstly, therapists as individuals apart from their professionals' role have also been deeply affected the COVID-19 pandemic and its multi-stressors (Ledesma & Fernandez, 2021). Under these circumstances, therapists and their clients have passed through quite similar experiences, which might be called as "shared traumatic reality" (Lavi et al., 2017). Secondly, considering CFTs' limited adoption of ICTs and training before the pandemic, their transition processes warrant investigation. Thus, the present study aims to explore and understand how CFTs have transitioned to online therapy in the context of COVID-19 and how they adjusted to unavoidable changes they experienced professionally as a result of the pandemic from a systemic perspective. Prior to the COVID-19, the number of studies on the use of online therapy by CFTs has been very limited, and the need for empirical findings during the pandemic to serve clients ethically and effectively in online settings has been very urgent. This study is designed to fill the research gap in this topic, and to inform possible future practices and applications.

CHAPTER 1
LITERATURE REVIEW

1.1. ONLINE THERAPY IN THE FIELD OF COUPLE AND FAMILY THERAPY

1.1.1. A Brief History and Definition of Online Therapy

The way human beings communicate and interact has been shifting through the advent of ICTs over the nearly past four decades (Borsca & Pomini, 2018). Pollock (2006) highlighted that while old generations kept in touch and maintained their relationships with their loved ones by writing letters, that way of communication gave way to keeping in touch via phone calls or e-mail in the course of time. The ones serving for military, the ones who maintain long distance relationships or the ones traveling a lot because of job-related duties in the globalized world mostly experience separations from their loved ones for a while; however, this doesn't mean that they have to break their communications and relationships with their families, lovers and friends when they are physically away from each other. They can overcome the distance obstacle by getting in contact through ICTs (Farero et al., 2015; Licoppe & Smoreda, 2005; McCoy et al., 2013). Apart from being physically away, the members of close social and professional networks, and the members of families and couples living together have also begun to use ICT to sustain their daily life interactions and relationships, and those technologies have become indispensable part of communication (Pollock, 2006; Blumer et al., 2014).

Internet has created significant transformations about how a host of individuals get a variety of activities done in their daily lives, ranging from researching, making shopping, to meeting someone and dating (Blumer et al., 2014; Skinner & Zack, 2004). The way psychotherapy is carried out had its share of these transformations. In other words, with the advances in new technologies, with the emergence of Internet, with the improvement of hardware and software programs'

qualities and the increase in usage rates, receiving mental health services remotely has become possible (Springer et al., 2021). Gradually, the way psychotherapy is conducted have changed; and therapy carried out through the technological vehicles and Internet has started to be widely discussed in the literature (The Association of Marital and Family Therapy Regulatory Boards [AMFTRB], 2016; Barak et al., 2009; Blumer et al., 2014; Blumer et al., 2015; Pollock, 2006; Rochlen et al., 2004; Skinner & Zack, 2004; Smith et al., 2021).

When the definition of therapy carried out via technological tools and Internet has been searched in the literature, it is seen that there has been a great variety with regards to terms, concepts, definitions, modalities and their scopes. What is clearly seen is that there is no clarity, commonality, standardization and consensus on this issue (Barak et al., 2009; Rochlen et al., 2004; Smith et al., 2021). For example, Rochlen et al. (2004) stated that 'online therapy' term is used when mental health care practitioners established any kind of therapeutic interaction and relationship with their patients through Internet by various ways such as using e-mail, audio and/or video calling. On the other hand, Wrape and McGinn (2019) used the term 'telehealth' to describe the delivery of healthcare services by using different kinds of technological hardware or software, ranging from telephone to videoconferencing features. More specifically, the term of 'telemental health' was used in their work to describe the mental health care services such as interventions or therapy practices carried out with these technological tools.

Additionally, therapy delivered by using audio and video features at the same time was defined as 'video teleconferencing' (VTC) (Wrape & McGinn, 2019), ‘videoconferencing psychotherapy’ (VCP) (Norwood et. al., 2018), and ‘virtual couple therapy’ (Treter et al., 2021). The other substitute terms in the literature used for referring to remote mental health services have included ‘telebehavioral health’, ‘teletherapy’, ‘cybercounseling’, ‘cybertherapy’, ‘online counseling’, ‘distance counselling’, ‘computer-mediated therapy’, ‘Internet delivered therapy’, ‘Internet counselling’, ‘video therapy’, ‘video-based teletherapy’, ‘e-mental health’, ‘e-therapy’, and ‘e-couple and family therapy’ (Bischoff et al., 2004; Borcsa & Pomini, 2018; Hellman & Rolnick, 2019; Manfrida

et al., 2020, as cited in Borsca et al., 2021; Nickelson, 1998; Pollock, 2006; Pickens et al., 2020; Smith et al., 2021).

One of the detailed descriptions was made by using the term 'telepsychology' as following: telepsychology has been defined as technology-based mental health services and communications (APA, 2013). Those services and communications can be provided through different technological devices and mediums including computer, tablet, telephone, SMS, electronic mail, simultaneous videoconferencing, and real time online chat (APA, 2013). The aim of the utilization of technology-based mental health services and communications can range from conducting therapy to in between-sessions communications (e.g., scheduling, cancellation, emergency call) (APA, 2013; AMFTRB, 2016).

Moreover, telepsychological practices can be conducted in two ways like synchronously and/or asynchronously. In the synchronous way of practicing technology-based mental health services, therapist and client can engage in real-time interactions by using online vs. offline platforms. With the aid of videoconferencing platforms or telephone talk, when both parties of the therapy get in touch at the same moment, they can see and/or hear each other simultaneously. The similarity of the therapy via videoconferencing with traditional in-person therapy has been expressed many times in the literature. (Smith et al., 2021; Springer et al., 2021; Wrape & McGinn, 2019). In the asynchronous way of practicing technology based mental health services, both parties of therapy can communicate in different time intervals according to the platform they use (e.g., e-mail) (APA, 2013).

As summarized above, different terms and definitions are used to address various modalities of technology-based therapy. Within the scope of the present thesis, online therapy and other substitute terms are used for defining the synchronous way of conducting therapy where the therapist and client can see and hear each other simultaneously with the usage of a videoconferencing software. In that sense, online sessions could be seen as very similar to traditional psychotherapy sessions in terms of structural qualities such as the duration of sessions, the frequency, and continuity in the present study.

1.1.2. Online Therapy in the Field of Couple and Family Therapy

Literature on the brief history of how couple and family therapy (CFT), training and supervision started to vary with the advent of new technologies has shown that different kinds of telecommunication technologies were utilized for different purposes. Some uses of technology-based practices in the field included recording CFT sessions and interactions between family members on videotapes for the purpose of improving training, clinical practice, and supervision (Alger & Hogan, 1967); supervisors' using telephone behind one-way mirror to intervene, give feedback or assist therapist's ongoing sessions (Wright, 1986); gaining information about family before the session by talking on the phone and carrying out family sessions by using telephones especially for the ones who could not come (Springer, 1991; Hines, 1994); utilization of software programs in educational institutions for facilitating teaching/learning of CFT approaches (Gale et al., 1995); using Internet-based services, especially e-mail in family therapy (King et al., 1998); utilization of videoconference software to assist supervisees' or supervisors' training process (Baltimore et al., 1999, as cited in Jencius & Sager, 2000); conducting online therapy remotely with different ways such as text-based therapy by using e-mail or chat rooms, audio based therapy, video based therapy (Bischoff, 2004; Jencius & Sager, 2000; Pollock, 2006).

Even though practitioners and researchers have put the effort to keep pace with new advancements in technology, and tried to integrate them into the field of CFT, the literature review has shown that by comparison with studies done on the topic of online psychotherapy with individuals, both qualitative and quantitative research on online CFT has fallen considerably limited. Nonetheless, there has been an upsurge of interest in online CFT, starting from the very late 1990s (Hardy et al., 2021; Helps et al., 2021), and the need for more research on various technology-based practices has been emphasized (Caldwell et al., 2017). An accumulating body of research have addressed a broad range of topics, such as effectiveness of online CFT and interventions, therapists' adjustment of their experiential interventions to remote therapy, therapists' attitudes, trainees' experiences, couple clients' attitudes,

training and core competencies, and ethical issues (Akyıl et al., 2017; Bacigalupe et al., 2014; Blumer et al., 2015; Borcsa et al., 2021; de Boer et al., 2021; Helps et al., 2021; Hertlein et al., 2021; Hertlein et al., 2015; Kysely et al., 2020; McLean et al., 2021; Pickens et al., 2020; Springer et al., 2020; Taylor et al., 2021).

In addition, a number of guidelines have been developed by international and professional organizations in the field to define law/rules, standards, responsibilities, requirements, regulations, and ethical and safe practices to be considered and followed when conducting online therapy. "Teletherapy Guidelines" (AMFTRB, 2016) and the American Association for Marriage and Family Therapists' guideline, named as "Best Practices in the Online Therapy of Couple and Family Therapy" (AAMFT, Caldwell et al., 2017) are the two main resources prepared and recommended before starting to conduct online CFT in the existing literature. Both of the guidelines consist of essential knowledge and recommendations about issues such as laws/licensing; assessing the clients' suitability for this modality; obtaining written informed consent; briefing clients about online therapy procedure by mentioning technical necessities, its potential advantages and risks; using a secure Internet connection and reliable hardware/software; alternative plans in the face of technological problems, and emergency interventions.

Apart from these guidelines, articles and book chapters related with the relational – systemic online therapy with children, couples, and families have started to be recently published in the literature to improve the CFTs' ethical and clinical knowledge and skills required to conduct online therapy efficiently (Burgoyne & Cohn, 2020; Doss et al., 2017; Drieves, 2021; Hertlein & Earl, 2019; Rolnick & Hellman, 2019; Springer et al., 2021; Trub & Magaldi, 2019; Wrape & McGinn, 2019). For example, the potential hardships that CFTs face in online practice when their clients connect to sessions from their home, and alternative solutions recommended to deal with these hardships have been discussed by Wrape and McGinn (2019). In another recent article, Burgoyne and Cohn (2020) provide a detailed account of the adaptation to the new context of online therapy, preparation for online sessions, and the ways to work relationally with different

client populations. Similarly, Drieves (2021) proposes process-oriented questions in order to maximize the benefit from online therapy for couple and families. These questions are designed to help CFTs to obtain deeper meaning from the experiences of their clients in online therapy and structure the therapy process more easily.

In sum, there is a limited but growing number of studies and resources focusing on telecommunication-based CFT. These studies have shown some advantages as well as challenges involved in online therapy in the field of CFT. In the following sections, these advantages and challenges will be briefly summarized.

1.1.2.1. Advantages of Online Therapy with Couples and Families

One of the advantages reported in the literature concerns increased accessibility of systemic therapy through online mental health services. Attending to face-to-face therapy sessions may not always be a suitable option for couples and families, because of the multi-participant nature of these systems. When there are daily and work life requirements that partners or family members have to meet (e.g., business trips, working overtime, school, transportation, caring for their children and/or elderly acquaintances), scheduling their programs and coordinating a mutually available time for therapy sessions might not be possible (Fraenkel & Cho, 2020; Lebow, 2021; Wrape & McGinn, 2019). The flexibility and convenience presented by online therapy can mitigate these barriers to reaching therapy services (Hardy et al., 2021; Mc Kenny et al., 2021; Pollock, 2006).

Other specific situations and contexts where online CFT has been mostly practiced and considered as an advantage, can be summarized as reaching out to ones who are being housebound or under the care of inpatient units such as pediatric/geriatric services because of physical disability or being chronically ill; couples who are sustaining long distance relationships; couples and families who experienced long term separation with their partners or family members because of military deployment or any other reasons such as being a political and convention refugee; and the individuals, couples and families who are living in remote, rural or underserved areas, moving to another city or country, traveling a lot, and

experiencing a language barrier (Bischoff, 2004; Chi & Demiris, 2015; Farero et al., 2015; Hellman & Rolnick, 2019; McCoy et al., 2013; Pollock, 2006; Springer et al., 2020; Trotta & Mosconi, 2021).

Another advantage of conducting online therapy with couples and families is having the chance to observe clients in their homes and see their relational dynamics in their own natural environment (Drieves, 2021; Mc Kenny et al., 2021; Selekman, 2021; Trotta & Mosconi, 2021). These observations are deeply informative about clients' way of living, rituals and values, power dynamics, family boundaries and hierarchy (Eppler, 2021; Selekman, 2021). Moreover, the literature has shown that online disinhibition effect (Suler, 2004) may help clients to be more open in sessions and talk much more freely from the comfort of their homes, without feeling intimidated by the physical presence of therapists and the unfamiliar setting of a therapy room. In a similar vein, a qualitative study conducted with couples who attended a structured online therapy program at a university clinic has shown that when the therapist was physically away, some couples felt much more relaxed throughout the sessions. They felt as if they had connected to sessions from their own space, which in turn increased their control and responsibility toward online sessions and as well as their investment to therapy work (Kysely et al., 2020). Hardy and colleagues (2021) have also mentioned that therapists and patients reported feeling more comfortable when they connected to online sessions from their homes. Besides, Wrape and McGinn (2019) have suggested that when couples get involved in online therapy from their home, the skills they learn during sessions might be used more easily out of sessions, due to context dependent learning processes.

Lastly, other positive aspects of online therapy have also been documented in the existing literature. These aspects include decreased risk of stigmatization due to having mental health issues (Rochlen et al., 2004); time and cost efficiency for both therapists and clients (Borsca et al., 2021; Connolly et al., 2020; Doss et al., 2017) increased access to qualified therapists living in different cities (Akyıl et al., 2017; Trotta & Mosconi, 2021); and the opportunity to sustain professional development through online training and supervision while being physically distant

(Borsca & Pomini, 2018; Borsca et al., 2021; Morgan et al., 2021, Nadan et al., 2020; Sahebi, 2020; Sherbersky et al., 2021; Trotta & Mosconi, 2021).

1.1.2.2. Challenges and Issues in Online Therapy with Couples and Families

One of the challenges reported in the literature concerns ethical and legal issues in online therapy. Stoll and colleagues (2020) review article, based on the results of 249 publications in literature, has shown that the most common ethical concerns about conducting online therapy include not being sure about the privacy, confidentiality and security; not having the needed professional skills due to the lack of qualified trainings; limited guidance based on empirical findings in the literature; managing emergency situations while being away; and not knowing enough about technological literacy (Stoll et al., 2020). In a similar vein, Hertlein and colleagues (2015) conducted a survey with 226 students, supervisors, and therapists who worked with couples and families to investigate their views about ethical issues and disadvantages of remote therapy. CFTs' ethical concerns were reported as difficulties about ensuring confidentiality (e.g., lack of privacy and security, potential hacker attack, and data leaks); working with potentially risky clients, facing emergency situations and dealing with them; legal regulations and responsibilities such as liability and licensure issues; and not being properly trained about carrying out remote therapy, and usage of technology in a secure and effective way (Hertlein et al., 2015).

Caldwell and colleagues (2017) indicated that the development of occupational standardizations, regulations, laws and rules on the use of technology might have remained late, considering the utilization of technology for clinical purposes by CFTs. It seems like the case for Turkey. Akyıl and colleagues (2017) have reported that Turkish family clinicians might have extra concerns about usage of ICT for conducting online therapy because of the absence of official rules/laws with regard to mental health professions and the absence of qualified courses and trainings about ICT usage in clinical programs. Closely related to this point, other issues addressed in the literature concerns CFTs' hesitant attitudes toward ICT

adoption and usage of online therapy (Akyıl et al., 2017; Bacigalupe et al., 2014; Borsca et al., 2021), and lack of training and education opportunities which could help them to increase their professional skills and abilities to conduct online therapy efficiently (Blumer et al., 2015; Caldwell et al., 2017; Pickens et al., 2020). Even though there have been initiatives to develop core competencies for standardization of online systemic therapy and its training (Blumer et al., 2015; Hertlein, Drude, Hilty, et al., 2021; Sherbersky et al., 2021; Springer et al., 2021), these standardizations have not been yet adopted and applied by organizational associations and training programs (Pickens et al., 2020; Springer et al., 2021).

Another challenge that arises in online CFT is associated with the therapeutic relationship and communication with patients. Hertlein and colleagues (2015) reported that CFTs had concerns about the effects of remote therapy on therapeutic relationship (e.g., management of boundaries, absence of intimacy and feelings, loss of physical togetherness, experiencing greater difficulty in joining, not being able to see fully body language and nonverbal cues). Similarly, therapists' worries about change in the nature of communication with their patients (e.g., loss of the observation, lack of nonverbal cues, and difficulties about assessment) have been documented in the literature (Stoll et al., 2020). Other relevant difficulties have also been identified in previous research such as having negative presumptions about online practicing and online therapeutic relationship; sustaining a therapeutic presence; interruptions in the flow of the sessions due to technology, clients or their environments; not being able to fully observe and attend to emotions, nonverbal interactions and body language; feeling restricted in terms of being able to spontaneous in sessions; applying some therapeutic techniques and interventions; experiencing more difficulties while especially working with children, couples who tend to argue and conflict with each other, and families (Burgoyne & Cohn, 2020; Hertlein & Earl, 2019; Geller; 2020; Mc Kenny et al., 2021; Springer et al., 2020; Wrape & McGinn, 2019).

Overall, the literature on online and technology-based practices in the field of CFT shows that despite the efforts of previous researchers and practitioners, these tools have not been extensively integrated with clinical practices and mental health

interventions. There are unique advantages and disadvantages of conducting online CFT, as presented above. In the next section, the COVID-19 context and its effect on individuals, couples and families' physical and psychological well-being as well as psychotherapy practice and therapists' adjustment processes will be reviewed in light of the literature.

1.2. ONLINE THERAPY IN THE CONTEXT OF COVID-19 PANDEMIC

1.2.1. Mental Health During the COVID-19 Pandemic

The COVID-19 and the changes that come along with it in the organization of work, home and daily life have posed some emotional and mental health risks for individuals, couples and families. Firstly, taking continuous precautions about hygiene, trying to create new rhythms in daily flow, and striving to find ways to deal with change required constant effort for adaptation, and have given rise to vigilance, anxiety and extreme tiredness (Rivera & Carballea, 2020). Secondly, being exposed to the unprecedented and uncertain nature of the COVID-19 have increased individuals' anxiety about their own and their close ones' physical health, well-being and safety, and their fears regarding possibility of facing their own or loved ones' deaths (Walsh, 2020; Fitzpatrick et al., 2020). Feelings of loneliness and frustration have started to be increase as a result of facing the isolation and losing the familiar way of relating (Brooks et al., 2020). Rivett (2020) described living in isolation under the COVID-19 circumstances as experiencing a "relational lockdown", and he expressed that using this term doesn't mean that "there is no human connection happening" (p. 1026). A very good point made clear by him by saying: "After all, systems practitioners know that it is impossible not to be in some sort of relationship. To a systemic sensibility, isolation is simply another form of relational context. Rather, I have used this phrase because what has happened has radically affected both the forms and breadth of relating" (p.1026). In other words, it can be said that the COVID-19 has changed and transformed the world we live

in, the way we live our lives, the way we establish and maintain our relationships, the way we think, feel and behave.

The COVID-19 pandemic and its influence on macro systems, micro systems, families, couples and individuals have been enormous and inevitable (Brock & Laifer, 2020; Falicov et al., 2020; Fraenkel and Cho, 2020; Lebow, 2020b; Rolland, 2020). Some of the challenges posed by the COVID-19 on people and their families directly or indirectly have been summarized as being fearful and anxious about getting sick and infecting others; being stigmatized as a result of illness; not being able to reach reliable information from authorities; experiencing inequalities and segregation based on one's age, gender, racial and ethnic identity, economic and social strata in terms of reaching health care services; risks of losing livelihood, and as a result, facing with hardships to meet their vital and basic needs; conforming to the stay-at-home restrictions while having highly conflictual relationships with the people they lived together; and being away from the social support systems (Brooks et al., 2020; Evans et al; 2020; Fraenkel and Cho, 2020). Moreover, it is known that individuals and their families have endured various kinds of losses: they experienced the unexpected and tragic death of their loved ones; they lost the chance of coming together with their loved ones in the same place and socialize, they lost even the possibility of mourning together after the traumatic losses; they lost their jobs and faced with economic difficulties and insecurities, they lost their dreams about their future, and they lost the familiar way of living in terms of their daily routines and rituals (Walsh, 2020). The myriad stressors caused by the COVID-19 were found to be correlated with the rise of adjustment disorders within the public (Kazlauskas & Quero, 2020).

With the hardships created by the COVID-19 and the stresses that these hardships caused, deteriorations in both physical, mental and relational well-being have been observed in individuals, couples and families across the world, particularly for under-resourced, underserved, vulnerable and socioeconomically disadvantaged communities such as immigrants, racial and ethnic minorities (Brock & Laifer, 2020; Falicov et al., 2020; Fraenkel & Cho, 2020 Stanley & Markman, 2020; Rivett, 2020; Rolland, 2020). A nationwide study conducted in the U.S. (N =

10,368) has shown that individuals, families and communities are generally fearful of the pandemic and its influences which are likely to cause damage and destruction in their lives. The more the individuals are being fearful of getting infected by the COVID-19, the more they were likely to develop depressive and anxiety symptoms (Fitzpatrick et al., 2020). In similar vein, a quantitative study conducted in China (N = 1770) has shown the growing rate of symptoms of somatization, anxiety and depression, which are found to be negatively associated with the participants' resiliency level (Ran et al., 2020).

In a recent review article (Brooks et al., 2020), the adverse effects of home confinement on individuals' mental health have been presented in detail. People who isolated themselves for longer were more likely to develop trauma-related symptoms, and to experience confusion and anger (Brooks et al., 2020). Moreover, individuals who have lived under confinement in longer duration and have experienced economic challenges associated with the pandemic seemed to have experienced more conflict in their relationship, and have gotten less satisfaction from their relationship (Balzarini et al., 2020, as cited in Stanley & Markman, 2020). Conflictual relationships and violent acts between family members have been increasing parallel to the increase in duration of the COVID-19 pandemic (Bradbury-Jones & Isham, 2020).

In addition, the stresses on family members, especially on the parent subgroup, have increased to a great extent because of living under quarantine. Apart from their personal burdens related with worrying about economic and occupational issues, they also shouldered the responsibilities of caregiving, teaching, being a playmate, doing the chores and many others continuously (Fraenkel & Cho, 2020; Rolland, 2020). Those stressors might be doubled or tripled for single parents (Stanley & Markman, 2020). According to the findings of Feinberg and colleagues' (2021) study, the parental depression rate compared to pre-pandemic rate seemed to be doubled. Children and teens were also adversely affected by living under quarantine because of the interruptions they experienced in the routine and rhythm of their daily activities such as not going to school, being away from their close friends, learning in the home environment (Lee, 2020). In similar vein, a qualitative

study which examined the influence of pandemic on family life has demonstrated that families are hugely affected by the COVID-19 in various ways (Evans et al., 2020). Parents reported that their challenging experiences were mostly related with having mostly negative emotions and feelings including fears, worries, despair, boredom; yearning the old activities and routines that kept them healthy and happy; experiencing relational tensions and conflicts with their partner and children; getting exhausted from unending responsibilities and parenthood demands. Despite the adverse effects of the COVID-19 on family life, there were families who stated that their relationships got strengthened, they found ways to deal with hardships, they started to feel gratitude and appreciation more often, and they experienced growth and empowerment (Evans et al., 2020).

From macro systems to micro systems, from environmental factors to individual factors, various changes have occurred in our lives with the outbreak of the COVID-19 pandemic. In this section, these changes and their potential consequences for our physical, emotional, relational well-being and mental health have been discussed. Next, the impact of the COVID-19 pandemic on therapy practice will be addressed.

1.2.2. Mental Health Services and Psychotherapy During the COVID-19 Pandemic

The COVID-19 pandemic is still an ongoing process that individuals and systems are passing through (Rolland, 2020; Stanley & Markman, 2020; Walsh, 2020). All of these challenges, stresses and changes in the outer world have increased the demand for establishing connections with others, getting support from extended families, friends or communities, and receiving mental health care services for resilience and well-being (Liu et al., 2020; Morgan et al., 2021; Walsh, 2020). However, sustaining relationships in-person, meeting with others physically and receiving therapy in the traditional way were not an option under the risky nature of the COVID-19 pandemic, especially in the early phases before the invention of vaccines. Many systems such as education, work, health care services,

mental health services, social support systems and relationships with communities and the loved/close ones, such as family members and friends, have become sustainable through online services in the early phases of the COVID-19 (Dickerson, 2020; Walsh, 2020). As Lebow (2020a) stated "COVID-19 also has plunged most of us full tilt into the already emerging world of virtual connection" (p. 310).

While the macro and micro systems which individuals, couples and families are a part of have been pervasively affected by the COVID-19, it is not surprising that the therapy system has also taken its share from those impacts. In other words, therapists and their clients (e.g., individual, couple and families) are not only subjectively exposed to the larger system influences of the COVID-19, but also the therapy system itself is affected by the unique context of the pandemic. It is known that with the use of telecommunication technology and Internet, mental health services have become more accessible for many people in the world, from the most remote corners to the most developed cities (Burgoyne & Cohn, 2020; Caldwell et al., 2017; Lebow, 2020a). Prior to the COVID-19 pandemic, online therapy for couples and families has been mostly practiced in specific context such as reaching out individuals, couples and families who were located geographically separated from each other (Hellman & Rolnick, 2019) or overcoming the scheduling hardships that prevent couples and families from attending in-person therapy (Fraenkel & Cho, 2020). Apart from these contexts where in-person therapy was not an option, therapists had been able to decide freely in which way they conduct therapy before the COVID-19.

Research shows that face-to-face therapy has been mostly the chosen practice among psychotherapists before the pandemic. According to a survey conducted in 2017 with 1791 U.S. psychotherapists, 1407 of the participants reported that they conducted in-person therapy (Pierce et al., 2020). Trotta and Mosconi (2020) described online therapy prior to the COVID-19 as 'the domain of just a few' (pg. 22). However, the COVID-19 circumstances have given rise to a change in the way therapists conduct therapy and forced them to choose the only viable option, which is online therapy, if they want to continue practicing their

profession (Lebow, 2021; Poletti et al., 2020; Smith et al., 2021; Zhou et al., 2020). Therapists had to move from face-to-face therapy to online therapy rapidly to protect themselves and their clients' safety, not to lose their livelihood, and to meet their patients' urgent needs in the face of multiple stressors posed by the COVID-19 (Burgoyne & Cohn, 2020; Dickerson, 2020; Fraenkel & Cho, 2020; Morgan et al., 2021; Springer et al., 2021). Although the transition was quickly made to comply with governmental restrictions and/or health precautions, the challenging side was that therapists were caught unprepared to this sudden and unexpected change to a large extent (Poletti et al., 2020; Shklarski, Abram & Bakst, 2021a; Taylor et al., 2021).

Burgoyne and Cohn (2020) mentioned that online therapy is a new and different context for many therapists. Transition to online therapy during the pandemic have been much more difficult for the therapists who have never received online therapy training, never conducted online therapy before or conducted it in a limited way previously (Boldrini et al., 2020; Hertlein, Drude, Hilty, et al., 2021; Shklarski et al., 2021a; Smith et al., 2021). According to the literature prior to COVID-19, CFTs have not adequately adopted to the utilization of ICTs for conducting online therapy (Akyıl et al., 2017; Bacigalupe et al., 2014; Borcsa et al., 2021). CFTs' hesitancy and concerns about conducting online therapy might have caused more challenges for them in the transition period.

Additionally, according to result of Pickens and colleagues' study (2020), even though the majority of faculty members from accredited CFT programs stated their wish to add online therapy into their educational curricula, their wish had not been realized. In other words, online therapy training and courses for increasing the competency of students and trainees have not reached a satisfactory level prior to the COVID-19 (Pickens et al., 2020). With the COVID-19, it can be said that the integration of online therapy training into curricula has been accelerated in order to comply with the circumstantial requirements of the COVID-19. Thus, the literature has demonstrated that CFT programs and therapy clinics have switched to online training, therapy and supervision to continue providing services by adjusting to pandemic circumstances (Burgoyne & Cohn, 2020; Ferriby Ferber et al., 2021;

Morgan et al., 2021). For example, while the rate of online therapy practice at The Family Institute at Northwestern University was % 2 before the pandemic, it became % 100 after it started (Burgoyne & Cohn, 2020).

Research has indicated the ones who took previous training about how to provide online therapy or had online therapy experience beforehand seemed to show more openness to practice online therapy and to adapt much more easily (Connolly et al., 2020; Pierce et al., 2020). Lack of such experiences could be seen as the reasons behind why some therapists gave a break rather than directly switching to online therapy, or experienced a decrease in their confidence level as therapists in the context of COVID-19 (Boldrini et al., 2020; Poletti et al., 2020). Supporting this, lack of education opportunities about online therapy for CFT students and professionals has been highlighted by Blumer et al. (2015). Under these circumstances, lack of training might have increased the hesitancy of CFTs toward online therapy, intensified their worries about therapy process and brought on additional challenges for them in the transition period.

Transitioning to online therapy in the context of COVID-19 has given rise to unique challenges CFTs faced, which consist of adapting their therapeutic skills and interventions to online therapy; working on their patients' psychological and relational problems without missing the multiple stressors posed on clients by the pandemic and their impacts on patients' lives and their current problems; sustaining their therapist role while having very similar problems/challenges with their patients (Fraenkel & Cho, 2020). Under these circumstances, it has been mentioned in the literature that therapists engaged in preparatory activities in various ways such as attending trainings and supervision for learning more about conducting online therapy much more efficiently (Békés & Aafjyes-van Doorn, 2020; Heiden-Rootes et al., 2021; Poletti et al., 2020; Morgan et al., 2021). Even though therapists had experienced great difficulties and felt intense emotions because of the COVID-19 at first in their personal lives and later in their professional lives, they have become familiar with the new setting of the COVID-19 and online therapy with time. They have caught the new rhythm in their clinical practice; their confidence in their skills and abilities about delivering online therapy has increased; and online

therapy has turned into a medium of practice that they wanted to keep in their lives (Ledesma & Fernandez, 2021; Shklarski et al., 2021a).

Overall, the COVID-19 pandemic has caused many changes in the therapy practice. The demand for therapy has increased; the way therapy is conducted has shifted, and therapists' concerns have varied. In the next section, therapists' experiences and adjustment processes while conducting online therapy in the COVID-19 context will be reviewed.

1.3. THERAPISTS' ADJUSTMENT TO PSYCHOTHERAPY IN THE CONTEXT OF COVID-19 PANDEMIC

The COVID-19 by its nature has affected everyone in the world. As mentioned above in the first section of the introduction, human lives have been disrupted and changed in various ways dramatically and 'the new normal' has begun to be experienced from macro to micro systems. The new normal for therapy practice is to switch from in-person therapy to online therapy, and carry out therapy processes online for continuing one's profession under the COVID-19 context. How did therapists experience this mandatory transition? What were their concerns? How did they adapt to these changes occurring in their personal and professional lives? These were the questions that aroused curiosity in the research field, and needed to be answered to understand the nature of unavoidable changes and its effects on therapists' adjustment process. In this section, available research on mental health professionals' adjustment to online therapy will be presented.

1.3.1. Studies on Mental Health Professionals' Adjustment

Mental health professionals' choice of using or not using videoconferencing technology as a way of conducting therapy remotely depends mostly on how they perceive, think and evaluate this way of working. One systematic review (Connolly et al., 2020) that included the studies published between 2000-2019 on the attitudes of mental health professionals towards providing services through

videoconferencing software technology revealed that their general evaluation was positive to a great extent. Even though mental health professionals experienced challenging sides of providing services remotely, they also experienced the advantageous sides of this way of working. The positive attitudes toward providing remote services in general meant that its pros overshadowed its cons according to the results of this review (Connolly et al., 2020). However, the context of the COVID-19 might have changed how the therapists perceive, think and evaluate online therapy after it turned into the only way of working. For that reason, the relations between mental health professionals' characteristics, professional experience, previous online therapy experience and their attitudes toward online therapy in the context of COVID-19 have been discussed in the literature. The literature reports both positive and negative experiences, and point towards unique issues that are related to the COVID-19 and have an impact on psychotherapists' adjustment processes.

1.3.1.1. Competence and Confidence Issues

In a mixed method study conducted with 507 Italian therapists who lived under the quarantine restriction and conducted therapy with their clients by synchronous video call, Cioffi and colleagues (2020) have shown that therapists aged between 45-65 years old and therapists who conducted online therapy prior to the COVID-19 felt more positive about the utilization of videoconferencing therapy modality and rated their satisfaction level higher. There has been a general judgment that young therapists would switch to online therapy more easily and be more satisfied with its use, because of their familiarity with the digital world. However, the results of this study did not support this expectation. Cioffi and colleagues (2020) have argued that older age and more online therapy usage beforehand could indicate being more occupationally competent and mature in terms of clinical experience. These qualities might have helped participants to more easily deal not only with online therapy challenge, but also their patients' demands in the context of COVID-19. Another study (Tohme et al., 2021), which was

conducted with 73 Lebanese mental health professionals, have also found a significant relationship between the adoption of teletherapy during the COVID-19 and being familiar with the use of online therapy beforehand. However, these researchers did not find a significant relationship with age, clinical experience and receiving training beforehand. The comfort of the participants with conducting online therapy seemed to depend on being familiar with online therapy before and feeling a higher level of telepresence (Tohme et al., 2021).

Békés and Aafjyes-van Doorn (2020), who conducted an online survey with 145 therapists, have reported that although nearly half of the study participants had no prior online therapy experience, the majority of the participants' evaluations of their experiences of switching to online therapy and conducting it during the COVID-19 were positive. If participants had past experience of working remotely and if their view about their patients' online session experience was positive, they were more likely to have more positive feelings about practicing this modality. Moreover, how therapists felt about themselves in sessions in terms of physical tiredness, professional competence, self-confidence, authenticity and their emotional connectedness with patients have also been found to be correlated with their feelings about using online therapy. Additionally, the extent of the given effort for preparing themselves and their patients in the face of sudden switching to online therapy also influenced how therapists viewed and felt about it. The more the preparation they made, the more positive feelings toward online therapy they reported (Békés and Aafjyes-van Doorn, 2020).

The unpreparedness of the therapists in terms of being competent for the transition to online working has been demonstrated by Shklarski et al. (2021a). According to their findings, out of 92 participants, only 17 had received remote therapy training prior to or in the course of the COVID-19 pandemic. This situation caused them to be reluctant in the transition phase. According to their findings, having lesser degree of online therapy competency gave rise to experiencing much more challenges in online therapy, and it decreased their self-confidence level as therapists to some extent. However, it has been reported that with time, therapists started to be much more familiar with technology and online therapy and felt much

more comfortable about utilizing this modality. Their trust about the skills and abilities they developed in online therapy improved after gaining experience. Ultimately, their hesitancy and concerns about remote working at first turned into an appreciation for working online after trying it out for a while (Shklarski et al., 2021a).

A cross sectional survey study done by Aafjyes-van Doorn, Békés, and Prout (2020) with 141 clinicians has depicted that after moving to online therapy suddenly because of the COVID-19 pandemic, mental health professionals felt anxious and hesitant about their occupational skills and abilities, because they perceived themselves as less competent and less confident. Being younger in age and having less clinical experience were the risk factors that made therapists open to be adversely affected by the transition. Their concerns and difficulties about conducting remote therapy were mostly related with technical and Internet related problems, clients' hardship in terms of finding appropriate place for sessions, potential distracters for clients and themselves, and the hardships about sustaining therapeutic relationship in terms of the risk of not being fully connected with clients, not fully understanding the emotions of clients, and not being able to show empathy fully. Even though therapists experienced challenges and became anxious about the quality of the therapeutic relationship, it has been reported that therapists established a real strong therapeutic rapport with their patients and had a relatively good working alliance. Two possible reasons behind unimpaired therapeutic relationship in online therapy was explained by Aafjyes-van Doorn, Békés, and Prout (2020), as following: firstly, online therapy might not have a direct effect on the quality of the relationship, or secondly and more importantly, the COVID-19 pandemic as a shared reality, might have positively affected the relationship between therapists and patients by strengthening the bond between them.

1.3.1.2. Trauma in Personal and Professional Life

"Shared traumatic reality" has been defined as being exposed to a common situation that caused the same risks and threats for every human being (Lavi et al.,

2017). Walsh (2020) has stated that the COVID-19 pandemic and its influences are common experiences shared by both therapists and their patients. According to her, both are passing through very similar challenges and struggling with the unprecedented worries, fears, burdens, losses and hardships in the context of COVID-19. Therapists as individuals are also striving for keep their lives from falling apart likewise their patients. However, at the same time therapists have maintained their professional roles and responsibilities by taking care of their patients (Fraenkel & Cho, 2020; Ledesma & Fernandez, 2021). The literature has demonstrated that this stressful context has affected the dynamic of relationship between therapists and clients, and therapists' adjustment in various ways.

Ledesma and Fernandez (2021), who qualitatively investigated eight Filipino therapists' interwoven personal and occupational experiences, have provided a very detailed account of the therapists' own personal challenges after the outbreak of the COVID-19 pandemic such as worrying about being infected; experiencing psychological effects and intense feelings; losing their hopes in the face of uncertainty; having difficulty in adapting to a new way of living in the face of unexpected and rapid disruption of their daily routine, and being concerned about economic difficulties due to the increase in the dropout rates. After giving a very short break to conducting therapy for dealing with personal impacts of the COVID-19, they switched to online therapy to maintain their occupation. However, the first transition period was not smooth and easy for them (Ledesma & Fernandez, 2021). Apart from being unfamiliar with online therapy and facing its new challenges, the participants of the study experienced real hardship about sustaining their therapist role in the very first phase, because the common ground that they also stepped on was not so stable and solid for them in that period. They had been still having difficulties with understanding what was happening around them and trying to find their ways to live with the pandemic. Under these circumstances, caring and helping their clients became much harder for them. Participants reported that to larger extent, they faced with the risk of experiencing higher level of stress, tiredness and burnout (Ledesma & Fernandez, 2021).

In a very similar vein, Shklarski et al. (2021a) conducted a mixed study with 92 therapists with the purpose of assessing therapists' challenges about working from home and their way of handling these challenges during the COVID-19. One of their themes was named as ‘Shared Trauma’ (p. 58). According to their findings, more than half of the therapists reported that while they were preoccupied with their own troubles caused by the pandemic, helping their patients to deal with their traumatic experiences became much harder for them. Therapists' increased level of stress and worries prevented them from giving care in the best way to their patients as they had done prior to the pandemic. Some participants mentioned that they needed to suspend their work for some time, because they lost someone they loved or they had to urgently deal with their own health issues (Shklarski et al., 2021a).

A study, investigating vicarious traumatization (VT) that therapists experienced as a result of listening the traumatic and hard-to-contain experiences of their clients, found that on average, 266 therapists out of 339 experienced at least moderate levels of VT (Aafjes-van Doorn, Békés, Prout & Hoffman, 2020). Being younger in age, not having extensive professional experience, and/or experiencing more distress and hardships in the face of intense content of therapy sessions left therapists vulnerable to be affected by higher level of VT. Moreover, therapists who were affected by higher degree of VT reported that they started to feel much more worried, they were much more in need for resting, they evaluated themselves more negatively in terms of clinical experience, and their ability to emotionally bond with patients and to establish therapeutic rapport had been affected adversely. Researchers mentioned the hardship of indicating a causal relationship between findings because it is hard to distinguish VT effects from the effect of direct traumatization of the COVID-19 on therapists, or the effect of switching therapy format (Aafjes-van Doorn, Békés, Prout & Hoffman, 2020). In a similar vein, Litam and colleagues (2021) found that maintaining professional services during the COVID-19 might have caused counselors to be exposed to much more stress and to experience symptoms related with trauma that might affect their clinical performance. In addition, it has been found that the more perceived degree of stress

seemed to give rise to a greater degree of burnout, and it was the other way around for the relationship between resilience and burnout (Litam et al., 2021).

1.3.1.3. Resilience and Growth

Some positive impacts of having shared experience have also been found in the literature. According to Shklarski et al. (2021a), how therapists were physically and emotionally affected by the pandemic aroused patients' curiosity and worries; so, patients posed more questions to their therapists related with this topic. Therapists disclosed more about themselves professionally to decrease their patients' worries and normalize their experiences. Some participants reported that going through the same challenges, professional use of self-disclosure, and clients' knowing that they were not alone by themselves led to bringing therapists and patients closer in terms of therapeutic relationship (Ledesma & Fernandez, 2021; Shklarski et al., 2021a). In addition, Ledesma and Fernandez (2021) have mentioned that talking about the COVID-19 impacts on their patients in the sessions have been a comforting experience for therapists, too. They found to chance internally process and reflect on their challenges by empathizing with their patients' life experiences.

Litam and colleagues (2021) have found that more resilient counsellors felt much more satisfied with the compassion they showed for their patients rather than feeling compassion fatigue. According to the researchers, despite the negative effects of the pandemic, continuing to provide counseling services and desiring to help patients in the face of their hardships seemed to make counsellors' profession and their efforts much more meaningful for them (Litam et al., 2021). In parallel with Litam and colleagues (2021), Nuttman-Shwartz and Shaul's (2021) study has revealed that despite to challenges of the COVID-19 and home-confinements, achieving to find a way to sustain contact, bond and work together increased the therapists' trust in themselves and the satisfaction they got from their profession.

While many studies used a cross-sectional design, the first longitudinal study (N = 185) was done by Aafjes-van Doorn and colleagues (2021) about

therapists' resilience and posttraumatic growth. According to the results of the study, while therapists had more doubts about their professional skills in remote therapy in the early phase of transition, their doubts decreased over time, and parallel to this, therapists developed resiliency in the first follow-up. Post traumatic growth scores remained mostly stable after three months. Most participants developed resiliency rather than post-traumatic growth according to follow-up assessments. The participants who reported higher post-traumatic growth scores successively were the ones who experienced VT more intensely, and/or the ones who were more receptive to adoption of remote therapy (Aafjes-van Doorn et al., 2021). Moreover, it has been reported that if the therapists were more open to adopt online therapy at first, their occupational doubts about themselves were much lower compared to the ones who had difficulty with accepting this modality. However, regarding those who were more open, their doubts seemed to remain stable as time passed (Aafjes-van Doorn et al., 2021).

Although therapists faced really challenging times and passed through difficult experiences in both their personal and occupational lives in a shared traumatic crisis as mentioned above, the literature has also shown that therapists learned ways of coping with challenges and they got used to working online in the context of COVID-19. For example, Békés et al. (2021) conducted a longitudinal survey with 1257 mental health workers and reported that at baseline, participants faced much more difficulties mostly related with the areas such as showing emotional intimacy and connectedness, experiencing interruptions caused by clients or therapist, the risk of losing confidentiality of the therapeutic work caused by clients or their circumstances, and protecting the frame, space and boundaries of therapy. After 12 weeks, while the difficulties related with the interruptions experienced in sessions increased, the difficulties related with the other three areas significantly reduced. The feelings about remote working and perceived effectiveness of remote working also changed in a positive direction within 12 weeks. Furthermore, Békés et al. (2021) explained the reason behind the initial negative view about remote working as not being trained previously, having no or very limited knowledge about how to utilize it and lack of experience. Despite all,

trying remote therapy out, obtaining knowledge by practicing it, and increasing competency level with time positively changed therapists' evaluation of online therapy and themselves. The results showed that therapists adjusted to provide therapy with this modality.

Shklarski et al.' (2021a) research has revealed that while conducting online therapy from home in the context of COVID-19, even though therapists experienced difficulties such as working remotely with children, feeling more tiredness, concerns about losing the boundary between personal and professional lives, they have also actively searched for alternative solutions to overcome these difficulties. Some of the coping strategies they developed were arranging shorter sessions with children, receiving support from their social support groups, engaging with self-care activities, suggesting their patients to buy a white noise machine, or to attend sessions from somewhere outside of their homes. In the face of difficulties, these attitudes helped them to adapt to a new setting of working.

Lastly, another study (Ledesma & Fernandez, 2021) reported that despite all the challenges of the COVID-19 pandemic and remote working, the majority of their participants have started to overcome challenges by searching out answers to their problems. They found their balance again and adapted to their circumstances. They showed more compassion toward themselves by practicing self-care, allocating more time for themselves and applying the techniques, which they offered to their clients, on themselves. They established new life and work routines, which increased their sense of agency. While they sometimes felt insufficient with the limited sides of online therapy, they discovered new ways to overcome these limits (Ledesma & Fernandez, 2021). Their view and feelings about online therapy positively changed, and they reported developing themselves and learning new things in order to be more efficient in online sessions. They wanted to share their knowledge by taking a lower session fee from the ones who were in need, and organizing free trainings for benefits of society. Moreover, they appreciated the benefits of online therapy such as saving more time and being able to work with more diverse populations. All in all, the findings of the study showed how therapists

experienced empowerment and growth after they overcame the initial crisis (Ledesma & Fernandez, 2021).

1.3.2. Studies on Couple and Family Therapists' Adjustment

There are very few studies that specifically investigate CFTs' transition to online therapy and their adjustment process during the COVID-19 pandemic. According to the findings of these studies, most of the research participants had no remote therapy experience with couples or had very limited experience before the pandemic broke out (Eppler, 2021; Hardy et al., 2021; Machluf et al., 2021; McKee et al., 2021). The ones who had previous remote therapy experiences worked with individuals predominantly (Machluf et al., 2021). According to the findings of these studies, CFTs' overall views, feelings, and experiences about online therapy were positive; they mostly found their online work successful and satisfactory, and their preconceptions about online therapy positively changed after conducting it (Hardy et al., 2021; Machluf et al., 2021; McKee et al., 2021; Mc Kenny et al., 2021).

Despite these positive evaluations, participants also reported that while conducting online therapy, they faced more difficulties compared to traditional in-person therapy format (Hardy et al., 2021; Machluf et al., 2021). Mc Kenny and colleagues (2021) has shown that therapists' positive evaluation of online therapy was mostly related with its practical benefits and convenience, and negative evaluations was mostly related with therapeutic rapport and the techniques they benefited from while working with clients. These studies have revealed that online therapy is considered to be a part of CFTs' future practices to a great extent (Hardy et al., 2021, McKee et al., 2021). The rate of using this modality is expected to be higher than pre-pandemic usage rate; however, for many couple therapists, it seems that face-to-face therapy will remain as their first choice to conduct couple therapy (Hardy et al., 2021; Heiden-Rootes et al., 2021; Machluf et al., 2021).

Findings of McKee and colleagues' (2021) study, conducted with 626 systemic therapists, have demonstrated that whereas pre-pandemic rate of online therapy utilization in clinical work of therapists was 8%, it has reached to nearly

90% in the course of the pandemic. Prior to the COVID-19 crisis, only 4 out of 626 participants reported that they have exclusively used online therapy for their clinical work. In the course of the pandemic, the rate of participants' utilizing merely online therapy for their clinical work reached nearly to 70%. A very similar change with regard to professional use of online therapy was also demonstrated by Mc Kenny and colleagues (2021). McKee et al. (2021) could not find any association between the adoption of online therapy and participants' sociodemographic information (e.g., age group, gender identity, in which setting therapists work). The higher rate of adoption and utilization of online therapy was found to be significantly related with the modifications in institutional regulations and policies about online therapy which encouraged therapists and lightened their burdens, and with the rise in the amount of online therapy training one received and could receive (McKee et al., 2021).

According to the study of Hardy and colleagues (2021), couple therapists who took trainings about how to conduct online therapy beforehand reported that they found these trainings helpful for their practice to a large extent. It has been found that while working online, therapists who were trained about working with couples remotely felt more comfortable, felt more competent about dealing with conflicts, intended to use online therapy more in the future, and wanted to sustain their investment to online therapy trainings after the pandemic (Hardy et al., 2021). However, to the researchers' surprise, diving into the field of online therapy without any previous experience due to the outbreak of the COVID-19 was found to be negatively correlated with taking extra training related with couple work, intention of using online therapy in the future, and being satisfied with the outcomes of therapy. The researchers explained that the mandatory transition to online therapy might have caused therapists to be caught unprepared, leading to a lack of interest in it and less satisfaction with working remotely. All in all, they found that the majority of the participants (80%) felt somewhat satisfied with the outcome of their online therapy with couples (Hardy et al., 2021).

Machluf et al. (2021) conducted a survey with 166 Israeli couple therapists. According to their study's results, participants evaluated their ongoing remote

therapy experiences with couples as successful and satisfactory to some extent. However, working remotely with couples were evaluated as slightly more difficult than in-person therapy. The common perceived hardships by therapists while working with couples remotely were establishing and maintaining a solid therapeutic bond with each partner, and/or preventing and intervening the escalation of a couple's conflict. In addition to these perceived hardships, therapists were mostly worried about the possible dropouts, issues related with technology, and working with high-conflict couples (Machluf et al., 2021). In their study, perceived hardships were the predictive factor for conducting fewer couple sessions, and not wanting to continue online work after the pandemic. Despite these hardships and concerns, the majority of the participants reported that their view and feelings about teletherapy practice were positively affected as a result of their experience. In addition, the researchers reported that age was not a predictive factor, while having remote working experience beforehand was found to be correlated with evaluating online work with couples as more successful, experiencing less hardships and worries while working online. Those therapists felt much more competent and comfortable while working with couples remotely (Machluf et al., 2021).

A qualitative study (Eppler, 2021), which was conducted with 55 systemic therapists to investigate unique experiences of these therapists in the very early phase of the COVID-19, has shown that in this process therapists were greatly affected. The results showed that participants' physical discomfort and tiredness increased as a result of being in front of a screen for extended periods of time. Participants reported that their confidence decreased, they felt stressful, and they had much more concerns about their patients and themselves. Socially, several participants shared that they retired into their shells and abstained from various kinds of online meetings and felt that their connection with others decreased. Despite these adverse effects, Eppler (2021) reported that the participants also felt happy and grateful for being able to continue their profession and sustaining their connection with their patients. They also felt much more creative, showed more compassion toward themselves, and their self-confidence increased. Therapists showed great effort to adapt to their new circumstances and tried to benefit from

online therapy by changing the way they approached it. Eppler (2021) reported that during the transition to online therapy, the participants felt that they needed to be flexible to establish new routines. Although they voiced new concerns about the confidentiality of their patients and themselves, they also were able to observe their clients' real-life conditions and circumstances. They needed to make changes in the way they conceptualized their patients and organized the structure of sessions, and the way they applied some interventions and techniques (Eppler, 2021).

Overall, the literature on the adjustment of mental health professionals and CFTs to psychotherapy in the context of COVID-19 shows that there are many factors that influence how therapists experience this process. Having previous knowledge, training or experience related with online therapy, having more clinical experience, and having more positive view and feelings toward online therapy can be seen as some of the facilitator factors in adjustment process to online therapy. The literature also shows that the unique context of COVID-19 and its impacts on personal and professional lives causes trauma related experiences, resilience and growth. In the next section, the present study and the research questions will be presented.

1.4. THE PRESENT STUDY

The COVID-19 pandemic is still an ongoing process across the world and it continues to influence CFTs' practices and adjustment processes. Moving from face-to-face to online therapy has been sudden and unexpected for many therapists as is the life itself in the context of COVID-19 pandemic (Rivett, 2020). How long the pandemic will last is still not known. Even though many countries have suspended the restrictions, the COVID-19 threat is still with us and it seems that it is not going anywhere at least in the short run (Stanley & Markman, 2020). While some therapists have turned back to their old routine of face-to-face therapy by taking precautions (Shklarski et al., 2021b), some of them continue to practice online therapy. With the uncertain and unpredictable course of the pandemic at the community level, new changes can be expected; and thus, new adjustment

processes might be experienced. This transition between therapy mediums depends and will continue to depend on the COVID-19 context. Yet, there are very few studies on CFTs' transition and adjustment to online therapy in this context, and there is no prior study conducted on this topic in Turkey.

The present study aims to address this gap in the existing literature by exploring and understanding how CFTs transitioned to online therapy in the context of COVID-19 and how they adjusted to unavoidable changes they experienced. Systemic therapists pay attention to socio-cultural contexts and its impact on individuals, couples and families. If these contexts are not taken into consideration, explored and understood, the whole picture remains incomplete, which in turn affects the whole meaning making processes (Nichols, 2012). For that reason, the present study aims to explore and make sense of CFTs' experiences in their adjustment process to online therapy in the context of COVID-19 by adopting a systemic perspective. The present research employs a qualitative design which gives the chance to more deeply focus on the first-hand experiences of CFTs in the context of COVID-19.

Within the scope of this study, following research questions are examined:

a. What is the experience of CFTs who have practiced therapy in the COVID-19 context?

b. How did CFTs experience changes in the therapy practice in the COVID-19 context?

c. How did CFTs adjust to these changes?

CHAPTER 2
METHOD

2.1. DATA COLLECTION

After obtaining ethics approval from the Istanbul Bilgi University Ethics Committee and the institutional review board of the Ministry of Health, convenience and snowball sampling methods were used to recruit research

participants. The inclusion criteria for participants in this study were a) graduating from the CFT track of a psychology master degree program, or b) completing a family and couple therapy training which is accredited by International Family Therapy Association and/or European Family Therapy Association. In addition, the participants were be selected among those who a) work with couples, families, and/or individuals in their practice at the time of the study, b) have at least one year of face-to-face therapy practice experience prior to the COVID-19, c) had experience of transition from face-to-face therapy to online therapy because of the COVID-19 pandemic and d) have at least 3 months of experience with online therapy. The reason behind the online therapy duration was the fact that government legal restrictions were in the highest level between March and June, 2020 in Turkey, and that participants were expected to have a sufficient amount of experience to reflect on and draw upon. The reason behind the choice of the CFTs as the participants of the study was that the training and the theoretical orientation they had were likely to give them a systemic perspective to keep track of micro and macro changes and work on the effects of these changes on clients and the therapy system. Braun and Clarke (2013) suggested that ten to thirteen participants are sufficient in thematic analysis. In the line with Braun and Clarke's (2013) suggestion, the primary investigator (PI) intended to recruit twelve participants for the study.

To advertise the study, a flyer which highlighted the aim of the study and participation criteria was prepared and sent to psychology related professional e-mail groups and psychology related social media groups by the PI. Participation in the study was based on voluntariness. Once the potential participants who fulfilled the inclusion criteria reached out to the PI for attending the study by e-mail or phone, the informed consent form (see Appendix A) was sent to them via e-mail and obtained from them before their enrollment into the study. After their approval was obtained, the PI scheduled a date for the interview according to available time of the participants. All of the interviews were planned to be conducted through the video conferencing software Zoom by taking into account the health precautions taken because of the COVID-19 pandemic. A reminder for the interview and an

invitation (Meeting ID and Passcode) was sent to each of the participants one day before their assigned date for the interview. Interviews with all study participants were conducted between December 10, 2020 and January 4, 2021 during the second wave of the COVID-19 pandemic.

Before the semi-structured in-depth interview began, the PI summarized the information written in the informed consent form verbally and reminded the participants of the study aim, procedure, and their rights in the research process such as asking questions, giving breaks, skipping questions they felt uncomfortable with answering and withdrawing. Then, the questions in the demographic form (see Appendix B) were verbally asked to the participants and filled out by the PI. The demographic form included questions related with age, sex, city of residence, education, therapeutic orientation, client population that therapists work with, duration of working as a couple and family therapist, workplace, the therapy practice before the COVID-19, the average number of weekly face-to-face sessions before the COVID-19, experience with online therapy prior to the COVID-19 (If yes, participants were expected to specify duration and client population), the number of clients transferred to online therapy because of the COVID-19 and current therapy practice. In the process up to this point, a warm and safe conversation atmosphere had been created, so that the participants could feel comfortable in the research and share their experiences. This attitude had been maintained throughout the semi-structured in-depth interview. An external audio-recorder was used to record the interviews rather than Zoom's video recording feature, since visual data was not necessary for the present research.

Once the demographic form was filled out, an external audio-recorder was turned on and the interview guide (see Appendix C), including 11 open-ended and 29 probe questions, was followed until the end of the interview. This interview guide was prepared for the aim of understanding the transition and adaptation process of therapists to online therapy during the pandemic. More specifically, these open-ended and probe questions in the interview guide aimed to capture the unique experiences of the participants as holistically as possible. An initial interview guide was firstly prepared and shared with the advisor of the study and after receiving the

advisor's feedback and approval, this guide was tested in a pilot interview. The pilot interview's transcription was shared with the advisor one more time with the aim of receiving feedback and making interview guide better. There was no need to make any correction and change in the interview guide.

The final interview guide questions could be summarized in general as the effect of the COVID-19 on participants' personal lives apart from their professional lives, the effect of the COVID-19 on their therapy practices (e.g. the experience of switching from face-to-face therapy to online therapy, transition process, preparation for this change, feelings and thoughts about this process and evaluation of their adjustment process, clients' responses to this change, evaluation of the therapeutic relationship and alliance), challenges they faced and the way they coped with these challenges, achievements/gains/strengths that they experienced in this process, the things that make the adaptation to this process easier, and lastly, their reflections on their former therapy practice routine and their plans for future practices. The PI debriefed the participants at the end of interviews and all participants were encouraged to contact the PI in case of further questions and concerns. The semi-structured in-depth interviews were carried out with twelve participants and lasted 60 to 105 minutes. After each interview, the PI took field notes, highlighting participants' important or striking experiences, her feelings and thoughts about what was said, her observations and her experience of doing this research through an online platform, in order to immerse herself in the research process more deeply.

2.2. PARTICIPANTS

Twelve CFTs, who were all female and living in big cities (eleven of them residing in Turkey, one of them residing in England) participated in the study. The age of the research participants ranged from 26 to 60 and their mean age was 36,25. All of them had a master's degree. Eight of them graduated from a master's degree program which has CFT track; three of them graduated from a clinical psychology master's degree program and one of them graduated from a psychological

counselling and guidance master's degree program. Five of them had also completed a family and couple therapy training which was accredited by International Family Therapy Association and/or European Family Therapy Association. Eleven of research participants had been working in private therapy clinics prior to the COVID-19. Two of them had their own therapy clinic where they had been working with other therapists. One of the participants had been individually practicing. Since the number of graduate programs with a CFT track is limited in Turkey and giving detailed information about the participants' educational backgrounds can reveal their identity, their educational profiles are summarized above rather than being presented in the table to ensure their confidentiality. Other information about the research participants' socio-demographic characteristics and professional practice is presented in the Table 2.1. below in a detailed way.

2.3. DATA ANALYSIS

Thematic analysis (Braun & Clarke, 2013) was used to understand and explore the question of how CFTs' practice changed in the COVID-19 context and how they experienced and adjusted to these changes in the therapy practice. Braun and Clarke (2013) highlighted the usefulness of thematic analysis when conducting a study about an under-researched area. At the same time, they mentioned that this method is also useful for exploring individuals' experiences and practices at a deeper level, and it is a flexible approach to develop a coherent account of participant perspectives and narratives. All of the twelve transcripts were analyzed from a contextual perspective (Braun & Clarke, 2013). In this perspective, while focusing on the participants' processes of making sense of their own experiences, the impact of the broader social context on the participants' meaning-making processes was also taken into account. This perspective is considered as suitable for the present study, because it allowed the researcher to see and capture the subjective experiences of CFTs' transition to online therapy and their adjustment processes without overlooking the COVID-19 in the broader social context. During analysis,

Table 2.1.

Demographic Information of the Participants

P. no	Therapeutic orientation	Therapeutic approaches	Client population (CP)	Years of experience	Practice before COVID	Online practice before COVID (Duration/CP)	Current therapy practice
P1	Systemic	EFT, SFBT, STST	I/C/F	3 years 9 months	F2F	-	F2F, Online
P2	Systemic Psychodynamic Humanistic	STST	I/C/F	4 years	F2F	-	F2F, Online
P3	Systemic	EFT, SFBT, Experiential, Integrative	I/C/F	3 years 10 months	F2F, Online	3 years ~ 4 to 5 sessions weekly, I/C	F2F, Online
P4	Systemic Psychodynamic Relational	STST, CBT, Existentialist, Psychodynamic Relational	I/C	10 years	F2F, Online	3 years, ~ 1 session weekly, I	Online
P5	Systemic Psychodynamic	SFBT, CBT, REBT, EMDR	I/C	5 years	F2F	-	F2F, Online
P6	Systemic Psychodynamic Supportive	EFT, SFBT, STST, EMDR, PACT, Gottman	I/C/F/G Child, Adolescent	35 years	F2F	-	F2F, Online

Table 2.1. *(continued)*

P7	Systemic Psychodynamic	SFBT, STST, Structural, Existentialist, Mindfulness, Body Focused, Play Therapy	I/C/F	4 years, 6 months	F2F, Online	4 years, ~ 4 sessions weekly, I/C	Online
P8	Systemic	EFT, STST, Gottman	I/C/F	1 years 9 months	F2F	-	Online
P9	Systemic Psychodynamic	Eclectic	I/C/G	3 years	F2F	-	F2F, Online
P10	Systemic	EFT, Experiential	I/C/F	1 years 9 months	F2F	-	Online
P11	Systemic Psychodynamic Relational	EFT, Attachment-Based Therapy	I/C	4 years	F2F, Online	3 years, ~ 3 to 4 sessions weekly, I/C	Online
P12	Systemic	EFT, Somatic Experiencing	I/C/F	3 years 6 months	F2F, Online	2 years, ~ 1 session weekly, I	Online

Note: EFT: Emotion Focused Therapy, SFBT: Solution Focused Brief Therapy, STST: Satir Transformational Systemic Therapy, CBT: Cognitive Behavioral Therapy, REBT: Rational Emotional Behavior Therapy, EMDR: Eye Movement Desensitization and Reprocessing, PACT: Psychobiological Approach to Couples Therapy, I: Individual, C: Couple, F: Family, G: Group, F2F: Face to Face Therapy

the PI stayed focused on the manifest content of the interviews by keeping in mind the broader impact of the COVID-19 context on participants' personal and professional lives. MAXQDA Software program was utilized to code the data and form the themes and subthemes throughout the analysis process.

Braun and Clarke's (2013) six steps of the thematic analysis were followed. All of the interviews were audiotaped and transcribed by the PI. The PI gave importance to transcribe an interview before conducting a new one, because it accelerated the familiarization with the data and helped to increase the PI's sensitivity to important topics in successive interviews. When all audiotaped interviews were transcribed, the PI read these transcriptions multiple times by taking notes to become much more familiar with the narratives of participants. In the second step, initial codes were generated throughout all written transcripts in a detailed way to capture the participants' experiences and views in MAXQDA software. While looking for patterns and coding the data, the PI continued to note down her ideas and to keep memos. In the third step, the list of initial codes was examined in terms of frequency and meaning, and related codes were grouped together for the aim of reaching potential themes. After potential themes and subthemes were generated, the PI went back and forth between coded extracts and entire data set to check and review themes. The prominent themes were organized in regard to their internal homogeneity and external heterogeneity, as suggested by Braun and Clarke (2013). To view the relations between themes and subthemes from a broader perspective, a thematic map was generated. The next step was defining and giving a name to the themes and subthemes. Next, quotations that clearly exemplify the themes were selected from the data and final themes were reported.

To increase the trustworthiness of the analysis, three measures were taken. Firstly, PI carried out the analysis by attentively following the six steps of thematic analysis. As explained above in a detailed way by referencing Braun and Clarke (2013), all of these steps, especially coding phase was conducted in a systematic way. Secondly, after the first interview's transcript was coded by PI, it was shared with the advisor of the study and the codes were reviewed together. According to

advisor's feedbacks, the codes which were given were rechecked by PI. After all of the coding phase was finished, all codes with their frequency rate in a MAXQDA document was shared with advisor for a final check. Later, when themes and subthemes were generated by PI, all themes and subthemes were shared, reviewed and discussed with the advisor. Thirdly and lastly, when the analysis was over and final themes were decided, member checking method was used for increasing the trustworthiness of the analysis (Lincoln & Guba, 1985, as cited in Braun & Clarke, 2013). The themes of the study were summarized to the participants of the study in a four-page document for member-checking (see Appendix D) via e-mail and they were asked to give feedback about the findings about the study. Five of the participants responded to this e-mail by expressing their appreciation and giving positive feedback. All of them mentioned that the themes and subthemes completely reflected their experiences, and some of them expressed that reading the summary of the findings provided them with a great opportunity to review and reevaluate their experiences during the COVID-19 process from the beginning. The participants did not suggest any changes in the reported themes and sub-themes.

2.4. THE RESEARCHER'S PERSPECTIVE

As a 30-year-old woman, I was born into a semi-digital world and I have found the chance to observe the advent and rapid development of new technologies as I grow up. While observing the transition from a semi-digital to a wholly digital world, I have become an enthusiastic user of these technologies and online mediums. When I find myself in a position that I am physically away from my close environment as a consequence of living in a globalized world, sustaining my established relationships has become possible by using online video-conferencing programs. My experience with the online world was not solely limited to getting in touch with people through online mediums. In the second half of my first year of CFT master's degree education, I broke my leg and for that reason, I could not have attended lectures physically. If we did not live in the digital era, I would find myself in a situation that I have to take a leave of absence. Thanks to online option, I

continued my master program without any delays and found the chance to become an intern therapist with my classmates in the same period. In that period of time, my physical limitation did not only change the way I continued my education, but also changed the way I attended my therapy sessions. It was a great chance to be able to continue my therapy process and the relationship I established with my therapist via online therapy option without having to take a break. This experience allowed me to experience the advantages of online therapy as a patient. I have experienced online therapy as a therapist for the first time in the context of COVID-19.

When the COVID-19 pandemic hit the whole world, I was an intern couple and family therapist who had practiced face-to-face therapy for six months in the psychological counselling center of university. Even though I followed the news about the COVID-19 pandemic around world, I believed that it was a remote possibility that the COVID-19 pandemic reaches us. When the first coronavirus case was announced in March, 2020, as every place in the world, we were caught unprepared. When psychological counseling center's administrative unit sent us an informative e-mail about the COVID-19 precautions, we suspended our face-to-face therapy sessions for two weeks. I hoped that we would return and continue our therapy sessions with our clients after this inevitable two-week long duration. I did not know until that time that my hope was just a naive wish that I embraced for the denial of my losses.

When we had to face with the necessary and inevitable changes we had experienced in our personal and professional lives under the unknown and uncanny nature of the COVID-19 pandemic, we had to accept these new circumstances. Apart from only accepting it in a passive way, we tried to find ways to adapt to these changes by taking an active stance for maintaining our profession. For example, as a small team of students and graduates from CFT track at Istanbul Bilgi University Clinical Psychology Graduate Program, we collectively prepared a manual on conducting online therapy with couples and families for meeting the urgent needs of CFTs who transitioned to online therapy suddenly. The heightened need for reliable resources became apparent, because online therapy was not a part

of our taught curriculum; however, it became one of the most important subjects that all intern therapists had to learn by practicing it in the COVID-19 context. In that adaptation process, I experienced many strong emotions ranging from loss, anxiety and sadness to joy, sense of wonder and sense of accomplishment. Undergoing this adaptation process under the safe roof of the psychological counselling center of the university by getting individual and group supervisions created a facilitating environment for me and so did my patients. In addition to six-month-long face-to-face therapy practice, I have started to see the online therapy experience I had in the internship year as a plus. Since we still live under the effects of the COVID-19 pandemic, I still continue my profession by practicing online therapy. Apart from the psychological counseling center which allowed me to safely experience and explore this process, all of my past online experiences until now in the digital world have been very useful for me during this entire adaptation process. Being able to use my old knowledge and experience while getting to know and adjusting to online therapy as a new area made me feel comfortable and made my exploration process more enjoyable. While my experience of the transition from face-to-face to online therapy was mostly positive, I have become very curious about the experiences of other CFTs who had graduated from their safe learning environments before. Also, it is known that published articles and studies are the credible sources for learning; however, seeing the scarcity of studies on online therapy in the field of CFT firstly saddened me and then excited me about carrying out this research and paved the way for turning my experience into a research interest. Finally, even though we cannot turn the clock back, looking through what has been experienced with pros and cons in this process and turning these experiences into a narrative might offer us different perspectives and new understandings for enlightening our past, present and future.

Throughout the research process, while being aware of my own subjective background and experience, I took great care to accompany the subjective experiences of the participants from a neutral position. While I followed the interview guide with all participants, I also adopted an explorative and curious stance, which created a flexible atmosphere where the participants shared their

subjective experiences freely. It was always in my mind that there were many variables might affect the subjective experiences of participants such as the pandemic itself, the effect of the pandemic on therapists' individual life and practicing online therapy under the COVID-19 pandemic circumstances. All of these factors created similarities and differences between the participants' experiences. Thus, accompanying their experiences in the interviews and later in the coding part of the data with a systemic lens was an indispensable part of my researcher stance throughout this process.

Due to the COVID-19 pandemic, reaching out to participants, scheduling interview times and interview processes were conducted through online mediums inevitably. This enabled me to manage these processes in a short period of time efficiently. The reason behind the participants' planning their program in a comfortable and flexible way might be that there were no daily hassles because of the COVID-19 context. Apart from one participant, all of the other participants attended interviews from their homes which reflected both their personal and professional lives. Only one participant mentioned her curiosity about how doing research through an online platform might affect the research process and highlighted that it didn't make her feel strange and also attending from the comfort of her home was really nice. What my experience about carrying out this research through online mediums was that even though minor interruptions rarely occurred while interviewing some participants, it was handled in a quick and effective way. I had to change online software programs in the beginning of the interview only with one participant.

In the end, when I asked the participants about their experiences throughout the interviews, all the answers pointed to the importance of sharing their stories. Feeling like as if they were in a therapy session, evaluating a year with pros and cons, having the opportunity to tell the experiences that once told piece by piece as a whole, having the chance to hear while verbalizing their experiences as a whole story and recognizing their strengths were some examples of their comments and feedback their participation in the interviews. Turning experience into narrative helps people to process their experiences and to make these experiences a part of

their life stories. Lastly, I can say that doing all these interviews strengthened me as an individual, a therapist and a researcher. Seeing once again the participants' adaptability and their desire to persevere in the face of all difficulties gave me hope. I had the chance to witness that all of the participants put all their efforts into making the best of a bad situation. Witnessing once again the importance of unity and solidarity in the face of difficulties was really impressive. This unity and solidarity helped them to establish an environment where they could feel safe no matter what conditions they were in.

CHAPTER 3
RESULTS

In the result section of the present study, the themes generated from the twelve participants' discourses by thematic analysis will be presented. According to results of the analysis, these four main themes were named as "facing new challenges", "increasing competence", "strengthening connectedness and solidarity" and "changing one's perspective: bouncing back and moving forward". To clarify and reflect the participants' experiences comprehensively, these themes were also divided into sub-themes. Thematic map which includes themes and subthemes is presented in Table 3.1. In this chapter, the description of each theme and subtheme will be written and exemplified with data extracts.

3.1. FACING NEW CHALLENGES

The first theme describes the challenging experiences of CFTs who experienced the transition from face-to-face therapy to online therapy suddenly and unexpectedly in the context of COVID-19. Out of twelve participants, only five of them had already online therapy experiences, although their practices were based on face-to-face therapy predominantly. Thus, what was common for all of the participants was that they had to face the fact that they were obliged to transfer their clients to online therapy as a result of health precautions in the first phase of the

Table 3.1.

Themes and Sub-Themes of the Research

Themes	Facing New Challenges	Increasing Competence	Strengthening Connectedness and Solidarity	Changing One's Perspective: Bouncing Back and Moving Forward
Sub-Themes	Loss of the Familiar: Difficult Sides of Remote Therapy	Increasing Knowledge	You Are Not Alone; We Are All in the Same Boat	From Anxiety to Calmness
	Interrupted Therapy Sessions	Developing New Skills and Alternative Solutions	Establishing and Sustaining Togetherness with Clients	From Rigidity to Flexibility
				From Crisis to Growth and Opportunities

COVID-19 to continue their occupational life. In the early phases of this transition, all participants talked about encountering some new challenges and difficulties in their practice. Although they developed effective ways of coping with these challenges in time, they elaborated on the downsides of switching to online therapy. They emphasized that with this change, they experienced a loss of the familiar with respect to how they conducted therapy previously, and they encountered interruptions and distractions in the online space. These experiences are presented in two sub-themes: a) loss of the familiar: difficult sides of remote therapy, and b) interrupted therapy sessions.

3.1.1. Loss of the Familiar: Difficult Sides of Remote Therapy

Every couple and family therapist stated that they faced various difficulties as a result of this compulsory transition to online therapy and change in their working pattern. Loss of the physical closeness and physical togetherness, loss of the observation of body language and nonverbal communication, and difficulty of remote intervention were expressed predominantly by the participants as the most challenging experiences they had. These experiences will be elaborated on below, respectively.

3.1.1.1. Loss of Physical Closeness

The first dimension of this subtheme was related with the loss of the physical closeness and physical togetherness. Half of the participants ($N = 6$) pointed out the hardship of showing intimacy to their clients while being away in online therapy. They stated that they were able to use many strategies in their face-to-face therapy practice. Some of them reported that they previously used the room, their presence in the room, being mobile in the room and physical contact/touch as their therapeutic tools. Reaching out physically to clients for decreasing clients' emotional intensity and using bodily signs for giving clients subtle but clear messages that they were not alone by themselves with intense emotions were given as examples. Whereas having these tools helped therapists to provide therapy much more easily when they were in a face-to-face setting, they faced with the challenging sides of losing these therapeutic tools in an online setting. This loss made validation and containment of clients' difficult experiences much harder for them.

"We can touch the client as long as he/she allows it, we can get close to him/her, and there is something we call the ability to use the therapy room and to use our presence as the therapist in that room. But here I can only show my closeness in a limited way, by only getting closer to camera in this way." (P2)

"I used the room and the presence in the room when there is a disclosure of emotion or the unfolding of a unique experience. In these times, I got closer to my clients

physically and even sometimes I could touch their knees with my fingertips if there was a real difficult moment for them…Even though the client was experiencing an intense emotion and processing it was really hard, I could give the message that we can get through this together via little bodily signs." (P3)

In other words, while being in the same place offered therapists an opportunity for using their bodily presence to soothe their clients and show their support for them in many ways, online therapy restricted therapists in this regard. Going online was something that affected directly the therapy process, the presence of therapist and how she felt in the session. One therapist expressed the despair she felt in front of this challenging experience, when she wasn't able to decrease emotional intensity of a child, by saying that:

"While I am doing therapy, depending on the situation, I touch the knee or arm of a patient who has difficulty. I touch them to give support and power...I had the hardest time when I was not able to do this in front of someone crying. While a 12-year-old boy was crying sobbingly in front of me, it was difficult for me not being able to give a hug to him or comfort him. In this sense, not being in close physical proximity was the most challenging thing for me. It was as if I was not able to contain him completely. So, if we could have been in the same room and we could have really looked eye-to-eye, I could have contained the boy better." (P8)

Moreover, including the points written above, some of them mentioned that using a swivel chair to get closer and move away from their clients, especially while working with multiple participants in the room, made them much freer to establish contact. In addition, many systemic interventions, which required active mobility of both therapist and clients in the therapy room, could not be implemented when therapists found themselves in front of a screen in online therapy. Thus, the loss of familiar ways of practicing paved the way of new challenges for them. The difficulties therapists experienced about the loss of the experiential/interactional interventions will be presented below.

"I miss that active mobility I experience in the therapy room." (P2)

"I work with my clients in a way that I am very close, being in touch, soothing, emotion focused. I always use the swivel chair so that I can get closer and move away. I am very mobile during the sessions and mostly being close to the clients…Especially, when there is a difficult experience, I touch the client's knee and try to calm the client down." (P1)

Furthermore, having eye-to-eye contact was seen as a crucial part of having deeper connection by some therapists. However, looking at each other's eyes was found to be quite impossible in an online setting. When therapists looked at the camera directly, they missed the chance of complete observation of their clients. For one participant, the hardship of having eye-to-eye contact through online therapy gave rise to doubts about the quality of therapy and the bond established between therapist and client.

"A client of mine could never look at the camera, for that reason I was so upset because you have to make eye contact in Satir which we learned. Now, we couldn't make eye contact but what was the meaning of it? Did it mean we could not get in touch? Wasn't this therapy good enough? Such situations worried me a lot in the beginning." (P2)

In addition to all of these challenges exemplified above, apart from practicing online therapy, conducting therapy physically away from clients in the context of COVID-19 affected experiences of therapists and clients in this process. One therapist stated that it created much more difficulty, because both clients and therapists were influenced from the larger context personally. Even though doing therapy remotely was a necessity in the COVID-19 context, she added that to decrease their general anxiety level they needed to feel much more connected. However, it was much harder to create this connection through online therapy because of the loss of physical togetherness.

"In the time of the COVID when the anxieties are so high both for me and my clients - for sure I have tried my best not to carry my anxieties into the therapy process and for this aim, I have sustained my investment into my own therapy - but even though I tried that, what we experience is totally a new experience for us; thus, we needed something new that differ from our old methods. I think it is the first loss we have ever experienced: The loss of physical closeness and being able to be comforted." (P3)

3.1.1.2. Loss of Nonverbal Communication

The second dimension of this subtheme was related with the loss of both observation of body language and nonverbal communication. CFTs who work systemically and relationally with their clients pay attention not only to verbal

accounts of their clients, but also how clients interact nonverbally. Body language and nonverbal cues were gestures, facial expressions, body posture, body position, and other body movements, which are used for expressing feelings and thoughts consciously or subconsciously. Participants of the study (N = 7) indicated that the great majority of information about clients' way of being and the nature of their relations was obtained through the observation of body language and nonverbal communication. They also mentioned that this observation was not only limited with interactions that occurred in the therapy room. The observation involved the whole process, which started with the clients' entrance to the therapy clinic, continued in the waiting area and in the therapy room and later ended with when they left the clinic. Some therapists expressed the importance of these kinds of observations by highlighting that it gave them an incredible opportunity to purely see what kind of relationship couples and families were in. One participant indicated the loss of this whole process of observation by saying that:

"I observe many things while working with couples such as in what order they are entering the clinic, are they helping each other to wear overshoes or are they leaning somewhere else to take this support and on the way to therapy room, are they making way for their partners. The downside of online therapy is that being unable to see these nonverbal interactions because when they go out from the clinic, they leave differently. I mean, you can see the difference in the interaction between man and woman who didn't help each other while wearing overshoes. When leaving, they might help each other to take off overshoes or become much more distant. These are important things to capture; however, being unable to see them while working online is a real challenge." (P5)

Besides the loss of observations of interactions that took place outside the therapy room, the observations made in the therapy sessions were also restricted. Some participants defined the observation of nonverbal gestures and behaviors as the basis of the therapy. They mentioned that making observations in face-to-face therapy sessions helped them understand their clients better. These therapists reported that they observed bodily movements such as shaking one's foot while sitting, hitting one's foot to the ground, leaning towards some direction, rolling one's eyes, looking at other directions, breathing a sigh or micro-facial expressions. They added that the biggest challenge they experienced was the loss of these

opportunities for observation, which they could make easily in a face-to-face setting. One participant stated that when she saw the change in the body position, she made this change visible by her questions and tried to understand underlying emotions with her clients in face-to-face therapy.

"Especially when working with couples, the couple's postures, gestures and their reactions when talking to each other are access points which I used very comfortably while doing therapy. I could say: 'When your spouse said this, you looked away suddenly – what happened there?'. These are clues I used; however, in online therapy, there is little opportunity for us to make and use these observations." (P11)

"I am a therapist who pays attention to and takes advantage of reading body language in the sessions. For example, right now maybe I'm crossing my arms in front of me but you cannot see it. It is important for us to know in which subject the client does this or in which subject h/she feels comfortable or brings his/her shoulders up as a result of tension. To see the position of clients' body, I ask them to adjust their camera angle as a precaution but this is not always possible because they need space to do it. So, it has challenged me to lose being able to see clients wholly." (P7)

Some participants described the limitation that the screen creates while working online as looking at 'a film frame' or looking at 'a portrait'. The static metaphors they used to describe practicing in an online context might be interpreted as a sign of losing their active stance of therapists as an observer compared to in-person therapy.

"In online therapy, we turn on the computer and Ta da! There is two people sitting side by side in front of us and we say hello. We can't see their natural states or we can't see father's attitude toward his son outside. Here, they just stand in front of me like a film frame. In other words, as an expert, my opportunity to see my clients and do my observations becomes restricted." (P6)

"Body language is something I have looked at and used a lot in the sessions. In online therapy, seeing clients only as a portrait made me think." (P11)

Moreover, one therapist verbalized that she uses these observations for generating hypotheses and for finding and implementing suitable interventions. However, she explained that working through screen in online therapy caused her to work based on assumptions and guesswork rather than real observations. She

remarked that one of the main parts of the therapy was to observe clients in terms of their appearances, clothes, the way they sat and got up in a therapy room.

"We sometimes experience ruptures in therapy. In face-to-face therapy, we can notice them more quickly and in a short time when we need to repair the relationship because we see the client as a whole there. In online therapy, we only see one third of the client's body. It may not be even one third...For example, we do not know that what s/he is doing with his lower body while s/he is smiling, we do not know when s/he shakes his feet...We don't see them. We can only make assumptions; assumptions make things harder for us and it creates a big obstacle to seeing the whole big picture." (P5)

Lastly, some participants mentioned that communication could be divided into verbal and nonverbal, and losing the nonverbal cues that constituted the majority of communication created a real challenge for them. Apart from the clients that were transferred from face-to-face therapy to online therapy, one participant mentioned that she had a different kind of curiosity toward clients who she worked solely by online therapy. She connected her curiosity with not knowing her clients as a whole because of the loss of observation of body language in the online therapy context.

"As if I don't know those people exactly. The word 'to know' comes to my mind. When you see them on the screen, it's like you don't know them exactly. On the one hand, you know the deepest part of their hearts, but on the other hand, it's like this: A very small part of communication like % 7 as I remembered, was verbal communication, the rest was body language and other nonverbal messages. 7 % of communication is transmitted as verbal communication in an online setting. We cannot receive other messages. In one way, I feel that I know those people, but on the other hand I feel very curious about them." (P8)

3.1.1.3. The Difficulty of Remote Interventions

The third dimension of this subtheme was related with the difficulty of remote interventions in online therapy. In CFT, therapists use various kinds of experiential and interactional techniques with individuals, couples and families apart from talking on the presenting problem. These techniques help them not only to understand the problems' nature, when and how it occurs, but also to work through their clients' problems in a quicker way. These techniques require physical

togetherness of therapists and clients in the therapy room and active use of the therapy room. All of the research participants (N = 12) mentioned that they faced with some challenges because they couldn't take full advantage of implementing experiential and interactional interventions in online therapy. These challenges escalated under some situations, particularly while working with children, high-conflict couples, crowded families and groups.

According to some participants' discourses, implementation of interactional techniques was presented as an important part of the CFT to catch clients' attention in the session and to work on the problem effectively. One participant expressed that one of the advantages of practicing face-to-face therapy was to be able to practice various interactional activities with clients in the room. In the situations where clients were especially children or families with children, using these techniques was even more important. In addition to this, another participant highlighted that the use of play and interactional activities in face-to-face therapy made it easier to establish therapeutic relationship with clients, especially with children. It was stated that getting attention of children became much more challenging in the online context, because children were so mobile or they sometimes refused to look at the screen. Lastly, one therapist mentioned that test administration to children in online therapy was impossible. All in all, some participants expressed their preference for working face-to-face with children or families with children, if they were continuing with in-person therapy during the pandemic. If they were not working in a face-to-face setting, they expressed that they mostly referred these clients to another therapist who practiced in-person therapy.

"I had sessions with a family with two young children online but the sessions were so chaotic. Normally, I use positions a lot in family sessions, I change their positions and play with them; I can say: 'Now, sit between them and tell us what's going on there'. For trying the positions, I had even helped a child to step up onto table. How does the kid feel when placed in a high position? I am someone who uses these kinds of techniques a lot while working with a family, and when all these techniques were suddenly taken away, I felt as if I was naked and I had nothing left." (P7)

"How would we work with a family of 5 in the session via screen in online therapy? Of course, this was very limited since we used to do interactive activities together when we worked with families with children. So, we were unable to use most of our interactive techniques in the online setting." (P6)

While working with couples, one therapist stated that experiential and interactional techniques were implemented for many reasons such as assessing / understanding the relationship between couple and observing partners' interactional patterns. However, these interventions that required clients' mobility in online sessions were described as inapplicable or hard to apply because of limited angle of view. It was reported that the sessions with couples in online therapy were mostly based on talking. Other two therapists said that when problem-solving interventions, which were only applicable in face-to-face settings, popped into their minds during online sessions, they wish they could have been together with their couple clients in the therapy room at that moment.

"We had interactive works with couples and we used to try a lot of techniques such as 'look at him, look back at her and then do/try it like this, get out of the room and enter and the like.'. We were not able to do this with couples in such an environment (online). We had interventions that developed more in the form of speech." (P6)

"In the online session flow, sometimes an intervention comes to my mind, which could be implemented only if we were face-to-face. At these moments I say 'Oh, I wish we were face-to-face right now' or 'If only the partners were side by side'. There are situations when I want to use an intervention and cannot use it because we are not face-to-face." (P7)

Apart from losing of experiential interventions while working with couples, eight of the twelve therapists (N = 8) reported that intervening to high-conflict couples became much harder. Their concerns were mostly related with having little control over the session setting through screen. More specifically, some of them mentioned that they found themselves thinking about the worst-case scenarios (e.g., what if situational violence occurs in the session or what if a furious partner leaves an online session and do not answer phone calls). One therapist stated that her physical absence might indirectly lay the ground for increase in conflict escalation in-between partners. Some therapists expressed that they felt despair when their clients did not hear them, while they were arguing. For example, one therapist

expressed that she felt like *'etkisiz eleman'* (identity element) on her side of the screen when there was a quarreling between high-conflict partners in session because couple did not respond to her de-escalation effort.

"A couple quarreled a lot in the session; so, if we were in the room, I would definitely separate them. I mean they fought that much. It was difficult. I had a hard time with them, so I extended the session a lot. I remember that this couple's session took close to 1.5 hours." (P12)

"I had a hard time working online, especially with this high-conflict couple. I would have had hard times in the room as well, but I feel like it has gotten much harder to intervene online somehow. I mean, there were times when I felt that way. There were times where I couldn't reach out to the couple with my voice since they didn't pay attention to my voice." (P1)

"It was difficult to apply experiential techniques, especially with couples. When you see a conflict in an online session, it became difficult to intervene. Face-to face therapy is a more controlled environment, you can use your tone of voice and your body position. There were challenges with these in online therapy." (P4)

Moreover, two participants expressed that they experienced challenges when doing online group therapy. While one of them chose to give a break to her group work after she had tried it and saw its limitations, the other participant mentioned that she adapted group therapy to the online setting. However, she highlighted the loss of physical interactional space where group cohesiveness could emerge.

"We used to communicate within the group more easily while we were face-to-face, and we used to do physical things, we used to match the participants and they used to do activities together. Even it wasn't the case, they used to be side by side at least during the breaks, so even saying that 'Could you hand something over to me?' was a communication there. Now there is no such thing. At the break, we turn off the screen and go." (P9)

"I had to cancel almost all of my joint group work...Our psychodrama activities, art therapy workshops, and group works were disrupted. Even they had been practiced, they were practiced in a very limited way. Even though I tried some activities with one group on Zoom, it couldn't be even a substitute of the work we did face-to-face." (P6)

3.1.2. Interrupted Therapy Sessions

This subtheme described instances of different kinds of interruptions and distractions experienced by the CFTs in online sessions. While therapists had control in creating a safe, predictable and mostly isolated atmosphere for their clients in the therapy room, they lost this controlled setting in online therapy. The reasons behind these interruptions and distractions varied from technical issues to different kinds of factors such as the chosen therapy place, the circumstances of the clients, and the clients' attitudes during therapy sessions.

3.1.2.1. Interruptions Caused by Technology

The first dimension of these session interruptions was related with technical problems. 11 of 12 participants stated that in the online setting, they experienced technical challenges such as power blackout, internet outage, connection and bandwidth problems, poor video and/or audio quality issues, and/or problems related with hardware and software. Some of these technical problems (e.g., internet connection quality or problems related with software) were under the control of neither therapists nor clients and they mostly occurred unexpectedly in the sessions. Other technical problems were mostly related with hardware, which clients used for connecting to sessions (e.g., computer, laptop or smart phone etc.) and its quality. One therapist summed technical difficulties she experienced in the following quote:

"There were sessions that were constantly interrupted. … Their connection was very poor and bad. Since they joined the session on an old computer, I could not see their footage clearly. … I sometimes experienced technical difficulties such as internet disconnections, freezing of video images, sound disruptions and the like." (P11)

Other dimension of technical problems that therapists mentioned was hardware and software related issues. Some therapists reported that they preferred to use computer for sessions to be able to see their patients on a larger screen. Their preference for videoconference software was based on their previous familiarity with software and their wish to provide therapy in a more secure and efficient way.

However, even though they had these preferences, some of them stated that according to their clients' technology literacy and circumstances, they had to change hardware and software. For example, one therapist said that she started to practice online therapy by using Zoom and some of her clients found Zoom complicated and she added that session time was wasted because connecting to the session via Zoom took nearly five to ten minutes for some clients. For this reason, she offered those clients WhatsApp Web as an alternative software. After that, those clients connected to sessions easily in a faster and practical way without losing time. Adding to this, to deal with interruptions, *P4* gave an instance of what she did by saying that *"When we lost internet connection a few times, we had to reconnect. If the problem persists with Skype, I said let's try Zoom. We switched to Zoom. Let's turn off the Wi-Fi, let's switch it to 4G of the phone."*

Apart from issues related with software, some therapists stated that even though they preferred to conduct sessions on a computer, they had to use smart phones for sessions to comply with their clients' conditions. These clients' conditions were exemplified as not having a computer/laptop, having an old computer and/or sharing them with other family members. In this case, the participants who accepted providing therapy via telephone highlighted that session interruptions were experienced as a result of ringing telephone, receiving calls, receiving e-mails and/or getting other notifications. At the same time, one therapist expressed that using mobile phone for sessions gave her a hard time because it gave rise to physical discomfort in her.

"Internet disconnects, connects and again disconnects, some do not use Skype, some do not connect from computer, they want to connect by mobile phone but I don't like this. It is very difficult to hold the phone. These are really challenging things. At one stage, I realized that I did not feel my hand after my consecutive sessions. My hand was aching and numbing." (P1)

"There were clients who had difficulty in downloading Zoom. They asked 'Can we connect via mobile phone?' I said: 'I do not prefer it, but if there is no other option and if you cannot connect in another way, of course we can.' There is nothing to do when their phone rings, their internet cuts off and so does our session." (P5)

As participants were dependent on technology to maintain their profession, any problems related with hardware had affected therapists, their clients and the therapy process. Apart from interruptions experienced within the session, one therapist gave an example about how she experienced an inevitable interruption due to her laptop crash.

"Once my laptop broke down, life turned into a crisis. Under normal circumstances, life would not turn into a crisis when your laptop breaks down. I had to postpone my sessions for two weeks, because even though I found an alternative laptop, it was not of good quality. ... For this reason, the process was interrupted for 2 weeks. If we were face-to-face, my laptop crash would not be a problem." (P10)

As a result of technical problems that occurred during sessions from time to time, some therapists expressed that mostly in the beginning of their adaptation period, they felt various emotions in different intensity such as panic, anxiety, tension, and frustration. According to the participants' accounts, it was seen that the participants who especially did not have previous online therapy experiences felt these emotions more intensely when technical problems arose. One therapist stated that she placed the blame on herself as if she was responsible from the technical problems. With time, technical problems were handled by not seeing them as a threat, and the participants started to view them as probable and ordinary parts of online therapy. In other words, with the normalization of technical challenge, they accommodated to their circumstances in online setting and began to feel in a more relaxed way; however, it took some time for them. There are some examples:

"Technical issues cannot be overcome. It is not easy to think that I would experience a completely problem-free session. By the way it might happen, too but I can say that I am more okey with those challenges. If I lose my connection, I reconnect to the session, and nobody says anything. The client doesn't say: 'Oh, how incompetent you are.'. At first, I guess I was taking over that responsibility more, as if I had to create a perfect session space." (P1)

"I am more comfortable now when there are connection problems. I used to feel very stressful about what would happen when internet connection problems arose." (P2)

Some other therapists also highlighted that in the beginning, they felt under pressure when these interruptions occurred because they did not know what they would do about the session time lost due to these technical issues. Some of the participants expressed that they extended their sessions to compensate for this lost time. However, this put therapists in a difficult position because their other scheduled sessions, which came right after that interrupted one, had also been affected.

"When internet keeps dropping in the session for a long time, -I mean I plan my session as 50 minutes-, let's add a maximum of ten minutes to the session. An hour is not too long but it can extend to an hour and half. And sometimes, this interruption happens not only for once, that happens very often." (P10)

"At first, there was a lot of panic about connection problems. What to do with connection problems? So, time is passing and I have another session after this one, and so on." (P12)

Lastly, some therapists stated the fact that providing therapy with these unpredictable technical tools had adverse effects on the session process and it decreased the efficiency of the sessions. Under the circumstances in which technical problems were part of therapy, especially when audio/visual quality was poor, some therapists stated that they could not hear what their clients said and see/observe their facial gestures clearly. Hearing and seeing clients in a clear way were crucial for therapists to be able to attune to their clients' emotional experiences during sessions. However, some therapists reported that after interruptions caused by poor video/audio quality, they had to ask their clients to repeat their sentences again or to slow down clients' pace for not missing their words and sentences. One participant indicated that when there was an important matter for both therapists and clients to work through, dealing with these technical issues really disrupted their process. In a similar vein, one therapist described her therapy practice under these circumstances as going forth and back and she used the phrase of *'Mehter Takımı'* (Janissary Band) to symbolize this way of working as a result of technical problems. Here are some examples:

"When I stopped the client because of an internet problem or when I said to her 'I couldn't hear you', the feelings are going away. The client is losing connection with

her emotions, withdrawing. Sometimes there were times when I felt like I missed working through an issue. So, connection problems sometimes prevent progress in the therapy work." (P12)

"One time there was an issue with image clarity and so, I couldn't see that the client was crying until the image became clearer. I understood that his voice was trembling, but I could not grasp how emotional he was…Due to internet problems, there were times when we reciprocally said to each other things like: 'What have you said?', 'The last things I heard was this'. You are not able to stay in the moment, external factors challenge you unavoidably... It is always like going back; an effect like a Janissary Band. That's why the flow is being affected." (P10)

3.1.2.2. Interruptions Caused by Factors Related with Clients

According to the therapists' narratives, the loss of the isolated atmosphere of therapy room caused a decrease in therapists' ability to provide a structured environment for their clients. The responsibility to create this environment was shared between therapists and their clients in online therapy. For that reason, even though therapists were being very careful about where they connected to the session from, therapy place that was chosen by clients had direct effects on whether session interruptions were experienced or not. Some therapists reported that their clients connected to their therapy sessions from different places (e.g., park, cafe, car, hotel and even seaside in holiday). Some clients' choice of an outdoor place depended on their circumstances, like not being able to have a private place at home and being suspicious about their confidentiality, or for some couples, living apart but wanting to attend their session together. One therapist expressed that she couldn't be sure about the place where clients connected to the session from or talked about not knowing what she would encounter when the session began because some of her clients changed therapy places frequently. When clients connected to their session from outdoors, the background noises or other environmental stimuli, which distracted therapists and clients, caused session interruptions. Under these circumstances, one therapist expressed her concern about loss of structured therapy atmosphere and she pointed out its inevitable adverse effect on seriousness of therapy and efficiency of therapy. In order to express how session disruptions

occurred, one therapist exemplified where clients connected to sessions from and in which conditions they were in:

"(Describing a couple who were in holiday when connected to their session) The man, who wore a bathing suit, was next to his wife and she said 'Wait a minute, we have just got out of the sea.'." Or, "(Describing a client who connected to session while driving) 'The car behind me honked at me, let me pull over and let's talk after that.'." (P5)

Another therapist, who had clients from abroad, reported her challenge about setting boundaries to prevent session interruptions by saying:

"Especially young adults studying abroad wanted to connect from parks and cafes. I struggled a lot until I set boundary. The client said 'Nobody understands me, I speak Turkish and people don't.'. It was a bit difficult to explain that we couldn't do it this way, we would not be able to have therapy sessions in such an environment even if s/he felt comfortable." (P12)

One therapist, whose couple clients attended their session from different places, stated that:

"One spouse was connecting to sessions from a café. There was a lot of noise behind him, the other one was in a quieter place. This situation also triggered the couple's argument, too." (P4)

Moreover, the legal restrictions about the time one can spend outside and the activity one can do in outer spaces were changing frequently in the context of COVID-19. One therapist, whose couple client routinely connected to therapy session from a park because they had no shared private space, gave an example about one of the legal restriction changes by saying that going to a park for doing sport was permitted, but sitting on a bench was forbidden. Though there was a restriction like this, she stated that her couple client continued to connect to sessions from a park by sitting on a bench. As an extreme challenging example of the session interruption, she reported that a police officer interrupted the session, interrogated the couple, and talked with the therapist.

Besides disruptions in outdoor places, connecting to sessions from home in the context of COVID-19 were also associated with session interruptions and distractions for some reasons. According to the participants' discourses, commonly

stated external factors were other members'/pets' presence at home; their direct or indirect intrusion into the therapy session; clients' concerns over their privacy; doorbells that ring; telephones that receive calls; and other distracters such as hearing children's voices from the neighborhood or seeing outside through the window. All of these external factors affected not only clients but also therapists in the same degree and caused concentration loss in the sessions.

Some therapists pointed out that there were more distracters at home for both individual and couple clients. These distracters in online therapy were exemplified by them in the following quotes:

"Telephone can ring; even if it is turned off, they can get notifications on computer screen or someone can knock at their door. They can see someone, who is passing by outside, through the window. Most of them have pets and their pets are coming and going. A few of my clients feel compelled to check outside to maintain their confidentiality. These are affecting clients with regards to being exactly present in the session. The same is true for me as a therapist." (P9)

"We are on the screen. Everything can be a distracter while we are inside the house. It might be a bird passing by or anything we see. I feel that these things make 'being exactly in the present moment' difficult for me." (P10)

One therapist mentioned that while she had a session with a couple, in the middle of the session, one of partner's mother-in-law intruded into the session without any permission. Even though the couple suddenly put the laptop lid down, therapist was there and listening to what they were talking about. While the couple argued with the intruder, therapist understood that couple has kept their therapy process as a secret in that moment. This experience was described as an unpredictable and unexpected moment by her.

With regards to session interruptions that occurred as a result of having other people at home, five therapists expressed that they experienced challenges while especially working with individuals and/or couples who had little children. The basis of this problem was stated as clients' challenge of not having any place to leave their children during the COVID-19 pandemic. According to these therapists' narratives, the reasons behind session interruptions caused by children were the inability to start sessions on time; postponing sessions due to not being able to put

their children to sleep; children's intrusion into sessions and preventing clients from being fully present in the moment. While conducting therapy with couples in the COVID-19 context, one therapist also mentioned that having little children could cause a decrease in clients' therapeutic alliance.

"The couple was attending the session with a 2-year-old child, as they couldn't have a place to leave their child due to the COVID-19. The child was constantly interrupting the session, so I had a hard time with them...We had been talking about it; however, they said that there was nothing to do, they preferred interrupted therapy rather than no therapy." (P11)

"There is a scheduled time for a session, but the client says 'I could not put the child to sleep, can we postpone the session for an hour?'. We postpone it for an hour, and then I ask via message: 'Are you coming? It has been an hour but you are still absent'. They answer 'The child is still not sleeping.'. It goes like that and there were clients with whom I held a session at 22:30. We waited together for the child to sleep." (P8)

Lastly, the other reasons of session interruptions caused by being at home could be seen as related with clients' attitudes during the session according to some therapists' narratives. These clients' attitudes during the sessions were eating/drinking, checking the meal which was on the stove, smoking, walking, lying in bed, and behaving in a careless manner. One of the therapists described these behaviors as the comfort of online environment. One therapist pointed out that when clients behaved in the way described above, the seriousness and efficiency of therapy work decreased as a result.

"Since we have switched to online therapy, there has been a session environment like this: the laptop is on, next to it - there are cups of tea and meals." (P1)

"Sometimes families were saying 'Wait, I'll pour some tea and come.' in the middle of the online therapy session." (P10)

"There were people who were walking from room to room while talking to me. The flow of sessions was disrupted." (P5)

3.2. INCREASING COMPETENCE

The second theme describes how CFTs endeavor to overcome the challenges of transitioning to online therapy under the COVID-19 pandemic by

taking steps to increase their competence. Seven participants stated that they were caught unprepared to the transition process, because they had no theoretical background about online therapy, no previous online therapy experience and know-how. Other therapists felt anxious because of the sudden nature of this transition and the uncertainty of future practicing in the context of COVID-19. At the same time, clients became also concerned about living under the COVID-19 pandemic and their priorities in life had changed; and thus, most of the therapists experienced a decrease in the number of clients. This resulted in an increase in the therapists' concerns about the transition period. To deal with concerns about inadequacy feelings, having no know-how and/or working under uncertainties, they initiated a process of empowering themselves and increasing their competence through learning, reading, researching, attending trainings and so on. By the help of endeavoring to learn and gaining experience/skills, they tried to find solutions to the challenging sides of online therapy. As a result of their active effort to cope and adjust, they empowered themselves and increased their competence gradually, they adapted to the new context of therapy and they managed the process. These experiences are presented in two sub-themes: a) increasing knowledge, and b) developing new skills and alternative solutions.

3.2.1. Increasing Knowledge

With the transition to online therapy, CFTs initiated a learning process to fight against the anxiety of not knowing or to improve their knowledge and their stance as an online therapist. According to their narratives, the first thing they did was to dedicate themselves and their times to obtain knowledge and develop their theoretical knowledge and practical skills about online therapy, its essentials and its setting through searching sources, reading articles/manuals, attending trainings. In addition, getting in touch with their teachers, supervisors or peers was stated as an efficient way to increase knowledge and adaptability. These experiences will be elaborated on below, respectively.

The process of transition to online therapy and the early phase of conducting online therapy went parallel with the process of learning, according to participants' narratives. One participant described the transition process as unknown and difficult, and adaptation process as a learning process that required research and hard-work. Therapists who were unexperienced in online therapy put an effort to learn about procedural sides of therapy such as preparing informed consent, creating therapy space at home behind the screen, sustaining confidentiality in online setting, establishing the treatment frame according to online therapy ethics and rules. These participants who had no online experience and know-how about online therapy beforehand stated that searching and reading literature were efficient ways to help them overcome their anxieties in the face of unknown and new experience of online therapy. Not knowing and feeling anxious turned into a driving force for initiating a learning process, which helped them to adjust more easily in the end.

"I had never had online therapy experience before; for that reason, I had no knowledge. This situation led me to do research on how to conduct online therapy. Ok, there is uncertainty, but there is nothing to do. I told myself that 'learn this, learn something new because the more you don't know, the more challenge you will have. Learn a little more'. Let me say that I learned to relieve those anxieties by learning, observing and researching in the process." (P10)

"Online therapy was an area that I did not know at all. I had never conducted online therapy before. Therefore, I had no idea about how it would be. I had no idea about how to establish a framework in an online setting. In that process, it was good for me to read what was published on social media and mail groups about how the online process should progress." (P9)

"I was following the scientific journals and articles that were published abroad a lot. I've read a lot of research articles related with online therapy. Actually, I've read whatever I found on the internet." (P8)

While participants who didn't conduct online therapy before were obliged to learn about theoretical and practical information about online therapy, other therapists who conducted online therapy before the COVID-19 also needed to develop their knowledge, because they faced with new challenges. As one of them explained that before the COVID-19 pandemic, they used to be able to make a

choice about which client population they conducted face-to-face therapy or online therapy. However, when making a choice about the way they practice their profession was not possible in the early phase of the COVID-19 pandemic, they had to learn how to work with other client populations that they didn't prefer to work before the COVID-19 in online setting.

"I had to learn new things about online therapy. Normally, I am not someone who prefers to conduct online therapy with families. Before the COVID-19, I preferred to see families face-to-face." (P7)

Through transition to online therapy, the room where clients and therapists met before turned into an online space in a digital world. For that reason, some therapists strove to learn more about different technological devices, software programs, connection qualities, solutions to technological problems to offer more stable and secure online environment to their clients.

"I had to learn about technical issues. For example, how do I fix Internet lag? How can I overcome technology related problems? I needed to learn about these issues." (P7)

"One of my preparations for online therapy was to learn Zoom. We all have learned Zoom. Before, I mostly used Skype. Now, I use Zoom more." (P4)

Apart from learning through reading, many therapists (N = 8) emphasized the importance of getting training as another efficient way to increase their knowledge and empower themselves. Through attending trainings, they found the chance to obtain knowledge about online therapy and how to adapt their techniques that they used in face-to-face therapy to online setting. Learning from experienced and qualified trainers and therapists helped participants to feel more competent and prepared them for potential hardships they could experience. Unanswered questions in their minds met with answers and this enabled them to deal with challenges in the transition and adaptation process to online therapy more easily.

"I do EMDR, I use its kit. I'm very thankful to our trainers. They immediately hosted a webinar on how to conduct EMDR online. I got that training immediately. In couple therapy, Gottman's team provided training about how to share online documents, how to share question kits, how to share scales etc. I attended them right away." (P5)

"ÇATED provided a training. It was a solution-focused therapy program organized for couple and families who had problems caused by the COVID-19. I joined it. ...The question of how to conduct online therapy had been talked about so much there. In general, the topic of how we would conduct it had been discussed extensively and that training taught me a lot of things." (P10)

Besides attending organizational trainings mentioned above, one participant described how social media turned into an educative platform in the context of COVID-19 and she highlighted its benefit to her learning process.

"There were many live broadcasts made on Instagram, I watched them. In particular, I noticed that in the past, I was not used to give a seminar or to listen to a seminar at 10 p.m. because it seemed as if it was too late to do these. However, especially after that hour, I joined many webcasts and workshops. Actually, social media and what we learned from there benefited us a lot in preparing for this process." (P6)

The last dimension of this sub-theme was to get in contact with supervisors, teachers, colleagues and peers who had theoretical or practical knowledge about online therapy. Two consultation types were mentioned within the scope of communication with those people. One function of these consultations was to establish social support network and get social support, which will be covered in the next theme. In this sub-theme, another function of consultation, which was to increase the knowledge level of participants will be described. All participants (*N* = 12) mentioned the importance of getting in contact with those people and their contributions to their professional improvements. According to their accounts, the reasons behind initiating contact with those people were mentioned as asking questions and finding answers; wondering about what other colleagues/peers are doing; listening to others and learning from their experience as a result of sharing their experiences; acquiring knowledge; getting guidance about how to use their in-person therapy approach and techniques in online therapy; taking advice and taking reading suggestions.

Before starting to conduct online therapy, most of the therapists gave their face-to-face practices a break. One therapist mentioned that when she took two-week long break, she hoped to turn back in-person therapy after the break. However, when she understood that it wouldn't be possible under the COVID-19 threat, she

became anxious because of her beliefs and judgment about herself. One of her belief was that *"Only highly experienced therapists can conduct online therapy. Firstly, I have to become more skilled in face-to-face therapy." (P2).* As a result of this belief, her view about herself was like that *"I am not sufficient in this subject."* and *"I will not be able conduct online therapy."(P2)*. She explained that due to her negative self-view about being able to conduct online therapy, she hadn't even realized that she didn't ask her clients' thoughts about transitioning to online therapy until her supervisor made this point clear. She underlined that her negative beliefs about herself changed with the help of getting in contact with her supervisor and getting knowledge about online therapy.

"Due to my prejudices [mentioned above], I had never thought of transferring my clients to online. ...We were in contact with a former instructor at that time and met with her on the weekends. She asked 'What about the therapies, what are you doing, how is it going?'. When the turn taking came to me, I said 'I guess I will not achieve conducting online therapy'. When she said 'What do your clients say?', I paused because it had not even occurred to me to ask. Maybe they will accept. At that moment, I realized that I was stuck in my own obstacle. When I thought about how we could conduct therapy online, this instructor helped a lot. I'm thankful to her. She lectured about what we could pay attention to, the environment, the place, the suitable room for both therapist and clients etc. I felt more prepared by getting training and information from her on this subject.". (P2)

One therapist highlighted that getting in contact with trainers, peers and colleagues helped her to make her mind up about how she would make the transition to online therapy and conduct it. She described the motivation behind initiating contact as finding a reference point in the face of unknowns.

"I talked to a lot of people, I listened to them. ... 'What are people doing?' was the thing I was most curious about, because I didn't know what I am going to do. At least I had the motivation to see 'what people are doing' and take it as a reference for myself. That's why, first of all, I talked with my teachers, then I did research, and then I participated in peer supervisions etc. The process continued like this." (P10)

Some participants explained that sometimes, they experienced difficulties, couldn't overcome those difficulties by themselves and felt insufficient. In these times, rather than getting stuck with difficulties by themselves, they mentioned that

getting in contact with supervisors, trainers and/or peers to acquire knowledge, to take advice were beneficial for them.

"Rather than being stuck on the challenge, I evaluated what I experienced, took supervision as much as possible after trainings, and stayed in contact with teachers. I mean, this is about me, because if I'm having a problem there, if I can't get over it and can't make a difference, it would be useful to ask someone who knows." (P5)

"If my knowledge was really insufficient on a subject, it was good to obtain knowledge about that subject. For example, they [supervisors/peers] were saying that you can do this, you can ask such and such questions. When they suggested me resources, it was really good to read them, internalize and apply them." (P1)

One participant indicated that at first, she had hard times when connection problems occurred in the sessions because she didn't know what she had to do to compensate the time passed. According to her discourse, taking her supervisor's opinion and learning what she could do made her feel comforted.

"At first, I was thinking like this: If the session is interrupted a lot, I shouldn't get the session fee etc. I was inclined to think like this. I was very relieved when I learned from my supervisor that this shouldn't be like that, the time that we missed could be added to the next session." (P12)

Before the COVID-19 pandemic, the trainings therapists attended and the techniques they learnt were based on only face-to-face practicing. For that reason, they didn't learn anything related with online practice. To learn about how to adapt those approaches and techniques to online therapy and how to use them in online setting became possible through getting contact with supervisors and peers. According to one therapist's narrative, her EMDR training was on the point of ending when the COVID-19 pandemic had just spread in Turkey. She expressed her experience and how she adapted by saying that:

"My first hardship coincided with the time after the EMDR training. In my first online session I was trying to add EMDR to my practice but there was a problem like: While we were taking EMDR training, we had never talked about how to do it online. So, to learn it, I did a lot of peer supervision to find out whether I am doing it right or wrong, and I talked to supervisors about how we are going to do it." (P10)

Lastly, some of the participants reported that they collaborate with their support systems by experience sharing, asking questions, finding answers and giving advices. These experience sharing included the issues related with online therapy, its setting (e.g., creating therapy place at home, increasing their comfort behind the screen etc.) and managing online therapy process.

"We were sharing our experiences with each other: 'Hey look, I did this and I benefited from it.'. We were even talking about the background: 'Look, I did my background like this, it is less distracting'. Moreover, we were even sharing that 'I did these, I put a pillow on my back or I put a book under the computer'. All this sharing gave us some ideas. It was even good to share experience by saying 'I had a pain in this part or that part of my body in front of the computer.'" (P12)

"I had friends who carried out online sessions. My teachers were having sessions with people living abroad. It was a relief to listen to their processes, or if I had some questions in my mind, it was a relief to ask them and get answers." (P1)

"It was good to talk about this online process with peers. It was good for everyone to share their experiences. In the first meeting, we gathered to talk about our cases, but we realized that everyone had different needs. I mean, in this sense, everybody wanted to talk about the framework in general, all of us had questions about the online framework such as how to set the time, how to set the session, the software platform you use for sessions, using Skype or Zoom, using phone or laptop etc. We realized that everyone had questions about these. In fact, we talked about all these questions: how to get your payments; how many people to have in a session; on what days to see clients; how many hours to see them within a day. We realized that we had been confused about more fundamental issues. That's why we talked about them during the whole meeting. I remember that it was very good for me to listen to the experiences of other therapists." (P9)

3.2.2. Developing New Skills and Alternative Solutions

As an outcome of their learning processes, the participants stated that their level of knowledge increased and they acquired new skills or improved their old skills. In this sub-theme; the knowledge and skills that therapists acquired and the alternative solutions that they found in the face of challenges will be elaborated on.

Firstly, as it was understood from some participants' narratives (N = 7), being able to conduct online therapy was expressed as a learning outcome and achievement in itself. Moreover, being able to conduct online therapy was seen as gaining a new field of work and acquiring a new tool. One participant who had

already been conducting online therapy before the COVID-19 also highlighted that she improved her online therapy skills as a result of being able to practice more in the time of the COVID-19.

"I think it is a very good achievement to carry out a process online and be able to do this. With regards to adding something to your toolbox, you are using this or that intervention. Do you conduct online therapy, can you carry it out, or how do you feel as a therapist working online? I think saying that I am feeling good is a good skill, too." (P1)

"I gained experienced in a new field; I can conduct online therapy now. I became a therapist who can conduct online therapy." (P12)

"While I was receiving education in my master's degree, for example when we talked about online therapy in ethics class, it was something that was rarely carried out. A few people had some idea about what online therapy was. First of all, I really see online therapy as a new tool. Yes, everyone can conduct it at the moment, but we were not able to conduct it back then. I mean online therapy was not being conducted at all. For that reason, I think this is a plus." (P10)

With the COVID-19 pandemic, therapists did not just learn to conduct online therapy. The process they spent by conducting online therapy also changed their attributions about how they could continue their profession in the future. In other words, conducting online therapy in the context of COVID-19 has caused therapists to carry out their profession individually away from their team and office. Although therapists yearned for being with their colleagues in their offices for many reasons such as socializing, feeling connected and sharing, being able to practice their profession alone also created an environment where many skills developed. According to the participants' narratives (N = 5), the skills they developed could be summarized as creating their own schedule and daily flow, following up their program, learning to manage the process and learning to be their own boss. One therapist verbalized that she viewed working alone as an internship experience for preparing herself for future individual practice. Throughout the whole process, participants improved their organizational skills by working alone. Here are some excerpts from participants' discourses:

"We learned process management. The process is clearer in face-to-face therapy. You have 50-minutes with your client. Your clients come one after another. If you extend the session, you know it's your choice. If you do not, you will have a 10-

minute break. However, we are in control of online therapy. We are not in the therapy office; it is completely up to us. It's a thing we set. So, I think it's a process where we learn to be our own bosses. I think this is a skill. One day in the future I can practice independently in my own office, everything can be customized and I think it's a preparation for it because otherwise, it's either a secretary or an assistant, someone makes arrangements for you, but that is not the case in online therapy. I think, it is a skill, too." (P10)

"I do not have a friend like me, who goes in and out the sessions in the office anymore. I make this preparation by myself; I sit down by myself and I get up by myself; and I arrange it by myself. Managing and achieving all of these individually feels much more settled and mature. It feels I became more experienced but that doesn't mean it is not tiring. However, as I said, when I look back 3 years later, I am sure that I will say these are good achievements and skills." (P3)

Being able to conduct online therapy had many facets. Conducting online therapy efficiently was related with using technological devices wisely. Increasing technological literacy and use of technology had also been mentioned as a skill development by some participants.

"As a new skill, I've became a person who is now able to use more technology. I had already been curious about things related with technology; I have improved. For example, I see that people, who did not work on it, did not develop this much; however, I've improved myself about topics such as how the connection would be better, how internet works, when internet connection hang-ups, what happens, what precautions should be taken etc." (P12)

"This process has created great opportunities to change and develop for me. I mean, it is very nice to be able to use technology in this way. I feel lucky and good about improving my use of technology." (P6)

"Technical issues are much easier for me now. When a new client comes, of course we go over them; however, now I'm very used to matters such as where there can be a problem and how we can overcome it etc." (P7)

In the early phase of online therapy, some therapists (N = 7) felt anxious when technical problems occurred. With time, technical problems stopped being a problem and the participants started to view them as probable and ordinary parts of online therapy. In other words, with the normalization of technical challenges, they accommodated to circumstances in online setting and began to feel more comfortable. Before they faced with these challenges in online sessions, they stated

that they started to inform clients on probable technical glitches and how to handle those problems. Switching between different software programs and switching between Wi-Fi and mobile data were given as examples of their solutions.

"Now, I am able to express to the client from the beginning that we might experience some negative aspects caused by being online. Sometimes, there might be an internet outage, computer problem, phone problem, a call comes to the other party etc., I say I want you to accept online therapy by taking these into consideration, and they give their consent; and, I can be more comfortable in this regard." (P2)

"When we lost internet connection a few times, we had to reconnect. If the problem persists with Skype, I said let's try Zoom. We switched to Zoom. Let's turn off the Wi-Fi, let's switch it to 4G of the phone." (P4)

In addition, getting easily distracted in the sessions as a result of interruptions and/or external distracters was expressed as challenging side of online therapy. When the therapist and the client were not in the same room, sustaining the position of being attentive became much harder because of distracters, according to many participants' discourse. Even it was a common challenge for therapists, several of them stated that 'experiencing this hardship but not letting it interfere with their practice, and preventing it from being noticed by the client' were new skills that they learnt in the process.

"I think it is a skill not to let the client know when there are so many different things going around. I think 'The bird is hitting the window but I am still with you' is a skill. Apart from that, I consider not being affected by external factors as a skill, because as a therapist who wasn't even used to take her phone with her in her face-to-face practice; right now, even if my cell phone is away, I receive e-mail or see notifications on the computer screen etc. In other words, I consider that not to be affected by external factors and to be able to continue with as much focus as possible is a skill." (P10)

"When there are too many online sessions one after the other, sometimes it can be very difficult to stay focused. For example, while I am looking at the screen, if my mail was left open, I could get distracted by a new e-mail when it arrives. I can bring myself back to the session more easily when I am in the room, but this skill has also developed in online setting in the course of time. Now, I am paying attention to close my e-mails directly before the session." (P11)

Some therapists with children found some alternative ways for not being interrupted by their children while having online sessions at home. One of them shared that she requested help and received support from other people at home and the other one said that she hung different colored cards on the door to show whether she was available or busy.

"We made an arrangement. The kids got used to it, too. For example, they never come knocking at my door or they do not make any noise in the corridor, when I have sessions with my clients. When that happens, my husband takes care of them. We also have a housekeeper; she keeps an eye on them, too." (P5)

At first, my daughter was constantly knocking at the door because she is little. I mean, she didn't understand the logic of why she can't enter the room. We made cards for her, we put cards on the door. This 'meeting card', you can enter the room while it is on the door. Entering the room is not forbidden in meetings, because I didn't want to limit her that much. This 'therapy session card', you can't enter the room while it is on the door etc. And after she understood this arrangement, she didn't do anything disruptive anymore. (P12)

Regarding the issue of distraction, other participants (N = 3) stated that working with headphones or focusing on the screen while working with individuals helped them not only to be less affected by external stimuli/distracters, but also to concentrate on sessions more easily. By working this way, they highlighted that their listening skills got better. One of them mentioned that she tried her best to listen carefully, because connection problems gave rise to session interruptions and the loss of words/sentences. She expressed that not to find herself in a situation where she had to interrupt clients apart from the time connection problems occurred, she listened her clients very carefully and this enhanced her listening skills.

Some therapists had hesitations and concerns about how to apply the therapy approaches and techniques that they used in face-to-face therapy in online therapy. Even though there might be a possibility of not being able to use some approaches and techniques in online therapy as effective as in face-to-face therapy, some of the participants stated that their way of applying some other techniques in online therapy improved through learning and practicing.

"I thought somatic experiencing would be very difficult when we weren't in the room, because in somatic experiencing, there is a flow between the client and the therapist. Something literally flows in between, I said 'How will it be?'. That's why I took somatic sessions myself to feel whether it is possible or not. I saw that I could do that even if I used to be someone who had difficulty in somatic experiencing. So, I use it myself very easily and I see that clients also snap into it. They do not have a hard time adjusting to not being in the room." (P12)

"In the meantime, I realized that I can apply many techniques online. For example, I thought I couldn't carry out EMDR if it wasn't face-to-face. I saw that I could carry it out. ...For example, I was receiving fairytale and art therapy training. I used to suppose that we necessarily had to be together in the same place etc. but I realized that it can be conducted pretty well online." (P6)

Apart from being able to use some old familiar techniques in online setting through learning and practicing, four therapists verbalized that they had to be creative or find creative solutions when they needed to overcome limiting sides of online therapy. In other words, they found creative ways to use technological devices as therapeutic tools, and integrate them into their practice. Some of them mentioned adopting different methods, particularly in their work with couples.

"I think that I've taught myself to be more creative. In my opinion, creativity is easier with couples. For example, one might connect from one place, the other one from another place. I am using Zoom's features. Depending on the situation, I sometimes turn off my own camera and we behave as if the two of them were alone at that moment. Sometimes, as small interventions, for instance one will listen to the other, I put the one who listens on mute. Sometimes I can also use technology features for addressing the issues that I will intervene. I believe 'There is nothing we can do right now; so, how can we turn this situation around, how can we overcome it?'. Benefiting from this mentality a little bit here as well. It was fun with couples. ... It was fun developing new interventions and working like this. I can say that this way of working is new to me. I had couple clients I've seen online before, but I've never worked in this way. I hadn't worked in a way to use online techniques as an intervention." (P7)

"I have a high-conflict couple as a client. When they start talking among themselves and when their voices and volumes rise, I sometimes ask them to connect to sessions from separate rooms and I ask the partner, who listen while his/her partner is talking, to turn off the volume in order to maintain calmness in the session." (P4)

Another therapist echoed the experience of being more creative in the online processes while she was conducting online group therapy by saying that:

"You need to be much more creative in the group sessions. To bind group members together, to run the group etc., you need to be more creative. At the very least, you need to find new methods. Since you are not face-to-face, you need to adapt your face-to-face activities to online. For example, you need to think about how you will match clients in online setting when you want to run a pairwork activity which you did in face-to-face setting, or how you will transform the activities done together to an online setting etc. These allow me to be more creative." (P9)

Working with children in online setting was reported as challenging by many participants. In addition, when it was compared with face-to-face therapy, it was viewed as ineffective. Three of the participants stated that they tried to deal with this challenge in some way by involving parents in the therapy process.

"The games we play, the activities we can do are limited in online therapy. Therefore, it was very difficult to have online sessions with children, especially with children I've met for the first time. The therapy process progressed a bit slower for them. Thus, I had to get support from children's parents. I gave parents some longer explanations and directions." (P6)

After the transition from face-to-face therapy to online therapy, many therapists (N = 8) thought upon therapeutic frame in online therapy and tailored it according to necessities of online therapy and living under the COVID-19 context. Six of them stated that they had concerns about how to set therapeutic frame in online therapy, because online therapy was an unknown context for them. In addition, living under the COVID-19 circumstances changed the daily routine of individuals, couples and families. For that reason, therapists decided on which rules to be established or added to the frame in online therapy by considering their experiences with clients within the process. In other words, while setting therapeutic frame was challenging for them in the early phase of their online practice, they became more skilled in establishing frame through learning and gaining online therapy experience.

"I remember having a hard time at first while establishing the frame. Some of the rules that I set now were the rules I didn't set back then. I mean, I didn't have any idea that they were included in the frame. For example, attending sessions from the same place, talking about some rules beforehand pertain to this process. Yes, maybe we were talking about a minimal part of the framework, but more generally, I couldn't have been talked about the essential things related with framework at first, because I have noticed the necessary rules when the occasions arose. Okey, in

online, there is a need for such a framing etc. It was something that I gained experience as the process progressed." (P9)

"At first, there was a lot of panic when we had connection problems. We didn't know what to do when there is a connection problem; internet disconnection goes on for a while, then there is another session behind etc. We sat down as a team and wrote a manual about all of them. It is like when this happens, we will do this and that etc. ... Then, we made a clean copy of the manual for clients and sent it in every time a new client started. So, we made something like a contract between us, which shows that there would be certain limits and boundaries when we were online, too. That frame benefited us. Now, we had a frame. There was no such a problem like who called on Skype – who didn't call. We were saying that especially on Zoom, I'm going to open the room, you're welcome to come. There was a boundary there. For instance, I liked the feeling of waiting at the virtual room door." (P12)

One therapist stated that she had to find new ways to ensure security while working with couples in online setting. She explained that she revised her frame and added one ground rule for crisis prevention. According to her discourse, the ground rule was to pause therapy session, if one of the partners couldn't be seen on the screen. With this rule, she tried to minimize the risk of conflict escalation. The additions she made to her therapeutic frame was exemplified by her in the following quote:

"I set a rule in which I explained that I would call back when there was a possible disruption in the internet network, that having disruption is normal and the possible disruption would not shorten their session time, that it is their responsibility to make the necessary arrangements and planning. I explained this arrangement as following: if possible, don't be in bed or lie in bed; don't be in an environment where you can sleep or your mind can shut down; have a light so that I can see your face; and then, be sure to take security measures with respect to sound isolation in the room and confidentiality. Let me see you both equally. Sometimes when couples are talking, one person is holding the camera to the another and vice versa. In general, we talk more about the responsibilities of protecting confidentiality and not disrupting the session flow." (P3)

The place where the therapy took place was given as important part of the therapeutic frame by some therapists. They mentioned that the place had to be appropriate for the seriousness of therapy. For that reason, they highlighted that they warned their clients gently about not to attend sessions from their bedrooms, especially while lying down. One therapist said that she agreed to have a session

with one of her clients from her bedroom, because there was no other option for her. In addition, they stated that therapy place had to be appropriate for ensuring confidentiality and security of the clients. However, according to therapists' narratives (N = 8), when everybody was at home in the context of the COVID-19, some of their clients didn't feel comfortable at home while talking in the sessions. Their concern was related with the risk of being heard or listened to. Some clients couldn't find a place where he/she could be alone at home and others stated that their families or partners didn't know about their therapy process. For these reasons, some clients had to give a break to their therapy sessions or end their therapy process. To continue the process, some therapists recommended that their clients could attend therapy session from their private cars, or a place where they could be alone and feel safe such as parks or a friend's house. One therapist stated that she suggested white noise machine for her client. Lastly, one therapist expressed that she decided to do 'walking therapy', because she witnessed some of her clients' difficulty of not being able to find an appropriate space for therapy. All of these were given as examples of searching alternative ways to overcome the limits that the COVID-19 restrictions put on therapists and clients.

In therapy work, CFTs whose approach is systemic expressed that they tried to understand their clients by being aware of their contexts. Therapists and their clients experienced contextual changes such as living with the COVID-19 pandemic and meeting in an online space from their houses. One therapist stated that by adopting a contextual perspective, she made an active effort to always consider being in an online space and its effect on client and therapy process. She added that this active effort turned into a skill that happened automatically in the process.

"As I said, I always try to take into account the online context. It is easier now; it becomes very automatic. I can do it easier; I can adapt to it by thinking faster. While it was something that I thought about and realized in the supervision previously, now I am in a state where I can talk about it with the client in the middle of the session. That part has developed." (P11)

Moreover, some of the participants started to utilize the contextual perspective to gather more information about their clients and their lives in a way

that they could not have done before when they conducted in-person therapy. Conducting online therapy in the context of COVID-19 gave therapists chances to see where their clients were living, observe their clients while they were in their home, see couple's and families' relational dynamics and elements of conflict. The observations made behind the screen became one of the subjects of therapy, and therapists and their clients talked about them in the sessions. All of them were seen as opportunities for getting to know their clients better. In addition, the use of this perspective to obtain knowledge about clients were approached as finding an alternative way to deal with the loss of therapy place and the loss of observations that were made when they were together in the same space.

"Clients opened their homes to their therapists during sessions at one point. This was an experience that I wouldn't have seen and lived in any other place." (P3)

"I've most likely been more involved in their lives. I saw their rooms, their houses, their cats, and their children. I gained insight about them, even how they came across the screen gave me an idea." (P12)

"It was also nice and enjoyable to be able to see them in their home environment. It was nice to have an idea about their context." (P4)

Even though they experienced the loss of physical togetherness and the loss of observation of body language and nonverbal communication, they had opportunity to compensate these losses through finding other things to observe. This helped them to see their clients and their contexts from a different angle, and increase their knowledge and insights about clients. One therapist described it in the following quote:

"While you cannot observe their whole body or their movements, you get data from things such as what is going on in the background, the place where he sits, her/his current clothing. ... Where is s/he in the house, in which room, is s/he saying that 'Be silent for a minute, there is someone in there.' or is s/he comfortable? How often does s/he smoke, how often does s/he get up and walk? These may be bothering you. I tried to do this: I turned these distractions, which I perceived as a threat to my narcissistic side, into data for our relationship, more specifically for their existence, and for their feelings. I turned that challenge into such an opportunity. If I couldn't make any observations that I used to make in the corridor, in the therapy room, in the entrance and exit, I thought at least I can do something similar online." (P5)

Moreover, some participants stated that especially, when they were working with couples or families, working through screen restricted them because they saw only the people or things that camera angle showed to them. When it became a problem for them, they said that to handle this problem, they gave prompt feedback, requested from clients to adjust their camera angle and called clients by their name rather than using 'you' pronouns.

"For example, the mother and child appear in front of the camera, the father doesn't appear, or the one who is not seen in front of the camera speaks less. That's why I have to address them verbally by their name. I have to say 'Can you please talk? What is your opinion on this subject, Esra, Ayşe, Ahmet?'." (P5)

"For example, the two of them are sitting side by side. I only see the half of the woman's face. When it occurred, I was telling that 'Could you move the screen away a little bit because I cannot see you.'. As long as I talked to them, it didn't create a problem." (P11)

Lastly, with the loss of the opportunity to observe as a whole, one therapist expressed that she paid more attention to details such as mimics and glances. In other words, she verbalized that the lack of one thing serves the development of something else.

"I started to focus more on their facial expressions. Previously, I used to look at the whole body. Now in the session, for example, I pay more attention to facial expressions, because it is the thing that I am able to do. After that, I pay more attention to those little glances. I started to overlook them less. So maybe I am missing out something not seeing their whole bodies, but it seems like I'm not missing much looking at their faces anymore." (P12)

3.3. STRENGTHENING CONNECTEDNESS AND SOLIDARITY

The third theme describes how CFTs make their adaptation process easier via strengthening their bond with their supervisors, colleagues, and clients. Rather than focusing on individualistic effects of the COVID-19 on professional life, CFTs focused on the fact that they had many peers and colleagues who had similar experiences and challenges. Sharing experiences with their colleagues helped them to feel that they are part of a team. Apart from sharing with peers and colleagues,

they sought support from their supervisors and trainers. Thinking and knowing that there were other colleagues who had the similar ups and downs, that their supervisors were there to support them, and that they were not alone in this process helped participants to normalize their challenging experiences and circumstances, and to feel a sense of solidarity. This awareness comforted them and keeping in touch with their social support systems gave them strength in various ways to keep going in hard times. In addition, CFTs had similar experiences with their clients while living under the COVID-19 pandemic circumstances. As therapists, the choice of continuing to conduct online therapy in the context of COVID-19 improved their therapeutic relationship with their clients. This theme will present these experiences in two sub-themes: a) you are not alone; we are all in the same boat, and b) establishing and sustaining togetherness with clients.

3.3.1. You Are Not Alone; We Are All in the Same Boat

In this subtheme, two dimensions will be elaborated on. The first dimension was related with the knowledge and awareness that they were not all alone individually in what they were experiencing. Throughout the process, participants experienced many similar things with their colleagues and they felt mostly similar emotions. Seeing and remembering the commonality of their experiences as therapists and sharing them with their colleagues helped them to normalize their circumstances. This understanding and perspective encouraged them to continue their practices. The second dimension is related with the fact that therapists established contact with their social support systems, which included their supervisors, peers, and colleagues. Therapists benefited from these social support groups through asking help, receiving support, giving and taking advice, and sharing experiences and talking about their emotions. By this way, they felt supported and encouraged with the sense of solidarity. Reaching out to social support systems made their adjustment process easier for them.

3.3.1.1. Living A Shared Experience

The first dimension of this subtheme was related with having shared experience with other colleagues. Having the knowledge that it is happening to everyone and that everyone had difficulties to some degree and struggled against them helped participants to normalize circumstances that they were experiencing. Most of the participants felt intense emotions such as panic, anxiety, tension and frustration as a result of the changes in their personal and professional lives. For therapists, these experiences were totally new and unique because they had never lived under a pandemic before and never conducted online therapy under the pandemic circumstances previously. Even if the circumstances were like that, they didn't view their hardships as if it was only happening to them individually.

According to the participants' discourses (N = 11), seeing what they were experiencing in this process as a shared/common experience for every other therapist and keeping this knowledge in mind relieved them. This understanding and approach helped them to cope with difficult times and to keep their practices in the face of challenges. One of the participants highlighted that she felt comforted when she thought that what was experienced was a global thing, it happened everywhere to everyone. Another participant mentioned that knowing that all therapists were passing through this, and keeping this knowledge in mind were empowering for her. The other one expressed a similar experience in the following quote:

"It was a nice feeling to realize that there are many people in the same situation with me. ... It is also good for me to know that everybody is struggling now in various ways in their lives." (P7)

One of the participants, who felt panic and anxiety about making mistakes when she faced with challenges in the early period of online therapy, stated that she changed the way that she evaluated herself. She normalized her experiences by considering that she was not the only one who had difficulties, there were others too.

"I've actually been coping (with challenges) with the idea of self-acceptance and the idea of giving myself a chance to make a mistake, because I said to myself that 'You are a human too and a lot of people are going through this.'" (P2)

Moreover, apart from keeping this knowledge in mind by themselves individually, talking with other therapists and peers, sharing experiences, thoughts and feelings with them and finding out that their experiences were so much alike were uplifting for the participants. They felt listened to, understood, and supported by these conversations.

"Everyone was experiencing similar things. First of all, it was good for me to share those similarities and to see the commonalities we had experienced." (P12)

"We were getting together (with colleagues). At those meetings, we had a chance to speak and to put our emotions into words. Hearing that we are experiencing the same emotions together; I mean, seeing that other people are also feeling exactly like me; and being heard were the things that made me feel good." (P2)

"The message that 'You are not alone, you know, here we are with you' was helping. The message that 'We went through the same things. You are not the only person going through this difficulty' sounded good for me." (P1)

In addition to all, two participants out of eleven stated that deciding on their transition from face-to-face therapy to online therapy was not so much challenging for them, because seeing this transition as a collective change aided them in their adjustment process.

"I don't recall myself thinking long and hard about working online at the beginning, because that was the only safe alternative back then anyway. I was just doing what everyone else was doing. It was not a situation like I said 'No, I will work online by myself from home.' while everybody goes to the office." (P3)

Lastly, another participant, who felt anxious in transition period to online therapy and in the early phase of conducting online therapy, mentioned that seeing the shared effort that everybody made to adapt to the changing circumstances helped her in two ways. The first one was that it normalized what she was doing and the second one was that it encouraged her to continue her practice. Both of them enhanced her adaptation process.

"[referring to online therapy] it can be conducted, so it is not something that can't be carried out or it is not as utopic as I exaggerated it. There is nothing to fear. Everybody is doing it. That's to say, it can be done. You can do it too. Actually, that's how I adapted." (P10)

3.3.1.2. Establishing Contact with Social Support Systems

As a second dimension of this subtheme, establishing contact with their social support systems was one of the most frequently verbalized issue by the participants. All participants (N = 12) highlighted that they sought and benefited from support from their social network to cope with their challenges. By seeking and receiving support, they felt that they were not alone. They were surrounded by their social support systems, which included their supervisors, peers, colleagues and professional associations. Participants stated that their adaptation process fastened through reaching out to these people and associations. They reached out to these people for asking for help, getting guidance, giving and taking advices, receiving support, and sharing their experiences and emotions. In addition, participants stated that they viewed their own therapists and personal therapy processes as crucial ingredients of their social support system. When participants felt intense emotions such as fear, anxiety, and inadequacy, these support systems helped them to regulate their emotions. Moreover, the participants stated that they gained different perspectives and felt themselves emotionally contained and encouraged as a consequence of getting contact with their support network. As a result of these contacts, they established a sense of solidarity and acted shoulder to shoulder throughout the process.

The participants underlined the importance of getting supervision, doing peer supervision, cooperation with colleagues, keeping in contact constantly with colleagues, taking others' advices, seeking and receiving support for their adjustment to changing circumstances in the context of COVID-19 and working online.

"I think, the support systems that make adjustment easier are peers, supervisors, people you could ask anything." (P12)

"Collaborating with friends; associations; getting information about the experiences from people who have worked on this subject before; and the solidarity between colleagues have been very beneficial." (P6)

"The most important thing is to get support and receive supervision, because while I am experiencing challenges, I do not sit alone and say that 'Oh my God, what am I going to do all alone?'. I have a cohort, I'm consulting with them, I get support from them. I was receiving supervision at the same time. I am still receiving it. So, these things put me at ease." (P1)

One participant mentioned that supervision and peer supervision were very beneficial for her and she handled professional hardships through their support. She highlighted that especially, getting approval from her supervisor about being on the right track and feeling supported about the issues she needed to improve meant a lot to her within her adaptation process. The other one gave a detailed account of how she got supported by her cohort, by saying that:

"If we are stuck somewhere during the therapy process, they [peers] make very good predictions about where the blockage occurs and how it may affect me with an external perspective, because we acquired our therapist identities all together. Therefore, we know very well where each other's blind spots are and where each other's weak spots are. They were able to show me things, when I had a blind spot and I couldn't notice something or I may resist to face it, and they say 'Look, there might be something going on here.'. ... Sometimes, it feels really good to hear it from them. When they share their opinions, it helps a lot." (P3)

Another participant, who had hesitations about conducting online therapy and had inadequacy feelings, expressed how her meetings with her supervisor and experienced colleagues helped her to change her view about herself as an online therapist from negative to positive or from incompetent to sufficient. She mentioned that before these meetings, she was mostly focused on the things that she was not able to do. Through these meetings, she found a chance to talk about the things she was able to do and focused on the capabilities and sources with the help of her social support system.

"To talk about my own therapeutic skills, to hear that I am doing good enough in my own way, and especially, to hear it from myself. The other party wasn't saying this, they were just asking you questions. ... These questions awakened me and I said, 'No, you are a good therapist, your educational background is ok, your communication skills are ok.'. We were talking about it in our supervision. We had

also supervisions with video. When I showed my session videos, the friends in the supervision group said, 'You have achieved this, you have created hope, you have been able to be positively oriented, here is how you as a therapist have been able to use yourself, you did that, you grasped that.' etc. Hearing these things, and most importantly hearing them from myself, because it doesn't mean much to me if I don't agree with these ideas. I told myself 'Okay, stop, you shouldn't beat yourself up like that.'" (P2)

One participant expressed that she was afraid to realize the transition to online therapy by herself. After she paused her face-to-face therapy practice, she searched for a place where she could be with other colleagues under the same secure roof. For that reason, firstly, she contacted with municipality to serve as a volunteer online therapist and later, she joined the social responsibility project of the association of CFT. In this project, therapists conducted online therapy with couples and families who were in need under supervision. She highlighted that being a part of a team and feeling the team spirit meant for her '*being emotionally contained*'. She verbalized the motives behind her moves and her sense of solidarity, by saying that:

"Being a part of a team. Not to feel as if I am a human who goes into a war all alone. Besides, the supervision support that I received as a part of that team, and it was not only the support from the supervision, but also the support from the peer supervision. The feeling that my friends are also involved in the same process and the feeling that we are going to war side by side. I mean, it happened like that in our war against the pandemic." (P8)

Besides feeling safe as a team, social support systems helped therapists to face their emotions and contain them. Most of the participants highlighted that they shared their emotions and concerns about the transition to online therapy and working in online space with their social support network. According to participants' accounts, talking about their feelings/experiences, receiving support and getting feedback about them helped therapists to calm down and regulate their emotions. According to one therapist's narrative, her supervisor normalized some of her feelings and hardships by indicating that her fears and concerns were sometimes related with experiencing new things for the first time, rather than related specifically with conducting online therapy. Here are other examples:

"In our office, there were colleagues who were experienced in online therapy. … We got a lot of support from them. They shared their experiences. They even calmed us down. They said that 'there is nothing to be afraid of, you will do what you normally do'. They reminded us the things that we already knew, that being there as a therapist was enough." (P12)

"When I felt stuck, just talking with them (peers) and even getting into contact with a couple of them helped me. Just talking about being overwhelmed and asking 'Are you also feeling the same way as me?'. Sometimes, I did not want to conduct successive sessions; I was very overwhelmed. Sometimes I thought that maybe I was not very useful in supporting a particular client to change. I was sharing these thoughts with them. They were telling me that they understand." (P1)

"As a team, we have a secure environment, where I can freely talk and discuss about the challenges I have. Thus, it become easier to find solutions." (P11)

From the beginning of the transition, many participants shared that they decided to increase the frequency of their supervision or peer supervision. One participant verbalized that while living through hard times individually in the context of COVID-19, she as a therapist sometimes found taking care of other people difficult. For that reason, according to participants' narratives, therapists needed to check themselves, their wishes and hardships more often and worked upon them in the supervisions. Increasing the frequency of supervision and peer supervision helped participants to adapt to new circumstances more easily, deal with difficulties in a better way, protect themselves and their clients, understand their mood swings, and felt supported.

"I increased my weekly supervision to two times a week, because we were passing through a change. While there were many losses and mourning processes, I tried to maintain and consolidate the things that would protect myself and provide self-care in order to be there well on behalf of my clients." (P4)

"On the one hand, struggling and new challenges; on the other hand, realizing that it has plus sides, too, and some ups and downs. As a therapist, I had to check myself more, and to be more self-aware. It was difficult for me too, because I had wishes like 'I wish I was not a therapist in such a period.', 'I wish I could just lie in bed and skip that day'. Sometimes I felt very good, because it was nice if I was able to help someone in some way. I noticed these feelings. That's why I started to go to supervision more. As a therapist, my personal issues have also become more apparent." (P7)

One of the participants mentioned that their case presentation occurred less frequently before the COVID-19. With the COVID-19 pandemic and transition to online space, she verbalized that they had concerns about how clients would react to these changes and how they as therapists would manage the process. To handle these concerns by receiving/giving support and sharing experiences, they increased their peer supervision's frequency immediately after they switched to online setting. According to her narrative, by this way, they felt secure themselves in the transition process. Besides, she added that due to the loss of physical togetherness in office place, this change also served to meet their needs to see each other more often and to increase their contact. She explained the motive behind this change by saying that *"to deal with difficulties, we increased the solidarity within the team."* (P11)

In creating a sense of solidarity, according to some participants' discourses, the social responsibility projects of various associations were helpful and they gave therapists the chance to take an active part in helping others who were in need. In addition, these associations worked for not only meeting the needs of the public, but also the needs of therapists. As a part of therapists' social support network, these associations organized free trainings, seminars and supervisions, and created safe spaces for experience sharing. By attending them, therapists found a chance of receiving support while giving support. One therapist stated that they were always in communication with their colleagues with respect to upcoming seminars and trainings. She emphasized that everyone kept their colleagues informed about the dates and times of new trainings and seminars, and fostered the sense of solidarity among themselves.

"It was very nice, because we were both the ones who provided help and the ones who got help. We had the opportunities to listen to conversations about sessions that my other friends conducted. The fact that we were talking among ourselves – among colleagues in the work we did together, and the solidarity between us really helped us a lot." (P6)

In addition to all of these, in this process, eight of the twelve participants mentioned that they saw their therapists and their personal therapy process as a resource for them. According to participants' narratives, they benefited from this process by talking about their personal concerns and experience about the COVID-

19, and the difficulties they experienced. One of the participants, who had anxieties about the COVID-19, expressed that she decided to continue her online practice after she checked her concerns with her therapist. Another participant shared that she worked through her anxieties about the COVID-19 in her own therapy process to distinguish her concerns from those of her clients.

"I thought I have concerns about the COVID-19 and about life. Should I stop? Should I not continue? There was a time when I thought about it a lot. Then I said that working makes you feel good. I mean, I experienced it during the sessions. My concerns were not reflected there. While a client was talking, I was not triggered. After checking these and talking with my therapist, I said 'Okay, you are in a mindset suitable for work.'." (P10)

"In the time of the COVID when the anxieties are so high both for me and my clients - for sure I have tried my best not to carry my anxieties into the therapy process and for this aim, I have sustained my investment into my own therapy." (P3)

Lastly, some participants mentioned that they started to feel more relaxed about asking for help from their support systems or to share their experiences more easily with peers in the end of this process. In other words, in terms of their adjustment process, being open to asking questions to others, and seeking emotional and social support without having any concerns turned into their strengths, which served them well in return.

"When I experience a challenge, I am sharing it with my friends. Before, I was trying to deal with it by myself. Now, I am sharing more. I am asking: 'Is this happening to you, too?'. I feel better myself when I share." (P2)

"(This process) increased my flexibility and improved my support mechanism. To increase the number of supervisions or apart from it, to call my supervisor by WhatsApp and ask when something happens without waiting for the supervision time. I mean, I can say that these parts of me have improved and expanded." (P11)

"My strengths, that I knew but noticed again in this process, are not to be afraid of asking or learning, and being comfortable with going to someone who you think is more experienced. I think all of these helped me a lot in this process." (P12)

3.3.2. Establishing and Sustaining Togetherness with Clients

In this subtheme, how transition from face-to-face therapy to online therapy in the context of COVID-19 affected the relationship between therapists and clients will be elaborated on. Therapists and clients entered a process together, which involved many changes as a consequence of the COVID-19 pandemic. These changes influenced them not only personally, but also as a therapeutic couple. Instead of taking a long break for a while and waiting for the time they would return to face-to-face therapy, adapting to a new therapy setting and learning about it required an active effort to maintain the relationship with the clients. Endeavoring to sustain togetherness in the face of unavoidable changes in their lives became an important aspect of their relationship. The effect of having similar and shared experiences, choosing to continue their practice through online therapy, making a joint effort in the face of difficulties while sustaining their togetherness will be discussed here.

According to the participants' accounts (N = 12), face-to-face therapy had become increasingly worrisome with the spread of the COVID-19. Both therapists and clients began to feel concerned about their health. Continuing in-person therapy meant that they could face the risk of being infected. Many therapists decided to take a short break from face-to-face therapy after the first COVID-19 case in Turkey was announced. A few participants reported that some of their clients themselves offered switching to online therapy even before therapists brought this issue up, because of their concerns about the COVID-19 infection. When therapists offered their clients to transition to online therapy after a short break, it was mentioned that some of their clients either took a break or drop out from the therapy process. According to the participants' narratives, the reasons behind taking a break or dropping out from therapy process consisted of matters that were related to being prejudiced against online therapy, having difficulty in creating a therapy space, having concerns about confidentiality, being a new client, economic concerns and/or having to change priorities as a result of the COVID-19. On the other hand, some clients, who temporarily went to their families or other cities in the process,

had the chance to continue therapy. One participant summed clients' various attitudes toward adaptation to online therapy by saying that *"Some rejected it from the beginning, some adapted to it instantly, some adapted over time, and some still prefer face-to-face but continue online." (P5).* According to the narratives of most therapists (N = 8), most of the clients who had taken a break from therapy were involved in online therapy within the process. A common narrative emerged from the participants' accounts, showing that the therapeutic relationship improved with clients who chose to switch to online therapy and continue the therapy process in the context of COVID-19.

With respect to the relationship between therapists and clients while conducting online therapy within the context of COVID-19, twelve therapists shared their positively developed experiences. First of all, living with COVID-19 pandemic was a shared/common experience for both the therapists and clients. They had similar health concerns and they were afraid of being infected with the COVID-19 virus. Transition to online therapy was seen as a compulsory change for them to protect themselves and their clients. Online therapy was the only way for sustaining togetherness safely. The timing of switching to online therapy was mostly based on the anxiety level of clients and therapists, where and in what condition therapists worked, and the way clients arrive in therapy office.

"At that time, we were totally anxious. When we entered the office, touching or not touching surfaces were related to the risk of contamination. I had to have a session with one client that day. While I was so worried about our health and the risk of contamination, it was not very healthy to maintain the therapy process. We were not under the conditions that pleased me. The conditions were not comfortable for the client either, because he said that it was very unsettling for him. I think, I was very clear about the necessity of making the transition to online." (P4)

"I was working by hiring a room. The COVID-19 cases were spreading and when a few cases came out in the training I attended, I said that I need to isolate myself. Since I hired a room, it was not clear who had a session before me, and I didn't know all of the employees in the therapy center. I decided that it wasn't worth the risk. At the same time, my clients were using public transportation. For that reason, I chose to protect both my clients and myself. I called the clients and told them 'I am thinking of transitioning to online. How does this sound to you? If I don't switch it now, I will have to switch it soon and we will not be able to continue face-to-face for a long time.'. In that process, I also lost some clients. Some of my clients who temporarily moved out of Istanbul during the lockdowns had the opportunity to

continue. We adapted, because people were afraid as much as I was, or even if they weren't, it was coming to a point where they could not ignore the situation." (P10)

A majority of the participants described online therapy as *'the only option'*, *'the only alternative'*, *'the only solution'* and *'the only way'*. Through online therapy, they had a chance to continue their therapy practice and by this way, they were able to sustain their togetherness with their clients. Some therapists mentioned that ongoing therapy processes with clients and the needs of their clients in the context of COVID-19 were decisive in their choice to transition to online therapy.

"In this process, we didn't have any other alternative apart from online therapy and I didn't want to leave my clients that way. I thought a lot about it and as I said, I reminded myself the bond we had and my desire to be in contact with them. I asked myself 'Do I really want to continue?'. Otherwise, I can refer my clients to others. There are a lot of therapists I know. Then I said, 'No, I want to continue like this and I can get used to it." (P2)

"Just as the COVID-19 was uncertain for me, so it was for the clients. I observed that they were also in need of talking about the COVID-19 quickly. For that reason, I think that they didn't have the opportunity to say let's wait or let's see for a while. In my opinion, they also felt the need to talk about that uncertainty, so it was a mutual process for all of us where we said 'let's switch to online'." (P10)

Participants stated that even though they informed their clients about the online therapy process, some of their clients had hesitations and prejudices about the transition to online therapy. To decrease the clients' concerns and prejudice, some participants expressed that they asked their clients for giving online therapy a chance. They reminded their clients that they had the right to refuse any time, if they didn't want to continue after giving it a try. According to their narratives, clients who gave online therapy a try mostly chose to continue it.

"When she called, she said, 'I didn't come until now because I didn't want online therapy.'. I said, 'Let's make a room for you. I'm conducting it with other people and I am not experiencing any problems. I'm very sorry that I do not see anyone face-to-face. If you want to, let's try. Please feel very comfortable. After a few sessions, you have the right to say that I started, continued but I couldn't do it. Please, feel that freedom and comfort to say that.'. I said that give online therapy a chance, maybe you'll like it. She is still continuing online therapy now." (P8)

"Some said that they wanted to come face-to-face, others said that it would be distant over the internet. There were people who remained aloof. To protect myself

and my clients from the COVID-19, I said the following: 'Firstly, let's have a 10–15 minute acquaintance meeting with you online, and after that you can come to my office. I want to listen to your present problem at first in online meeting by looking face-to-face via screen.'. After I said that, I've heard many people saying things like 'Ah yes, being online works, too.', 'I refrained from online therapy but it is fine.'. There were also people who said that let's continue with online sessions." (P6)

Moreover, as another example of striving to sustain togetherness, four participants reported that they reached their clients, who couldn't transfer to online therapy because of the uncontrollable reasons in the context of COVID-19, by phone at some intervals. The reason behind reaching their clients by phone was to check whether their clients were all right or not.

"In every two to three months, I wanted to write to and hear from the clients who had to give a break to therapy due to economic difficulties, family issues or not having a private space. I wrote to them, because something happened in the external world and the therapy process ended, whether we wanted it or not. So, we didn't talk about such a thing and we were not ready for it. So, yes, we may not be able to have sessions, but I wanted to at least check how they were and how the process was experienced, how things progressed for them." (P9)

"I routinely asked about how the clients who didn't switched to online therapy were doing once in 15 or 20 days, depending on how critical their situation was. I asked questions like 'How are you, are you okay? How is it going with your life?' and said that 'I am always here; you can reach me by phone any time.'. I tried to convey the message that I'm here and that even if they don't trust online therapy, they can say hello." (P5)

Three of the therapists said that some of their clients experienced economic difficulties and their purchasing power decreased due to the COVID-19 pandemic. To sustain their togetherness with those clients, therapists declared that they made a discount in their therapy session fees, so that their clients could have the opportunity to continue their therapy process when they were in need. With a similar mindset and the sense of solidarity, some participants (N = 6) took an active part in the social responsibility projects of associations, gave free seminars, conducted therapy with couples and families in need without any fees, and provided free consulting to medical workers.

All therapists whose clients chose to continue with online therapy stated that they informed their clients about online therapy, listened to their wishes, worries and hesitations, and answered their questions about the transition process and the online therapy. Participants also made the transition to online therapy a current issue in the sessions; and, they put an active effort to ease their clients' worries about the online therapy process.

"In the first session, I'm saying: 'It is very important to me that you share with me when something goes wrong here for you, because the first thing here I most care about is that you feel heard.', … and 'We need to preserve our relationship from a distance in a safe way during this process, but let's talk about the concerns you may have at first.'. With every client that switched to online, we only worked through their concerns for maybe the first two sessions. I mean, we worked through how it was like to experience relaxation from a distance, and how it was like to be talking about these issues on the screen. At first, it was difficult for me, but then seeing that it could be carried out comforted me." (P3)

"The therapy system was changing, most of the clients came because they wanted to do face-to-face therapy. When we said that we couldn't do it anymore, a little bit of their anger came out. Questions such as how can we do it, is it going to be the same with face-to-face therapy etc. came out. I was comfortable with that. It was a process in which I listened to clients and answered their questions. A few sessions progressed differently from our normal sessions, there was a bit of Q & A. It was a process of discovering how to approach this issue." (P7)

"I ask clients if they have any concerns about online therapy and if they have, we talk about them. For example, having concerns about their confidentiality or having doubts about whether their voice would be heard by someone else. I'm telling them what kind of environment I am in." (P1)

One therapist verbalized that she used humor for soothing the worries of clients about transitioning to online therapy. She said that she wanted to greet their clients warmly in online therapy room, and added that humor helped her to decrease strangeness of the situation, and made the transition soft.

"I'm a therapist who makes jokes. It is not like a joke actually; I'm using humor to soften this transition, by saying: 'Welcome! It is a new kind of welcome, because we normally used to say it, when welcoming you to the room but now, I'm saying welcome to the Zoom room.'. I said it a lot and I am still saying it when a new client starts. When I'm greeting clients that way, they realize 'Oh, yes, this is kind of strange.'. I'm doing this to create a warm atmosphere. Because when you come across a person that you don't know anything about, suddenly on the screen, it

might feel strange. I feel strange, too. So, I'm relieving clients by asking and talking about what it is like to receive therapy online in the first place." (P12)

Some participants reported that they shared the information sincerely that online therapy was a new area for them too. Both of the experienced and unexperienced therapists asked their clients for giving immediate warnings/feedback when there was something uncomfortable for them in online therapy. Some of them mentioned that they were anxious about technical problems in the early phase of online therapy. When they informed their clients about potential problems about online therapy, they expressed that some of their clients normalized these problems. In other words, not only the therapists eased their clients' concerns, but also sometimes clients calmed their therapists down in online therapy process in the context of COVID-19.

"I explained to clients that it is a process that I also try to get used to. I was saying that please warn me if anything happens. I was more nervous about this issue and I realized that I had been talking like I'm taking the blame on myself. I was saying that 'Please warn me if I make a mistake.'. They were saying 'There is no need for a warning'. I had one client who said 'No, Ms. P2, we are really doing well.'. I guess hearing this was good for my anxiety and worry I felt that time." (P2)

"There are things that are out of my control. Really, what can I do? It is not possible for me to change the internet infrastructure. What I can do is limited. While having technical problems worried me at first, the reactions from the clients calmed me down. They were addressing it in a very humane way, by saying that 'Yes, it can happen. It is happening with us too'. Then, I realized that it is a normal thing, it can happen to anyone. As a result, now I'm saying this at first: 'There can be such problems.'. Clients say okay and they are responding to it by being understanding." (P1)

Transitioning to online therapy in the context of COVID-19 and sustaining togetherness were described as an experience that required a collaborative effort from both therapists and clients by some participants. According to participants' discourses, the feeling of overcoming the challenges together by their joint effort within the process eased the transition period, strengthened their connectedness and relationships. One therapist verbalized that her clients' choice to continue therapy despite everything showed her that her clients were willing to try to establish a bond by trusting their therapists in online setting, too.

"Despite all the things that happened in this process, being able to carry out this process were things that strengthened the relationship. ...I think these are strengthening clients trust and willingness about therapy." (P3)

"I think I can say that I went through this process successfully by solving the problems here with the clients, overcoming these problems together, trying to stay together on the same path by keeping that frame and that space within a trusting relationship." (P4)

"I have never experienced the screen or the remoteness making any difference with regard to establishing a therapeutic relationship. In fact, this happens: You are under more difficult conditions, because the clients also know that there is no therapy room. There might be a lot of questions in their minds about how online therapy will be like, but they also need it. Therefore, both therapists and clients are making mutual efforts to establish a relationship, because the resources are limited and it is what we can do." (P10)

The COVID-19 pandemic has brought therapists and clients together on a common ground. The participants underlined that everyone as a human being had experienced common fears and anxieties, while trying to get used to live with the COVID-19. One participant expressed that the profession of therapy was deeply related with human experiences; therefore, it could not be practiced without taking the COVID-19 and its effects into account. She highlighted that as therapists, we were going through the same things with clients and the COVID-19 was not a thing that would not happen to us. Some therapists emphasized that clients knew that their therapists were living through the COVID-19 pandemic like them. For these participants, living similar things in the context of COVID-19 and having this knowledge turned the therapeutic couple into a team and affected therapeutic alliance positively.

"It is as if we are people who are all in the same boat and suffers from a common problem. I feel that this is something that strengthens 'the feeling of togetherness'. Clients are suffering from a problem and know that even if the therapist doesn't tell, as human beings, they suffer from similar problem, too. It is like clients are there with the foreknowledge that we are all sufferers. I think this brings us closer. It is as if we are in the war time. As in wartime, the ties get tighter." (P8)

*"The togetherness that is strengthened by the knowledge that "*s/he *is also experiencing this, all of us are experiencing this" has affected the therapeutic alliance positively." (P3)*

As mentioned above, clients knew that they had similar experiences and challenges with their therapists due to the COVID-19 pandemic. Three participants verbalized that some of their clients started to be more engaged with their therapy processes by being curious about their outer and inner world. In other words, this meant that they increased their investment to therapy. Furthermore, these participants highlighted that their clients got curious and sometimes anxious about how their therapists were because of living through the COVID-19 pandemic together. While this was the case, therapists tried to calm their anxious clients down by answering the COVID-19 related questions and by being more open. Besides observing their clients' changing interest and worries about their therapists in the context of COVID-19, one therapist expressed that many times, her clients said that *'Even under these circumstances, you are continuing as a therapist, thank you so much.' (P7).* Another participant made a similar point in the following quote:

"Going through such a period together changed the relationship. I think it is not about receiving therapy face-to-face or online. It is mostly related with the fact that in the face of a situation that affects the whole world, they were coming to therapy, working on themselves and wondering about their therapists. 'You are fine, aren't you?', they asked. Normally, when asked how I am, I answer just by saying 'Thank you'. However, in this period, I said 'Thanks, I am fine', because people were really concerned about how others were doing. Clients also started to bear their therapists in mind. If there was a cancelation, they were really concerned about the wellness of their therapist. They asked 'You are fine, aren't you?' or 'Is everything going well for you?'. I saw that they included therapy into their lives a little more." (P12)

Furthermore, three therapists said that they sometimes pointed out that they disclosed having similar experiences with their clients in order to normalize their clients' thoughts and feelings in the context of COVID-19. Two of the three participants made clear that this disclosure did not involve talking about their own problems and personalizing the therapy process. They used self-disclosure as a technique which helped them to show their understanding and empathy to their clients. As an example, one of them stated that in their previous session, her clients mostly talked upon the boredom they felt because of living under the restriction of the COVID-19. By saying that *"Don't worry, you are not alone, I'm bored, too."* (P8), she made their common experience apparent to her client with the aim of normalizing her client's feelings. The other therapist stated that disclosing a similar

experience to that of her client helped to increase trust and strengthened the bond between her and her client.

In addition, three participants mentioned that there was no difference between face-to-face therapy and online therapy in terms of therapeutic relationship. Six therapists spoke about the five exceptional circumstances where their relationship tended to be negatively affected. These five exceptional circumstances were indicated as follows: a) working with couple and families who had little children; b) working with clients who limited their speech due to confidentiality concerns; c) working with clients who had difficulties to comply with the frame of online therapy, d) working with resistant clients, and e) working with clients who had trust issues. However, all in all, they reported that rather than giving up their therapy practice and drifting apart with their clients, choosing to conduct online therapy despite the challenges in the context of COVID-19 made them feel good and empowered.

"It is also good for me to know that everybody is struggling now in various ways in their lives. It is good to feel that I'm struggling for something good and to know that I don't prefer to stop my sessions, not to struggle anymore. I see that after all, the clients can quickly adapt to the situation. It felt good to see that. I mean, it felt good to see good results, to receive support, to know and realize that I am not alone." (P7)

"My inner voice is saying, 'If we are able to sustain our therapy practice even in this period; then, we are doing or we have done something really powerful." (P3)

3.4. CHANGING ONE'S PERSPECTIVE: BOUNCING BACK AND MOVING FORWARD

The last theme of the research describes the changes that CFTs lived through with respect to their perspectives and experiences regarding online therapy and their adjustment process. When the research participants retrospectively evaluated their adjustment processes, it was seen that they passed through many changes and gained different perspectives as a result of these changes. Whereas participants

were mostly anxious and inexperienced in the early periods of the transition to online therapy in the context of COVID-19, they started to manage therapy process easily later by achieving competence and calmness. In addition, whereas the therapists' evaluation of themselves was mostly rigid and harsh when they experienced hardships after the sudden transition to online therapy, they started to evaluate themselves with a more flexible state of mind and with a more compassionate inner voice. At the same time, some participants talked about how their prejudices about online therapy had been eliminated after they conducted it. Lastly, participants talked about the perspectives and beliefs that turned their experiences from negative to positive and added that online therapy had many advantageous sides and opportunities. These perspective and experience changes will be presented in three sub-themes: a) from anxiety to calmness; b) from rigidity to flexibility; and c) from crisis to growth and opportunities.

3.4.1. From Anxiety to Calmness

Being obliged to live with the COVID-19 pandemic and transitioning to online therapy in this context was a new, unknown, and unimaginable experience for all therapists. These circumstances caused participants to feel anxious and to panic. By learning, getting support, gaining experience, practicing and getting used to online therapy in time, almost all of the CFTs in the study (N = 10) reported that they started to have less difficulties in online therapy, and that their concerns about online therapy decreased or vanished. By this way, they highlighted that they started to feel comfortable, calm, good and competent in online therapy.

First of all, the participants highlighted that they were anxious and panicky, because online therapy was previously unknown to them. They tried to calm their anxiety about having no previous online therapy knowledge by learning and trying to apply what they learned. This helped them to regulate their anxiety and to feel calmer in return. One participant summed it up by saying *"First, I became familiar with the unknown; and it relieved me. It reduced my anxiety and panic.".* She also depicted how she started to feel comfortable in online therapy as a result of applying

what she learnt from one of the associations' trainings and seeing its outcomes, by saying that:

"I learnt a lot in that training and when I applied what I had learnt, I saw that there was no difference in my therapeutic relationship, that the process could progress very well. If you do not set boundaries, you may have challenges, it is true. All of these have been a learning process and that training has contributed a lot to me in that regard. I learnt, I applied what I learnt, I saw that it worked and I felt relieved afterwards." (P10)

"I guess I am calmer now, because we have lived and experienced many things in the first period. We know more now. Knowing things is calming. That is my way of coping. At first, there were a lot more unknowns, but now it is going in a calmer way." (P4)

One of the participants mentioned that in the transition period, she approached online therapy as if it was a totally new thing; and so, she thought that she had to learn online therapy from A to Z. Moreover, she became anxious as if she had to learn how to be a therapist again. However, her evaluation of the process changed through practicing and gaining experience. She expressed that she was a therapist who needed to only adapt to a new setting, not a new profession. In addition, two other participants expressed that there wasn't any difference between face-to-face therapy and online therapy with respect to being a therapist, when they adapted to the changes within the process.

"I regarded being able to conduct online therapy as a totally new thing, as if it was something to be learned from scratch. Now, I know that it isn't like that. Now, I know that being a therapist is about neither being online, nor being face-to-face. However, I did not know that at the beginning. It was a major source of stress for me." (P12)

Similarly, three participants verbalized that in the early period of online therapy, the anxious state they felt was very similar to the time when they started face-to-face therapy as intern therapists. For one participant, anxiety was felt because of trying and experiencing something new in a new setting. Even if the client and therapist knew each other, the online context was new both for the client and therapist, which created a new experience for them. Similar to beginning face-to-face therapy for the first time, the participant said that she felt anxious about how

to establish the framework, how to carry out sessions, and how to be a therapist in online therapy. According to their accounts, they started to feel better within the process with the help of practicing more, knowing oneself as a therapist in the online setting and receiving supervision.

Four participants especially highlighted getting used to online therapy and finding it easier with time. One of the four therapists verbalized that the most difficult part was to decide whether to move to online therapy and conduct online therapy in the early period. After taking the first step for initiating the online therapy process, they expressed that their adaptation started to fasten, which resulted in a feeling of calmness.

"I started by feeling anxious. Then, as the therapy process progressed with clients, I saw that it was going well and that it was beneficial. All processes with clients have been very positive. Thankfully, I have never had a negative experience. I felt better and better, and I felt more relaxed. I said, 'Aha, it is really working.'." (P8)

"The things we had to do just got easier gradually. For example, the most difficult task is to make a phone call to clients on the first day of internship when clients are assigned to us (at university counselling center). Everybody in class waits to see who will call the client first. It eases with time. Calling the client up for the first time ceases to be difficult over time. It was a bit like that here too. Everything just got easier. Connecting to sessions started to be easy. At first, the internet was very slow and that was taken care of. Everyone started to be able to hold sessions and meetings comfortably in the end." (P12)

According to the discourses of participants (N = 10), with the help of the increase in the participants' knowledge level about online therapy, their skill developments and experience gaining within the process, therapists' anxiousness reduced and their competency level increased. One therapist summed it like by saying that *"the inexperienced, anxious therapist from the early period of online therapy no longer exists" (P1).* Moreover, most of their concerns about online therapy were left behind. *P4* echoed this by saying that *"While I had concerns about how online therapy will be at first, now I am very sure that I can work very well in the online process."*. Participants started to feel sufficient in online therapy. Being competent and sufficient helped them to achieve calmness as therapists. In addition, some participants gave detailed examples of their competency development by

expressing that they feel like they've always been conducting online therapy like this.

"I was anxious, because I didn't know what I had to do. … Now, of course, I am not anxious anymore. This anxious state of mind left its place to habit and relief, as if I was always working online on the screen from my home. Apart from that, I began to have a great command of what I had to do and the online therapy process. I am now in a position where I feel competent about it. That's why all the hesitations, concerns, questions and fuss in my head are gone. I continue to work and feel like I adapted well. Of course, there are still some sessions where I find it difficult to stay present in the moment. However, in terms of my general mood and emotions, I feel more stable, accustomed to uncertainty, and adapted to the new process." (P10)

"At first, of course, it was a bit more worrying. However, later as we learnt it, experienced it and shared the difficulties [with support systems], it turned into a process where the level of anxiety and panic decreased. I am very comfortable in online therapy at the moment. I'm telling clients who start to online therapy about the studies on the effectiveness of online therapy, or I talk about my own experiences. I can easily give information about its feasibility and effectiveness, relying on my own experiences." (P1)

Lastly, some participants mentioned that their sense of calmness was not only related with themselves and how they themselves felt about it. It was also related with how the clients felt in online therapy. Therapists' level of comfort was also reflected in their way of being a therapist, their way of perceiving and approaching their clients.

"Now, as I relaxed as an individual, my relaxation is absolutely reflected on the way I operate as a therapist. We are still continuing online with our clients. In fact, we've been working online for months. It is not going bad. The clients got used to this process and there was no problem due to being online. Seeing that we can also conduct therapy online was a relief for the clients. Maybe there were no clear concerns in their minds, but the way we conduct therapy changed and it couldn't be known for a while whether it would be beneficial. It was good for them to see that we are able to conduct therapy online. They kept up too, they got into the rhythm again." (P7)

3.4.2. From Rigidity to Flexibility

In this sub-theme, it will be explained that how the participants' rigid judgments and attitudes about themselves and online therapy changed in the

direction of having a more flexible state of mind and attitude in the process. First of all, most of the participants stated that in the beginning, they criticized themselves negatively and harshly when they faced with the challenges of online therapy. According to the narratives of some participants, in the early period of online therapy, they were worried about the things they couldn't do, they mostly evaluated themselves with a tone more pessimistic and rigid, and they felt responsible for uncontrollable sides of online therapy. While they were angry with themselves for the things they could not do or did not have any control over before, they reported that they started to think that they had also similar experiences while conducting in-person therapy. By this way, they expressed that they began to accept themselves and the limitations of online therapy by showing more compassion for themselves. In other words, their critical and rigid inner voice turned into an embracing and comforting inner voice within the process.

"I've actually coped with challenges by accepting myself and giving myself a chance to make a mistake, because I said to myself 'You are a human being too and a lot of people are going through this.' and 'You do not have to be perfect. You are making mistakes in face-to-face therapy, too. It is possible that you forget the door open, and that you are a little bit late to a session. There are times you are in a hurry; you can get distracted in a session and these things might happen in online therapy too. You can get distracted and your mind can go somewhere else.'. I reminded myself of these a lot." (P2)

"At first, I bothered myself a lot. I was saying that all these difficulties happen, because we switched to online. However, now I am aware that they can happen in face-to-face therapy too. Moreover, even if these are happening because we switched to online, it is not the end of the world. About these issues, I became more flexible. Rather than criticizing myself for whether I achieved or not, I've been more flexible and I've started to show more compassion towards myself." (P12)

Moreover, the participants were affected by the COVID-19 pandemic not only professionally, but also personally. Some participants stated that they experienced difficulties in how to adapt to the changes that occurred in their daily life. One of them expressed that she overcame these difficulties by being flexible, allowing herself to do what she needed and wanted to do, and showing compassion to herself by saying that:

"At first, I put a lot of pressure on myself. I was mostly saying that 'I need to find a way' and 'I need to find a solution as soon as possible'. Letting things flow was the thing that helped me the most. Actually, that wasn't an easy thing to do; however, after a while, I realized that there was nothing else I could do at that moment besides letting myself go and going with the flow. I told myself, 'Okay, you can decide tomorrow what you want. Right now, if you want to do this, you can do it.'. The biggest change is in my perspective. While I was going through all of the crisis, my therapy sessions had also been continuing. I had a therapist role. I was inevitably getting closer to that mindset while being in the role of the therapist at least for a few hours in a week. At least, I was able to position myself somewhere more neutral. I was able to take a containing stance for the clients and at the same time I tried to do the same thing for myself. After the sessions, we can say that I applied some of the things I did in my therapist role to my own life." (P7)

Secondly, the participants stated that the framework and the boundaries which they had in face-to-face therapy could not be transferred to online therapy as if they were still in a face-to-face setting. Now, the circumstances of clients were also the determinants of the therapy process. Thus, the participants needed to be more flexible with the increase in the number of uncontrollable situations in online therapy in the context of COVID-19.

"It seems to me that as therapists, we had clearer boundaries. Therapy sessions were carried out in a therapy room, therapy sessions were conducted between certain hours, you needed to dress like this and behave like that and so on. While it was the case in in-person therapy, I think that in online therapy, we've learnt to be more flexible and learnt that everything will not go as we want. In a session room, the client is also behaving according to what we expect from him. For example, he sits in a certain place, you sit accordingly, he comes at a certain time. I think that online therapy is a process where the role of the client increases a little more in this regard. I learnt to be flexible. For example, as a very punctual and obsessive person in time management, I learnt to be flexible in that regard, because while everything seems to be under our control, there are too many factors that we cannot control right now. I think that we should get used to them, because we cannot control them." (P10)

Some of the participants gave detailed examples of specific situations which they needed to approach with a more flexible state of mind when they encountered them in online therapy. Instead of being insistent on certain issues such as which software they used or the time of the session, they highlighted that they needed to adapt flexibly by taking into account their clients' circumstances in the context of COVID-19.

"For example, a couple couldn't download Zoom for weeks. They were a couple in the process of divorce. The woman didn't even let the man come to her home and download Zoom for her. In such cases, I didn't insist. I accepted the situation as it is and tried to conduct the therapy most efficiently under the current conditions." (P5)

As another example, one participant explained how she had to be flexible for having a therapy session with a couple who had a young child. For once or twice, they postponed the session until the child went to sleep.

"I tried to be flexible. I think what helped me the most to cope was 'trying to be flexible. As a person who adheres to principles, rules and frame, I did not care a lot about ending the therapy session at 23:30 at night anymore. I mean, I really focused on the client's needs at that moment. I thought that this was a special situation and I was not going to do it all the time; however, I gave myself the message that I don't want to create any tension over doing this right now, neither for the other party nor for myself. So, I guess flexibility worked for me the most in that sense." (P8)

Lastly, participants mentioned that their rigid views about online therapy changed after they started to conduct online therapy. Many participants stated that they had negative views, prejudices and stereotypes towards online therapy and its efficiency, before they had any chance to try it. However, they highlighted that their perspective changed after they tried it and gained experience. Furthermore, some of them mentioned that their views about working from home also changed in a way that is very similar to the perspective change about online therapy.

"The things that I regarded as impossible were actually possible and doable. The things that I regarded as useless actually worked and proved to be useful. I've always believed that: The principle of virtue in Aristotle is the golden mean. The two extremes are never balanced, it is better to be in the middle. In other words, it didn't make any sense to say that online therapy would never work out well. I mean, I saw that it could be carried out and benefited from. I mean, if you reason about anything without knowing it, you may turn out to be wrong. As a therapist, as a human being beyond being a therapist, I have learnt once again that the assumptions made about anything without directly experiencing it may not be correct." (P8)

"As a therapist, it was nice for me to see how practical it was to be working from home and being able to work online. It was also nice to see that some of the things that we approached with a very rigid mindset do not need to be so rigid. Frankly, it was good for me to see that some things are more attainable and more doable.

As I said, flexibility is very important. We could have been more flexible, the things can be approached more flexibly, there is such a way of living in this world. After we were able to be flexible, we started to make the most of that world." (P12)

3.4.3. From Crisis to Growth and Opportunities

3.4.3.1. Growth Experiences

In the last subtheme, the perspectives that helped therapists to experience growth after they faced with the crisis, and the new opportunities they gained after this crisis will be elaborated on. In the first dimension of this subtheme, the participants' way of thinking about life and growth will be elaborated on. As a result of experiencing hard times in the context of COVID-19, the participants expressed that they started to focus on their experiences' positive sides more often rather than being stuck with its dark sides. By this way, they learned from their difficulties and they believed that this process could result in a growth experience. Moreover, living through hard times and adapting to new circumstances gave rise to a sense of confidence for the participants.

Firstly, the participants stated that living in the context of COVID-19 affected them negatively in many ways. Living and working in the context of COVID-19 went hand in hand with intense emotions such as fear and anxiety. Moreover, it was challenging for the therapists to be aware of the real and symbolic losses that they experienced every day. While witnessing the huge number of deaths around the world, one therapist expressed that she gained the perspective that all problems and challenges could be overcome as long as she is still alive. Having this perspective helped her to adapt to the personal and professional changes she went through.

"Everything in life has a remedy, nothing remains unsolved. I've gained this perspective, and I've been experiencing this perspective in practice. So really, as long as we have inclined to think like that, everything has a way out; if desired, there are ways to find solutions. … Nothing is over. It is only over if you die. The real end is death. Other than that, everything has a solution and a way out as long as we channel our energies into finding that path out. This is my achievement. In other words, people die next to us and we go on with our lives. 250 people die every

day in our country due to the same issue and the same reason. Here, there, and everywhere around the world, hundreds of thousands of people, tens of thousands of people are dying. However, while all this is happening, we are here and we are alive. Okay then, there is still something we can do." (P5)

The other participant mentioned how her attitude and general state of mind changed from negative to positive in the face of her experiences in the context of COVID-19. More specifically, her relations with her circumstances changed from despair and being passive to seeing the positive sides and exercising control over her current situation.

"At the beginning of the pandemic, I was like a fish out of water: I didn't know what to do and how to do it, the time was running out, I had just moved here, I got stuck. I was mostly speaking with a narrative of desperation. I couldn't get out of that narrative much. I was mostly focusing on what I had lost. Many things have changed in terms of my ways of coping, but I can say that the biggest change is in my mindset. I recognized what I have and felt lucky, rather than seeing myself as a victim who had been confined to a place. In some respects, at least I've tried to make good use of the current situation and enjoy it. The changes in my movements, perspective and perception were a result of this shift in my mindset." (P7)

Some therapists stated that their points of view related with crisis and hardships had eased their adaptation process and gave them hope to keep going on, even when they faced with challenges throughout the process. Their perspectives and beliefs could be summarized as *'Periods of crisis or hardships could help someone to empower oneself and open up new opportunities'* and *'Disadvantages bring along advantages in the end'*. There are some examples:

"I actually like crises, because they provide us with good opportunities to change. In this process, I thought about how I would get stronger, which deficiencies I would see and have the opportunity to better, and how I could turn this crisis into an opportunity. Hence, I improved myself a lot." (P6)

"Whenever we go through such difficulties, it is possible to come out stronger and this can be turned into an opportunity. The challenging periods are opportunities. I was able to look at them positively, because I have this kind of belief and point of view. In a short time, I received some online trainings. I didn't do any drawings before, I became one of those people who paint. I listened to music and read books more often. These things have always given me hope. If I am like this, many people may be doing similar things too. Maybe we can continue as a much healthier and more conscious society, if we bandage our wounds. Of course, it is a great trauma,

great loss and grief. I always hoped that the person who noticed these and faced them could transcend." (P4)

Additionally, most of the therapists mentioned that mandatory legal regulations about the COVID-19 restricted them both professionally and personally in the very early phase of the pandemic. However, with time, they started to focus on the positive sides of giving their busy daily life routine a break. They reframed the process as 'having a break', 'the time to relax', and 'the time to invest in oneself'.

"I tried to look at it a little more personally: This can also be a process where I can rest. I was saying to myself, 'You were very tired. Maybe you should really check and update your calendar, and take care of yourself. Let's try to evaluate what has happened from this perspective.'." (P3)

"We were living in a fast-paced world. There was a rush. We couldn't get to anywhere on time and we couldn't do anything on time. It was a period when I felt very tired. I think, that's why, I saw this process as taking a break or a time for catching my breath. Working from home could be more relaxing. Being less exposed to external stimuli could calm me down a little bit. The exciting and comforting part for me were related with resting a little more, calming down, or slowing life down. So, as a result of slowed-paced world, I was able to take good care of myself and to spend time for doing practices like meditation or yoga." (P4)

With the help of experience and perspective change within the adaptation process, nearly all of the participants reported that their self-confidence as therapists increased in the end of the process. Living through the challenges, trying to cope with them through educative initiatives and supportive relationships, sustaining their profession against all the odds and being able to adapt turned into a growth experience for the participants. One therapist mentioned that even though she felt down in her profession in the early phase of transition, she got better with time, which resulted in an increase in her trust on herself. The other one expressed that while she needed the help of others such as supervisors and peers in the early phase more often, her confidence in herself and her inner sources increased now, which decreased her need for others. In similar ways, many of them highlighted that they felt more empowered in the end of their adaptation process.

"It was nice to feel and see that while going through such a process, I'm able to continue as a therapist and contain my clients in some ways. Professionally, seeing

that the sessions go well is something that increases my self-confidence. It is like surviving a war. It's actually a good feeling to see this." (P7)

"I loved my profession once again. I'm thinking what are the worst conditions? It is an earthquake; it is a war and so on. So, I think that as psychologists, we will be able to adapt the knowledge and experiences we've gained from here to all conditions." (P6)

"I think that going through this process develops, matures and strengthens me. So yes, there are losses, but if we can deal with them, if we can overcome them, I think it can be even more empowering." (P4)

Secondly, some participants expressed that their clients examined their views of life and relationships from different angles within the process of living with the COVID-19 pandemic. One therapist mentioned that with the decrease in the distraction that was caused by the outer world, everybody turned back to their houses, and reflected on their relationships and themselves. The clients' examining and reviewing their lives as a result of the pandemic was likened to looking at the good and bad sides of their lives through a magnifying glass. According to the participants' narratives, self-reflection paved the way for clients gaining new insights. At the same time, this gave rise to a more fruitful and intensive therapy process.

"Clients were also concerned. Not knowing what awaited them also gave rise to a sense of anxiety for them. From time to time, they also got angry, scared or upset as a result of not being able to see their families or learning that one of their family members' test result was positive. I think their emotions and internal processes were also magnified, because they looked at their emotions and internal processes more often. That fact that everybody was engaged with their inner life, the fact that everybody was open and motivated to engage with it more often prepared a perfect ground for therapy." (P3)

"The fact that my clients' lifestyles and perceptions have changed due to the COVID-19 created very important insights for them, and I took advantage of it in therapy. Just as this crisis gave rise to my development, I talked with my clients about it, by asking these questions: 'How were you affected by these events?', 'How has it affected your life positively/negatively?', 'What decisions did you make?', 'What has changed in your life?', 'What were the things that you did well in this process?', 'How could you cope with the crisis?', 'Could you manage your anxiety?'. I think that this crisis provided us with a very great opportunity to work on these issues with them." (P6)

Furthermore, one therapist talked about the positive effects of the COVID-19 on some of her clients. According to her discourse, as a result of being infected with the COVID-19, her clients were able to redefine the things that they took seriously. She pointed out one of her perfectionistic clients' experience and added that no therapy process and therapist could ever change her inner dynamics, automatic thoughts and rigid behavior patterns. While her client saw herself as inadequate, and criticized herself with high perfectionistic expectations, being infected with the COVID-19 virus changed the way she perceived herself and lived her life. The client started to say that 'I am important, I do not have to do everything very well and life does not have to be a bad place' as summed by the participant.

3.4.3.2. Gaining New Opportunities

In the last dimension, all participants stated that the transition to online space gave them new and unique opportunities, and they appreciated the advantageous sides of online therapy. Firstly, eleven participants expressed clearly that they were lucky to have a profession which enabled them to keep working online, without having to stop or taking any health risks in the context of COVID-19. Seven of the eleven participants highlighted that by transition to online therapy, they found an opportunity to keep affording a living. They stated that if online therapy was not an option, they would experience economic difficulties.

"The positive side for me was to be able to move my profession to an online platform and continue my work in that platform while there was an epidemic that we didn't know anything about." (P11)

"The fact that my job was suitable for working online created a huge advantage. So, we didn't become unemployed." (P6)

Secondly, according to the participants' narratives, accessibility got easier with transition to online space in many aspects such as access to clients who lived in remote areas, access to trainings and seminars, time saving, and no travel restrictions. Ten participants verbalized that carrying out therapy with clients who lived in other cities or abroad became possible through online medium. At the same

time, they expressed that they also found an opportunity to conduct therapy with clients who were in the same city, but lived in a remote area.

"Maybe I feel good thinking about my clients. For example, now I have clients from far away. There is a person who dwells in Büyük Çekmece. S/he couldn't physically come to my office normally. Someone who was in London wouldn't normally be able to come. In other words, it is very good for me to think that distance, borders and the concept of place have been removed. I can conduct therapy with someone from Mardin. It's a very nice feeling. The feeling that you can reach anyone from anywhere is a very good feeling and knowing that this is real, it is not something imaginary is also very good. I couldn't have imagined it, but it came true." (P8)

For participants, easier access opened up the way for reaching out to many more clients. Moreover, one therapist explained the importance of working with clients who lived in different cities or regions for gaining experience and observing different cultures and various contexts.

"I had many clients from different provinces. I think this is also very important, because every house is really very different from each other. That's why I think it has improved me a lot in terms of my professional practice." (P10)

Furthermore, one therapist mentioned the importance of easy access to therapists who had experience and competence from the perspective of clients who lived in remote and small cities where there were not many therapist options.

"I had a client from out of town. I've never seen her in-person. We are still carrying out our therapy. During this period, she viewed the transition to online very positively. For example, she lives in a small city. She said 'I didn't want to work with a therapist from here.'. The fact that therapy is online is an advantage, because you can meet a therapist from anywhere you want. She was so happy as a result of the transition to online, because she said, 'I met with another therapist here and I didn't like the therapist's experience level and competence.'. The transition to online provided a great opportunity for her." (P1)

Thirdly, eight therapists reported that they started to access to various trainings and seminars easily after the transition to online medium. According to their accounts, in the first phase of switching to online therapy, when they especially needed to increase their level of knowledge about it, online trainings, seminars and gatherings became very beneficial for them. Besides this, some participants mentioned that they constantly attended trainings to maintain their professional

development. When trainings were in a face-to-face setting, they needed to plan many things such as their daily program, distance, transportation and time. Most of the participants expressed that they found distance learning advantageous, because of being able to use their time efficiently and being able to attend trainings from the comfort of their houses.

"Another advantage is that the trainings are online now. As an example, I got a training in emotion-focused individual therapy by Sue Johnson from Canada. While this was not possible in my life, such opportunities arose as we switched to online; so, I think that we developed ourselves more easily. When the training was face-to-face, the place might be far away from you or anything might happen, it may not fit into your schedule. However, when the trainings are online, you are at home and you are comfortable. So, I think these are very advantageous." (P10)

"The fact that everything is online has brought a sense of comfort. I mean, it is not only in professional sense. For example, it was also nice to be able to watch a seminar that caught my attention from my seat. There was the easiness and comfort of accessing everything from my computer." (P7)

In addition, time saving was seen as one of the opportunities of online therapy. Not being stuck in the traffic, not losing time in transportation, not spending money for transportation, saving energy were given as examples of the advantages of online therapy. Moreover, some participants highlighted the comfort of working from home.

"The time I gained from not commuting is still a great advantage for me. There is a huge difference between the situation where I get ready half an hour before the therapy session and sit in front of the computer with my coffee or after drinking my coffee, and the situation where I get ready two hours before the session time, leave the house one and a half hour earlier, spend an hour on the road and rest in the office for half an hour." (P3)

In addition to all of the advantageous sides, some participants mentioned that they became able to continue their therapy sessions with their clients who travel a lot and change locations often without giving a break with the transition to online therapy. Similarly, the participants talked about the changes in their views about therapists' mobility. Some participants verbalized the realization that by working as online therapists, changing the city or country they lived in became possible. Having the opportunity to move was described as comforting. Being able to carry

out therapy even if therapists or clients changed their city for summer vacation rather than having to give a long break was also appreciated by some therapists.

"For example, therapy was mostly being interrupted during summer months. It is advantageous that there is no such thing right now. It is a good thing that we can continue the sessions with many of my clients who went to their summer houses this year, or let's say that the consistency could be maintained even you go somewhere, if you can adjust yourself. These are beautiful things." (P5)

"I was thinking that if you are a therapist, moving abroad or relocating is very difficult. My prejudices have lessened. Now, it has become much more possible in the future to move from this city or country to another place and to conduct therapy there, because I can switch to online therapy with my clients. Such a life is possible. As another opportunity, there are more possibilities such as staying in one place for three to four months in the summer, conducting online therapy for a few months there and then returning to the office. It was such a gain. Maybe I can say that a more flexible thinking about the therapy room and the context in which therapy will take place has been revived." (P11)

All in all, there is one last important issue which is necessary to highlight in order to capture the whole experiences of the participants. Five participants made it clear that they experienced the good and bad sides of the transition to online world and living under the COVID-19 together or one after another within the process. While sometimes they found themselves in a position where they focused on the positive sides, appreciated the changes and felt good about them; in other times, they found themselves in a position where their feelings of anxiety, tiredness and desperation were in charge. These emotional fluctuations mostly depended on the changes in external circumstances (e.g., increase/decrease in the number of the COVID-19 cases and the rigidity/flexibility of the legal restrictions they had to comply with). For these reasons, their experiences, their perspectives about these experiences and their evaluations about adaptation process changed many times according to which period they were living through. These participants used some descriptive words such as *'ups and downs'*, *'wavy'*, and *'circular'* to illustrate and reflect the changing nature of their experiences within the process.

"I can describe it as wavy. The initial state of anxiety turned into the realization that therapy can be conducted like this. Then, that realization turned into 'Okey, it is going well but how long are we going to work like this?'. Then, I said, 'That's just great, we can go for a vacation ..., I mean, we can make the most of it.'. At the same time, it was also good for me not to commute, not to use public transportation.

We are at home; we are working from the comfort of our houses. Then, these thoughts turned into the realization that it is very good to go to the office and that having a session in the office is much easier then online. With the second wave, again I am thinking that how long it is going to continue like that. I mean, we are always at home in winter. Now, we are completely at home again. That means we will again look at our inner lives." (P3)

"Since I have been feeling like I am still in this process, it is not easy to look back and say that I was that kind of person but I am this kind of person now. It's a journey and I don't know where I am on this journey, maybe I'm in the middle. Maybe. I hope we're near the end but I still feel like I'm on that path." (P7)

In the results section of the present study, the four main themes that show the experiences of CFTs who transitioned from face-to face to online therapy due to the pandemic and their adjustment processes to unexpected and unavoidable changes have been presented. In the next section, these four main themes will be discussed in the light of previous findings from the existing literature.

CHAPTER 4
DISCUSSION

The present study aimed to investigate and understand how CFTs experienced transition to online therapy in the context of COVID-19 and how they adjusted to unavoidable changes that happened in their professional practices from a systemic perspective. More specifically, the COVID-19 pandemic and its impact on CFTs' therapy practice and their adjustment process were investigated with regards to their various kind of experiences, including switching to online therapy, unique challenges they faced, the way they coped and their strengths. Based on the results of the semi-structured interviews with 12 CFTs, four main themes were identified to demonstrate their adjustment process in the context of COVID-19. These themes were named as "facing new challenges", "increasing competence", "strengthening connectedness and solidarity", and "changing one's perspective: bouncing back and moving forward".

"Facing new challenges" theme revealed two subthemes that explained the new hardships CFTs experience in the new context of online therapy, namely loss

of the familiar, and interrupted therapy sessions. The second theme, “increasing competence”, highlighted the CFTs’ first step taken for adjustment to the new context, and involved initiating a learning process and gaining new practical skills. This theme included two subthemes named as increasing knowledge, and developing new skills and alternative solutions. The next theme which was called “strengthening connectedness and solidarity” covered the CFTs' adaptation efforts to the changing context by striving to strengthen their bonds with their social support systems and clients in various ways. Knowing that the experiences and processes they passed through were a shared reality with colleagues and clients made their adaptation easier and strengthened their therapeutic relationship with their clients. This theme had two subthemes, namely you are not alone; we are all in the same boat, and establishing and sustaining togetherness with clients. The last theme named as “changing one’s perspective: bouncing back and moving forward" was about the changes that CFTs passed through with respect to their perspective and experiences regarding online therapy and adjustment process from the beginning of the pandemic. From anxiety to calmness, from rigidity to flexibility, and from crisis to growth and opportunities were the three subthemes of the final theme.

In the next section, these four main themes will be discussed in the light of previous findings from the existing literature. Then, with the knowledge of the literature, possible clinical implications will be elaborated, based on the experiences of the participants of the current study, and then, the strengths, limitations and suggestions for further research will be presented.

4.1. DISCUSSION OF THE THEMES

4.1.1. Facing New Challenges

In the face of the unexpected, rapid and unprepared transition to online therapy, the participants of the study faced new challenges, especially in the early stages of the transition. Participants expressed that the challenges and limitations

they experienced in online therapy were closely associated with the loss of the familiar ways of conducting in-person therapy where they felt competent, confident and comfortable as therapists. Participants mostly reported the downsides of online therapy by comparing the two modalities. Challenging aspects of conducting online therapy were expressed as the loss of physical closeness and togetherness, the loss of the observation of body language and nonverbal communication, facing difficulties when implementing remote interventions, working with specific client populations, and experiencing interruptions in the flow of online sessions. All of these challenges have been reported in the literature and are discussed in more detail below.

4.1.1.1. Loss of the Familiar: Difficult Sides of Remote Therapy

The loss of physical closeness and togetherness was one aspect of the participants' challenging experiences in the transition process. According to their accounts, they were using the therapy room, their physical presence and bodies, having eye-to-eye contact, their mobility, and physical touch/contact as therapeutic tools when they were conducting face-to-face therapy. These therapeutic tools were used for showing intimacy, easing the joining process, encouraging clients for sharing their emotions, containing clients' emotions, validating clients' experiences, helping clients to process intense emotions, and by subtle bodily movement, giving the message that they were not alone with their difficulties. However, while working remotely with their clients, the participants felt frustration and sometimes despair as a result of the lack of these tools, which turned online therapy into a more challenging experience for them. Their concerns about physical distance seemed to increase, because they knew that clients experienced intense emotions in the context of COVID-19. Consistent with these findings, concerns about not being fully able to contain and soothe clients' intense emotions, not being able to attune, having hardships in the joining process, and giving more effort to feel empathy and show intimacy have been found in the existing literature on psychotherapists practicing online (Aafjyes-van Doorn, Békés & Prout, 2020; Békés et al., 2021; Geller, 2020;

Heiden-Rootes et al., 2021; Ledesma & Fernandez, 2021; Mc Kenny et al., 2021; Wrape & McGinn, 2019). Other studies also emphasized how therapists use their bodies as intervention tools (Heiden-Rootes et al., 2021), and showed that the lack of physically cocreated moments in the therapy room might have decreased the amount of the patients' emotional sharing, giving feedback about therapeutic process, and establishing a therapeutic relationship in online therapy (Mc Kenny et al., 2021; Shklarski et al., 2021a).

The loss of the observation of body language and nonverbal communication was another challenge that the participants experienced in online therapy. Participants reported that while conducting face-to-face therapy, they observed their clients' body language and nonverbal communication in order to assess their clients, obtain information about them, understand their true feelings, reach their inner world, understand the interactional dynamics between partners or family members, generate hypotheses, and implement appropriate interventions. They explained that these observations became dramatically limited in online therapy as a result of the limitation of technology. Some participants likened working through the screen to 'looking at a film frame' or 'looking at a portrait'. In a very similar vein, Hardy and colleagues (2021) highlighted that patients also felt uncomfortable when their relationship with their therapists decreased from 3 dimensions to 2 dimensions. The effect of not being able to fully observe body language and nonverbal interactions, and read facial expression, gestures and nuances on therapy practice because of the technology barrier has been demonstrated in the current literature (Burgoyne & Cohn, 2020; Heiden-Rootes et al., 2021; Mc Kenny et al., 2021; Springer et al., 2020; Wrape & McGinn, 2019).

Furthermore, previous research suggests that therapists working in Turkey attach a great amount of significance to non-verbal communication in their practices. According to a previous study (Akyıl et al., 2017), the reason why therapists in Turkey are more hesitant toward conducting online therapy might be related to their cultural background that values more indirect and nonverbal communication strategies as opposed to direct and verbal ones. Without the cues and signs of nonverbal communication, therapists in Turkey may have thought that

they would face much more hardships in understanding and communicating with their clients in an online setting (Akyıl et al., 2017). Thus, it is possible to interpret the emphasis on the loss of non-verbal communication in the present study as being congruent with the participants' cultural context as well as their professional roles as psychotherapists. For that reason, Turkish CFTs might have experienced this common challenge more intensely while conducting therapy remotely.

The difficulty of remote interventions is the last issue that came up in the participants' accounts. Participants stated that they use experiential/interactional techniques by being very active in the therapy room in order to understand the nature of clients' problems and interactional patterns, immerse clients in the therapy process, increase their focus, facilitate disclosure, and develop faster solutions to problems. Similar to the findings of Heiden-Rootes and colleagues (2021), the participants of the present study highlighted that physical presence and togetherness are required to practice most of the systemic techniques and interventions. For example, they mentioned that they use swivel chair to get closer and move away from their clients, especially while working with couples and families for establishing contact much more freely. In a similar vein, Wrape and McGinn (2019) emphasized that therapists can use the swivel chair to create a change in the family structure and to establish temporary coalitions among family members; yet this technique cannot be implemented in the online setting (Wrape & McGinn, 2019).

For these reasons, implementing and managing experiential/interactional techniques remotely has become much more difficult for the participants in online therapy. Consistent with this finding, concerns over the use of these interventions, the feeling of frustration in the face of this limitation, and the decrease in the spontaneity level of therapists have also been reported in the literature (Springer et al., 2020; Mc Kenny et al., 2021; Wrape & McGinn, 2019). Mc Kenny and colleagues (2021) showed that the implementation of these interventions was not impossible, but there was a dramatic difference in this regard for their research participants. The researchers explained the possible reason behind this finding as the participants' lack of knowledge and training with regard to conducting online therapy and utilization of different features of software programs. Thus, these initial

challenges about adapting interventions and techniques to online therapy might be related to limited prior knowledge and experience of the participants in the present study.

Moreover, from the participants' viewpoints, the difficulties of remote interventions have increased especially when working with children, high conflict couples, crowded families, and groups. Participants mentioned that the use of play with children eased the process of forming a therapeutic relationship and keeping children's attention focused on the therapy process. However, online therapy was very restricted compared to the opportunities participants had in face-to-face settings in terms of various kinds of toys, games and interactional activities. Furthermore, they reported that in online sessions, children's attention was more easily distracted and it was difficult to see them on the screen because of children's active mobility. These findings have been supported by different studies (Eppler, 2021; Hardy et al., 2021; Heiden-Rootes et al., 2021; Ledesma & Fernandez, 2021).

With regard to working with couples remotely, according to the participants' discourses, various techniques that required partners to move and use the therapy room actively could not have been transferred to online therapy. The therapy work started to progress on the basis of talking rather than moving. More specifically, similar with previous findings (Burgoyne & Cohn, 2020; Eppler, 2021; Hardy et al., 2021; Heiden-Rootes et al., 2021; Machluf et al., 2021; Springer et al., 2020; Wrape & McGinn, 2019), the participants mentioned their perceived ethical and safety concerns about working with high conflict couples while especially working remotely. They were inclined to think about worst-case-scenarios and be anxious about them. Their lack of control over the environment where clients connected to the session has greatly increased their concerns for potential arguments and escalation of conflicts. Their concerns about this issue might have intensified because of the living conditions under the COVID-19 pandemic. The literature has demonstrated the increased risk of conflictual relationships and violent acts between partners and family members due to living under confinement in longer duration (Balzarini et al., 2020, as cited in Stanley & Markman, 2020; Bradbury-Jones & Ishan, 2020).

4.1.1.2. Interrupted Therapy Sessions

While therapists could provide a safe, predictable and isolated therapy environment in face-to-face therapy practice, the control of the therapists in creating this environment dramatically decreased with the transition to online therapy; thus, the interruptions that occurred in the online session flow were emphasized as common difficulties by the participants. The reasons behind these interruptions varied from interruptions caused by technology to interruptions caused by factors related with clients.

According to the participants' discourses, some interruptions in the session flow were caused by the disruptions created by technology itself (e.g., internet outage, connection and bandwidth problems, poor video/audio quality, the qualities of hardware and software programs and issues related with them). In the face of unpredictable nature of these technological problems, the participants reported that they felt panic, anxiety, tension and frustration especially in the early phases of transition. The loss of session time while handling technological problems increased therapists' worries. This finding aligns with Springer and colleagues' study (2020), which showed that unexperienced therapists felt much more intense feelings and it took time for therapists to normalize these disruptions. Consistent with previous findings (Hardy et al., 2021; Heiden-Rootes et al., 2021; Mc Kenny et al., 2021; Shklarski et al., 2021a; Springer et al., 2020), connection problems created misattunement between them and clients, and they had to ask their clients to repeat themselves or ask for going slowly for not missing their words. It was reported that stopping the client due to delay while the client is talking causes the client to move away from his/her emotion. Moreover, the participants reported that clients' technological literacy and their devices' quality were also determinant factors whether there would be interruptions related with technology in the session. Although participants made their hardware and software preferences based on the security and confidentiality needs, they stated that in some situations, they had to comply with their clients' conditions. As mentioned previously in the literature (Burgoyne & Cohn, 2020; Shklarski et al., 2021a), receiving notifications and calls

were also some of the reasons of therapists and patients getting distracted in online sessions in the current study.

Interruptions caused by factors related with clients were dependent on where clients connected to session from, and clients' attitudes in online sessions. During the COVID-19 pandemic, the majority of therapists and clients had to be connected to sessions from their homes because of stay-at-home orders. Complying with these orders required being with others (e.g., housemates, partners, and/or family members) at home all the time. Even though the therapists tried to minimize factors that caused interruptions in their home environment, they could not have removed all of them (e.g., the rings of doorbell, the barks of their dogs) because of the unique living circumstances created by the COVID-19 pandemic. Similar to the findings in the existing literature (Burgoyne & Cohn, 2020; Eppler, 2021; Hardy et al., 2021; Heiden-Rootes; 2021; Wrape & McGinn, 2019), according to the participants' narratives, other individuals who were at home, especially little children and pets, disrupted therapy flow directly or indirectly. Although Fraenkel and Cho (2020) highlighted that online therapy provides the opportunity for families to arrange childcare much more easily, online therapy in the context of COVID-19 changed this equation in some ways. Participants stated that couples did not have any other place to leave their children during the COVID-19 pandemic, and had to rearrange their sessions according to their children's sleep schedules. Similarly, the literature has also mentioned couple clients' discomfort in the face of their children's intrusion into their session (Hardy et al., 2021).

Besides, the participants reported that clients' concerns over their privacy affected the flow of the sessions. In a similar vein, Eppler (2021) mentioned that some therapists were also worried about their own privacy while conducting online therapy from their home. Similar to the finding of this study, therapists' and clients' concerns over confidentiality and safety while connecting to sessions from home increased, as has been documented in the literature (Eppler, 2021; Hardy et al., 2021; Mc Kenny et al., 2021; Wrape & McGinn, 2019.) According to the participants' accounts, while some clients chose to connect to sessions from an outdoor place (e.g., car or parks) for eliminating their concerns for privacy, a few

clients changed their session place frequently and wanted to connect to sessions from inappropriate places for therapy. When clients connected to sessions from cafés or parks, it was reported that the environmental stimuli and background noises interrupted the flow of the session. Participants reported that with some clients, setting boundaries to prevent external distractions was much harder. Moreover, although connecting to an online session from one's car could be a solution to privacy concerns, Hardy and colleagues' (2021) research showed that watching people around while being in a car caused clients to get distracted during the session.

Lastly, based on the accounts of the participants, some clients' attitudes during the sessions such as eating/drinking, smoking and walking caused session interruptions. This finding is supported by previous research (Hardy et al., 2021; Heiden-Rootes et al., 2021; Mc Kenny et al., 2021). While some participants approached these attitudes by seeing them as a part of the comfort of home, the others thought that these attitudes decreased the efficiency of therapy work. In a similar vein, Heiden-Rootes and colleagues (2021) also found out in their study that clients' attitudes such as drinking wine, walking and talking with someone who came to the room created disruptions in the session flow, which caused therapists' disappointment.

Overall, the participants talked about the new challenges they faced in their transition to online therapy during the pandemic. Their accounts were mostly consistent with the recent literature on mental health professionals' and CFTs' experiences (Aafjes-van Doorn, Békés, Prout, et al., 2020; Békés & Aafjyes-van Doorn, 2020; Békés et al., 2021; Eppler, 2021; Hardy et al., 2021; Mc Kenny et al., 2021). The results showed that the participants were primarily concerned with the effects of transitioning to online therapy on their therapeutic relationship with clients, and their ways of communicating with clients, making an intervention, applying a technique, and managing interruptions. If we try to understand these changes from a systemic perspective, the COVID-19 pandemic has brought along many changes into the world CFTs live in, into the society they are part of, into their professional and personal lives. All the systems they live in faced unavoidable

changes and challenges, which caused disruption in the equilibrium in their lives, especially in the early phase of the COVID-19. As suggested by the theories of systemic therapy, unexpected transitional periods could increase family members' stress level and the system's stress level, and create new challenges for families (Falicov, 1978, as cited in Gerson, 1996). In a similar vein, the COVID-19 pandemic as an unexpected and untimely event has brought the transition from face-to-face to online therapy with it. CFTs mandatorily left the familiar way of living and working behind, and adopted unknown, new and unfamiliar ways of living and working. As seen in the family system, passing through this transitional period created new stressors and hardships for CFTs. However, it is also known that family systems are inclined to reestablish equilibrium or homeostatic reintegration (Carlson et al., 2005). In which ways did CFTs try to reestablish equilibrium? Which qualities became helpful for them? How did they adjust to these changes? In the next section, the first step CFTs took for adaptation will be discussed.

4.1.2. Increasing Competence

Before going into details about second theme of the research, it is worth giving some information about the backgrounds of the research participants, and their relation with the existing literature. According to the demographics of the participants, it was seen that seven participants out of 12 neither had previous online therapy experience, nor received online therapy training before the pandemic. Although five participants had already previous online therapy experience before the COVID-19, they were predominantly conducting face-to-face therapy. When their frequency of working online is taken into consideration, their online therapy experience can be evaluated as slightly limited. These participants were predominantly carrying out online therapy with individuals. Only three of them reported that they conducted online therapy with couples. The general demographics of the participants in terms of having previous online therapy experience and the client population they predominantly worked with are in line

with a previous study conducted with couple and family therapists working online during the pandemic (Machluf et al., 2021).

Participants of the current study reported that they felt unprepared in the face of transition to online therapy in a rapid way due to various reasons. Switching to online therapy in the context of COVID-19, and conducting online therapy gave rise to various challenges for couple and family therapists, as discussed in the first theme. The unique challenges of online therapy might have been doubled, especially for the study participants who had no previous online therapy experience and were caught completely unprepared to this transition. According to the participants' accounts, it was reported that the lack of online therapy training and experience prior to the COVID-19 is an extra element of anxiety and stress during the transition period, and a reason for evaluating their competency and confidence as low, as has been documented in the existing literature (Békés & Aafjyes-van Doorn, 2020; Eppler, 2021; Shklarski et al., 2021a; Poletti et al., 2020). According to previous studies (Blumer et al., 2015; Hardy et al., 2020; Hertlein, Drude, Hilty, et al., 2021; McKee et al., 2021; Shklarski et al., 2021a; Smith et al., 2021), these were the reasons for the hesitancy and reluctance of therapists about online therapy.

Moreover, similar to the findings of other studies (Békés & Aafjyes-van Doorn, 2020; Cioffi et al., 2020; Machluf et al., 2021; Shklarski et al., 2021a; Tohme et al., 2021), the present study showed that the participants who conducted online therapy prior to the COVID-19 experienced the transition process more smoothly compared to inexperienced ones. However, this should not be interpreted as experienced therapists being free from concerns. Those therapists also felt anxious about the uncertainty and unpredictability of the process, and some indicated that they were also caught unprepared, since they had to work with client groups (e.g., family) that they did not prefer to work online prior to the COVID-19.

Under these circumstances, to overcome their feelings of inadequacy, their doubts about professional skills and abilities, and the new challenges of online therapy, couple and family therapists made constant efforts and took various steps to increase their competence level in online therapy. Through learning and gaining experience about online therapy, therapists not only found new ways of dealing

with hardships related to online therapy, but also developed various new skills. As a result of these efforts, therapists started to feel more competent and empowered, and they adapted to the new context of online therapy by being able to manage the online therapy process.

4.1.2.1. Increasing Knowledge

The first sub-theme, increasing knowledge, was generated from the participants' discourses about how they initiated their learning process and in which ways they increased their knowledge about online therapy and its essentials. First of all, participants of the current study reported that they initiated their learning processes in order to cope with the anxiety of not knowing. For the inexperienced ones with regards to conducting online therapy, learning about procedural and ethical sides of online therapy became very essential in this process. For the experienced ones, the issues related with more specific therapeutic skills and therapeutic presence became the subjects of their learning process. Moreover, apart from procedural, ethical, theoretical and skill-based learning, consistent with Mc Kenny and colleagues' study (2021), participants of the current study also endeavored to increase their technology literacy for being able to deal with the technological problems/disruptions more easily and minimizing the potential confidentiality and security risks posed by technology usage. Thus, it can be said that current participants spent most of their time for various kinds of learning activities such as searching sources, following new publications in the related literature, reading articles/manuals, attending trainings, and getting in contact with supervisors and colleagues. By following these steps, they soothed their anxiety, felt prepared to online therapy and/or improved the skills they already had.

There were consistent findings with this sub-theme in the literature (Békés & Aafjyes-van Doorn, 2020; Ferriby Ferber et al., 2021; Heiden-Rootes et al., 2021). For example, Békés and Aafjyes-van Doorn's quantitative study (2020) demonstrated that nearly all of their research participants engaged with different kinds of learning activities to make their transition process easier. The ways of

preparation for conducting online therapy were ordered from the most to the least frequent one as follows: "speaking to colleagues", "reading posts on listservs/forum", "reading governmental guidelines", "preparing consent forms", "attending online trainings and webinars", "speaking to supervisor", "reading journal articles", and "feeling already prepared by previous experience" (Békés & Aafjyes-van Doorn, 2020, p. 243). Even though Békés and Aafjyes-van Doorn's study (2020) provides examples of different ways of being prepared for online therapy, the quantitative nature of their study only gives information about the frequencies of these different ways. For that reason, the current study can be seen as complementary in the sense that it presents a detailed explanation of the therapists' unique motivations and needs behind these learning activities.

In the present study, an examination of the participants' underlying needs for attending trainings revealed that the desire to find answers to their questions was their common motivation. For that reason, they reported that attending trainings for learning about how to adapt their therapeutic approaches, techniques and interventions to online therapy became very helpful for them, which in turn made them feel prepared for potential challenges of online therapy and increased their self-confidence as professionals. In line with the current study, Morgan and colleagues' study (2021) demonstrated that CFT intern therapists' trust in themselves increased as an outcome of receiving trainings and educative information about online therapy.

In addition, the findings of the current study showed that the professional meetings and trainings organized by professional associations, especially the Couple and Family Therapies Association (CATED) for the development of therapists in the online therapy field met the learning needs of the study participants very well in the context of COVID-19 pandemic. Consistent with this finding, the literature has shown that couple and family therapists more easily and smoothly adapted to online therapy, if trainings about online therapy were available (McKee et al., 2021). Similarly, a previous study (Ferriby Ferber et al., 2021) conducted with 77 graduate CFT students showed that students benefited from the trainings and webinars organized by their programs. According to students' accounts, the

trainings they attended in the early phase of transition were mostly focused on the ethical, legal and practical sides of online therapy. Students reported that they were still in need of learning about skills related with therapeutic techniques and interventions in online systemic therapy (Ferriby Ferber et al., 2021). The current study participants did not mention any further needs about training. There might be two reasons behind this. One reason might be that trainings that the current study participants attended met their needs with regard to improving their therapeutical skills in online therapy to a large extent. Secondly, which areas the present study participants want to improve themselves further through trainings may not have been adequately investigated in the interviews.

Additionally, along similar lines to the existing literature (Rivett, 2020), it was mentioned in the current study that social media has greatly turned to be an educative environment in the context of COVID-19. Many associations and specialist therapists broadcasted live feeds and shared informative posts for both therapists, and families, couples, individuals. The findings of the study indicated that making information accessible with this attitude of solidarity has benefited both therapists and public in the context of COVID-19.

Besides increasing their knowledge through trainings, the participants also described their social and professional networks as an important resource for learning. They indicated that they tried to increase their knowledge through getting in contact with supervisors, teachers, colleagues and peers, which parallel previous studies (Békés & Aafjyes-van Doorn, 2020; Heiden-Rootes et al., 2021; Mc Kenny et al., 2021; Morgan et al., 2021; Springer et al., 2020). From the participants viewpoint, there were different motivations behind these contacts, including being curious about others' experiences, listening to them and learning from their experiences, sharing experiences, looking for guidance for adapting therapeutic approaches and techniques to online therapy, seeking help, taking advice and taking reading suggestions. According to the participants' narratives, while sharing experiences, they talked about everything from A to Z about online therapy with their colleagues. Moreover, the participants reported that when they faced challenges that caused them to feel incompetent and alone, reaching out to others

for taking their advice rather than being stuck with the problem helped them very much. Supervisors also seemed to help participants to see their obstacles from different perspectives and made possible solutions more reachable in this process, which in turn increased the participants' sense of competence and confidence, consistent with other studies (Morgan et al., 2021; Springer et al., 2020).

4.1.2.2. Developing New Skills and Alternative Solutions

As an outcome of the steps taken in the learning process, the participants stated that their general knowledge level increased, they acquired new skills and/or improved their existing skills, and started to find alternative solutions to the difficulties they faced. Their competency level as online therapists have started to increase as a result of their active efforts to cope and adapt. As they adjusted to the new context of therapy, they felt empowered and they began to manage the online therapy process more easily.

The participants reported that "being able to conduct online therapy" itself was an achievement. They saw this way of working as acquiring a new field of work or adding a new therapeutic tool into their toolbox. In a similar vein, Trotta and Mosconi (2021, p. 27) highlighted that "Technology has now entered therapy rooms and is an additional device that we can use to expand our toolbox". Moreover, from the participants' view, being able to manage all organizational processes alone while conducting therapy and being away from colleagues and offices because of the COVID-19 pandemic was empowering. Some likened it to gaining valuable internship experience for the future in which participants may want to work as private practitioners someday. In addition, being able to use technology better and to utilize different features of hardware and software programs was also elaborated on as one example of their improved skills.

The longitudinal study on challenges of online therapy (Békés et al., 2021) showed that interruptions that occur in the session flow increased over time, and therapists got more easily distracted after 3 months of online practicing during COVID-19. Conducting online therapy at home in the context of COVID-19 made

interruptions and distractions in the sessions unavoidable. Along similar lines, the current study participants reported that they were affected by interruptions in the session flow negatively in online therapy. However, they also mentioned that their skills of staying present in the moment without losing concentration in sessions improved over time.

As Hardy and colleagues (2021) highlighted, therapists needed to be more alert and present for maintaining their concentration in online therapy. In the current study, it was identified that even if the participants became distracted, the time it took to refocus got shorter and they became skilled about handling it without being noticed by their clients with time. They devised certain habits and strategies to cope with such distractions. According to the participants, using headphones and focusing on the screen were some of the things that helped them to stay focused in the session. Moreover, similar to the findings of a recent study (Heiden-Rootes et al., 2021), the participants stated that since they started to listen to their clients more carefully in online therapy, their listening skills improved. Moreover, they reported that although they could no longer observe the whole body of their clients, they focused their attention on the facial expressions, mimics and gestures of their clients. By this way, their skills about noticing the little nuances/changes in their clients' faces increased, consistent with the reports of a previous study (Springer et al., 2020),

Furthermore, the participants reported that even though they could not implement all of their previous interventions in online therapy, they improved their skills in this sense through learning and gaining experience. According to their narratives, they found new ways of adapting their interventions to online therapy. Similar to the current finding, being creative in online therapy was commonly mentioned in the literature (Eppler, 2021; Hardy et al., 2021; Heiden-Rootes et al., 2021; Mc Kenny et al., 2021; Shklarski et al., 2021a; Springer et al., 2020; Taylor et al., 2021).

With regards to benefiting from different interventions, the participants tried to overcome the limits of online therapy by using different features of software programs as therapeutic tools while working with couples, such as using

whiteboards and turning on/off the camera and microphone for meeting different purposes. Similar approaches and solutions in online couple therapy have been reported in the literature. For example, a previous study showed that some therapists used interruptions for observing the relational dynamic between family members, or for going over the therapeutic frame and setting new boundaries (Heiden-Rootes et al., 2021). Moreover, although the participants stated that working with couples in online therapy seemed to be challenging due to their limited control over the potential intense arguments between couples, it was also reported that establishing ground rules in the first session for ensuring couples' safety was very beneficial. The other strategy for ensuring safety of clients was mentioned by the participants as asking clients for connecting to sessions from different rooms in the face of potential risk, which was also recommended by Burgoyne and Cohn (2020).

The participants explained that they also made some changes in their interventions when working with families. According to the participants' narratives, working with children in online setting became more easier with the inclusion of their parents into the therapy process, which was in line with other studies (Burgoyne & Cohn, 2020; Heiden-Rootes et al., 2021). In a similar vein, Shklarski and colleagues' (2021a) findings also demonstrated that the hardships of remote therapy with children could be minimized by using software program features such as screen sharing to engage with an online activity simultaneously and collaboratively. The findings revealed that these adjustments were not related only to clients, but also to the therapists themselves. Some therapists stated that they found alternative ways to prevent their children from intruding into sessions while conducting online therapy, such as preparing colorful cards to indicate the availability of the room.

In addition, the participants reported that their skills in terms of managing therapy process improved especially while working with couples and families, because they started to give prompt feedback if anything needed to be corrected (e.g., camera angle) and to call their clients by their names when they wanted to direct questions and/or interpretations to them, which was mentioned in the existing literature (Drieves, 2021; Heiden-Rootes et al., 2021; Wrape & McGinn, 2019).

The findings of the study showed that therapists had concerns about how to establish a therapeutic frame in online therapy in the context of COVID-19. As a solution to these concerns, it was reported that writing a manual about the rules and procedures of online therapy and sharing it with clients or informing clients beforehand about the framework and their responsibilities facilitated the whole online therapy process. These practices are also highly recommended by the existing literature (Caldwell et al., 2017; Hardy et al., 2021). Some participants mentioned that their skills about setting the therapeutic frame developed with time, because they gradually recognized what was necessary in online setting based on the changing nature of clients' circumstances in the context of COVID-19. Parallel to this, while attending sessions from outdoors might have been unthinkable before the COVID-19 pandemic, it has now become a solution suggested by therapists or clients. Similar to previous studies (Burgoyne & Cohn, 2021; Hardy et al., 2021; Shklarski et al., 2021a), the participants mentioned that attending therapy from home while living under the COVID-19 circumstances raised ethical concerns about assuring confidentiality and privacy. Some suggestions they offered to their clients to bypass confidentiality concerns were connecting to a session from another place (e.g., park or car) where clients could feel safe, buying a white noise machine, using headphones, and conducting walking therapy.

Lastly, based on the participants' accounts, it is understood that they developed themselves in making sense of online therapy and drew upon different contextual perspectives. Firstly, they became aware of the effect of being in the new context of online setting on the therapeutic process and relationship. Similarly, Trub and Magaldi (2019) provide enlightening information about the new context of online space and how to relate with it in order to understand 'digital third' or screen in a different way. Secondly, they became aware of the clients' home environment, their relational dynamics and their pets. In a way, they got the chance to get to know their clients better, which is in line with the previous literature (Burgoyne & Cohn, 2020; Eppler, 2021; Heiden-Rootes et al., 2021; Mc Kenny et al., 2021). From the participants' view, they tried to compensate for loss of physical togetherness and the lack of observation of body language by taking into consideration their clients'

unique contexts and attitudes. Being able to see their clients' houses and observing their clients' interactional dynamics in this context provided them incredible insights and information about their clients and their relationships.

Overall, the participants mentioned the ways through which they tried to obtain knowledge, gain new skills, and improve themselves as online therapists. Initiating a learning process, and getting in contact with others for acquiring/sharing knowledge were the first way for coping with the anxiety of working in an unfamiliar setting and its new challenges. While the participants were learning online therapy quickly, they also had to practice what they learnt at the same time, which could be challenging for them as Hardy and colleagues (2021) highlighted. However, despite these challenges, they developed new skills and alternative solutions rather than being stuck with the problems or refusing to change. From a systemic lens, the participants in the present study stepped into first-order change to adopt to changing demands and circumstances in the context of the COVID-19 pandemic. First order change indicates "a change within a system that itself remains invariant" (Nichols, 2012, p. 24). The context of therapy mandatorily changed, but what about CFTs, their clients and therapy system as a whole? How do CFTs and their clients respond to this change? Are CFTs trying to continue their therapy practice rigidly with their previous knowledge and skills in the new context of online therapy? Are they striving to sustain their homeostasis, or are they flexible and open to be affected and changed as a result of this transition? Will this change in the therapy practice and therapy system be long lasting? Second order change could be summarized as "a change in the system itself" (Nichols, 2012, p. 24). Whether transition to online therapy caused second order change for the therapy system or not seemed to depend on the ways CFTs tried to deal with their existing challenges and stressors, and their clients' attitudes toward this change. Increasing competence theme showed that initiating a learning process, getting in contact with others and gaining experience through practicing prepared the ground for realizing second-order change for CFTs. In the next section, the second step that CFTs, their social support systems and their clients took for adaption to changes will be discussed.

4.1.3. Strengthening Connectedness and Solidarity

The COVID-19 pandemic is a process that everyone in the world is going through or suffering from. Since the pandemic is a process that everyone is affected directly or indirectly, it has created a common ground where individuals meet on the basis of having quite similar feelings, experiences and challenges (Walsh, 2020). The analysis revealed that becoming aware of these similarities and feeling a sense of commonality and support facilitated the participants' adjustment. While living with the COVID-19 pandemic, feeling that they belong to a therapist-client system, a group and a professional community, and receiving social support from them were very beneficial in terms of adaptation. Below, the ways through which the participants eased their adaptation process by strengthening their bonds with their social support systems and clients will be discussed in detail.

4.1.3.1. You Are Not Alone; We Are All in the Same Boat

The COVID-19 outbreak and the change in the way therapy practice was conducted caused the participants of the present study to feel various intense emotions. Anxiety, fear, panic, despair, frustration and inadequacy in the face of the unknown context of the pandemic and online therapy were some of the dominant emotions felt by many participants, especially in the early phase of the pandemic. The existing literature showed that these intense emotions were part of both personal and professional lives of therapists in the context of COVID-19 (Eppler, 2021; Fraenkel & Cho, 2020; Ledesma & Fernandez, 2021; Shklarski et al., 2021a). The emotional burden of being therapists in the shared traumatic reality where therapists were also affected as individuals and faced potential threats to their psychological well-being, including being exposed to high stress, extensive tiredness, burnout, and vicarious traumatization, have been mentioned in the current literature (Aafjes-van Doorn, Békés, Prout & Hoffman, 2020; Ledesma & Fernandez, 2021; Litam et al., 2021; Shklarski et al., 2021a).

Although the participants of the current study reported that they felt intense emotions especially in the early periods of transition, they did not report that they experienced trauma related symptoms. The present results suggest that developing a sense of commonality and sharing similar experiences helped them to cope with these difficulties in their practices. It is noteworthy that while the effect of having similar experiences between therapists and clients on the therapy practice was mentioned in the literature (Ledesma & Fernandez, 2021; Shklarski et al., 2021a), previous studies did not present any findings related with the sense of belongingness between colleagues and social support systems. In that sense, the preliminary findings of this theme might explain what differs in the adjustment processes of therapists who experienced burnout or resilience.

According the findings of the current study, knowing that these feelings and struggles regarding living with the COVID-19 and conducting online therapy were common among their colleagues/peers and that they were not alone in this sense helped participants to normalize what they were feeling and experiencing, which in turn relieved them. Apart from having this knowledge in their mind individually, most participants reported that by keeping in touch with other colleagues constantly and sharing thoughts, feelings and experiences, they felt seen, heard, understood and supported, and were able to process their shared experiences together.

Moreover, according to the participants' discourses, establishing contact with their social support systems and increasing the frequency of that contact when necessary, considerably eased the burden on them while struggling with new challenges. Similar with the findings of the current study, the findings of previous studies conducted with CFT trainees (Heiden-Rootes et al., 2021) and systemic therapists (Mc Kenny et al., 2021) have shown that therapists increased their frequency of supervision sessions, and they met their colleagues more often to consult with each other. The intense emotions felt by the participants in the present study, were regulated and contained by these support systems. As an outcome of the containment of these intense emotions and taking care of their personal issues, therapists became able to separate which issues belong to them and which issues belong to their clients. These results suggest that this process was especially

important while conducting online therapy in a shared traumatic reality during the pandemic. Without this support, as Ledesma and Fernandez's qualitative study (2021) showed, therapists could experience hardships about keeping their own emotions under control and separating them from clients' emotions when working with clients who have very similar experiences with them due to the pandemic. Thus, the results indicate that while passing through a shared traumatic reality, the issue of self of the therapist (Aponte et al., 2009) should be addressed as an important topic in the supervision work to prevent any harm to clients and encourage their growth.

Besides containing emotional reactions, the participants felt that they were part of a big team by seeking and receiving support from professional associations, supervisors, trainers, other therapists, colleagues and peers. These supports helped them to change their negative views about themselves as beginner online therapists, to overcome their fears, to calm their anxiety, made them feel validated, and improved their professional identities. For these reasons, the participants of the present study often highlighted the importance of being surrounded by peers and colleagues who were reachable and responsive throughout these challenging times. In that sense, the significance of the quality of the relationships that CFTs establish with their support system as a facilitator factor for their adaptation process can be highlighted. What is obvious in the results of the study is that the relationships that CFTs established with their colleagues, supervisors, professional associations serve them as a secure base, which in turn paves the way for resilience and growth.

In terms of associations, the findings of the study showed that apart from organizing social responsibility projects for the benefit of society, these associations organized many free trainings, webinars, seminars and supervisions for therapists, and provided safe spaces where they can meet virtually and share their experiences. The proactive stance of associations during the pandemic might have helped therapists to gather in the same boat, which strengthened their sense of belongingness and solidarity. From the participants' views, these were the most helpful things for their adaptation.

Besides, Kafescioglu and Akyıl (2018) mentioned that CFT training programs such as master's degree programs and certificate programs have emerged over the last 10 years. For that reason, the graduates of these CFT programs can be seen as a relatively small but growing community year by year. The pioneers in the development of CFT field in Turkey has been taking an active role both as instructors in universities and trainers in associations, as individual and group supervisors, and as founders of associations. Under these circumstances, students, graduates, instructors and supervisors in Turkey can come together and stay connected with each other in different contexts with different roles. Therefore, the way CFT field is structured in the context of Turkey may have had an important effect that facilitates and strengthens the solidarity established in the field.

It can be said that the participants' adjustment process to online therapy in the context of COVID-19 fastened by reaching out to social support networks and associations. In the same vein, Springer and colleagues' study (2020) conducted before the COVID-19 indicated that the accessibility of supervisors and experienced practitioners were important for graduate CFT students when they conducted online therapy. On the contrary, there were also studies showing that therapists felt much lonelier, less connected and more isolated with the transition to online therapy in the context of COVID-19 (Eppler, 2021; Ledesma & Fernandez, 2021; Mc Kenny et al., 2021). A previous qualitative study (Ledesma & Fernandez, 2021) indicated that while Filipino therapists were working with their colleagues in the same office, they more easily received social support. Prior to the COVID-19, therapists' conversations made in-between sessions met their needs in this regard. However, though the social support needs of therapists increased in the context of COVID-19, they did not reach out to their colleagues out of concerns over creating an extra burden for them (Ledesma & Fernandez, 2021). This way of thinking did not come up in the present study. Even though the participants shared their yearnings for being together with their colleagues in the office, the reason behind this yearning was mostly related with an increased need for socialization in the times of isolation. One reason behind this difference between the present study and Ledesma and Fernandez study (2021) might be related to the degree of closeness

one might feel toward his/her social support networks. There is limited number of graduate degree programs offering accredited couple and family therapy training in Turkey. For that reason, it is highly possible for CFTs who studied in this field in Turkey to feel belongingness to a supportive community. As one of the participants shared, even though she and her peers finished their masters' degree a long time ago, they have still been continuing supervision together.

Lastly, another thing that eased the adjustment processes of the study participants could be their past usage of ICTs. All the connections between participants and their social support systems have been established via using ICTs during the pandemic. A previous study (Akyıl et al., 2017) found that Turkish family clinicians were more inclined to utilize ICTs for the aim of professional development and communication with their colleagues. These are closely related with the two themes that were identified in the current study which helped therapists to adapt. The familiarity of using ICTs for meeting educative and relational needs might have fastened the current study participants' adjustment processes.

4.1.3.2. Establishing and Sustaining Togetherness with Clients

Apart from the impact of the pandemic on the therapists and clients' personal lives, transitioning to online therapy in the context of COVID-19 affected the therapy system and the therapeutic dyad. Rather than giving a break to their therapy practice until returning to face-to-face therapy, the present study participants chose to leave their comfort zones by switching to online therapy in order to sustain togetherness with their clients, as also highlighted in the literature (Burgoyne & Cohn, 2020; Hardy et al., 2021). According to the participants' discourses, both they and their clients had very similar concerns and fears about being infected by the COVID-19. In a similar vein, Ledesma and Fernandez's qualitative study (2021) put forward the therapists' intense feelings such as worries and fears about the COVID-19 virus. Thus, according to the participants' narratives, online therapy was seen as the only way to continue therapeutic work and relationship safely without

taking the risk of contamination, as has been documented in the literature (Lebow, 2021; Poletti et al., 2020; Zhou et al., 2020).

Based on the participants' reflection, a small number of clients asked to make the transition to online therapy first. The decision of the transition to online therapy was made mutually with clients. There were clients who chose to give a break to the therapy process because of various reasons (e.g., having prejudices against online therapy, having no private space, economic reasons), which have also been documented by the current literature (Boldrini et al., 2021; Hardy et al., 2021). Some clients who gave a break made their decision about starting online therapy in the course of time. According to the participants' accounts, the ones who gave a break to therapy mostly contacted their therapists after a while and started therapy again. Moreover, the clients who had prejudices about online therapy became hesitant about switching to online therapy. The participants informed those clients about online therapy and asked them to make their decision after giving it a try. The participants reported that the ones who gave online therapy a try chose to continue with it. As Connolly and colleagues' review article (2020) showed, therapists' perceived negativity toward online therapy has shifted after giving it try. The same situation might be the case for the clients. From the participants' view, most of the prejudices of clients about online therapy seemed to disappear as a result of their real experience.

It is worth to mention that similar to the solidarity that existed in the therapists' social support systems, the sense of solidarity was also existent in the therapist-client system. The study participants strived to sustain their togetherness with their clients in various ways. For example, some participants reported that they periodically called up their clients who could not switch to online therapy due to their circumstances at the time. With these phone calls, therapists wanted to be sure that their clients were doing well and to give their clients the message that they were not alone by themselves, they could reach out if they were in need. Furthermore, similar to Ledesma and Fernandez's qualitative study (2021), the current study findings showed that during the COVID-19 pandemic, therapists made discounts on their session fees in order to sustain their togetherness with in-need clients, and

did a lot of volunteer work for the benefit of society. Besides, according to the participants' accounts, their clients also made an effort during the adaptation process to online therapy. A previous study demonstrated that therapists felt relief and happiness in the face of their clients' well and quick adaptation to online therapy (Eppler, 2021). It is seen that despite all the challenges, going through this process and overcoming the hardships together strengthened their therapeutic bond. Consistent with a recent study (Mc Kenny et al., 2021), the present study showed that the collaborative efforts of the therapeutic dyad made the adaptation process to online therapy easier.

Moreover, according to the participants' discourses, all of the participants prepared their clients to switch to online therapy, informed them about online therapy, answered their questions, and addressed their clients' concerns and feelings to ease their transition process. In a similar line, a quantitative study (Békés & Aafjyes-van Doorn, 2020) also showed that therapists prepared their clients to this switch in various ways such as talking about the transition period, addressing the potential impacts of transition to online therapy, preparing informed consent, helping clients to deal with the issues related with technology, making changes in their rule of cancellation and lastly reducing clients' session fees especially for the ones who faced economic hardships. Thus, findings from the current qualitative study complement Békés and Aafjyes-van Doorn's quantitative study (2020). In addition, as recommended by Geller (2020), throughout the therapy process, the participants tried to understand how their clients felt about maintaining therapy relationship from a distance by regularly checking and asking for feedback, and tried to do their best to make their clients feel comfortable. For example, one therapist mentioned that she gave information about the therapy room she connected to the session from, if the client had privacy concerns. Another therapist shared that she used humor as an icebreaker for welcoming the clients when new clients started online therapy.

Moreover, the positive and negative impacts of going through a shared traumatic reality on the therapeutic relationship between therapists and their clients has been discussed in the current literature (Eppler, 2021; Ledesma & Fernandez,

2021; Shklarski et al., 2021a). On the contrary to other studies, in the current study, its negative impacts on the therapeutic relationship and alliance were almost never mentioned. The reason behind this finding may be the fact that the present study participants have strong social support systems as a protective factor. According to the participants' narratives, living in the shared traumatic reality, having similar concerns and experiences with their clients turned them into a team and increased their sense of togetherness, which in turn affected their therapeutic relationship positively. In addition, from the participants' view, the therapeutic relationship had to be turned into a more transparent relationship during the COVID-19 pandemic when clients worried about their therapists' health. In this sense, the use of self-disclosure for decreasing clients' worries and also normalizing clients' experiences increased in online therapy in the context of COVID-19, which in turn strengthened the therapist-client bond. The use of self-disclosure for meeting these aims has also been documented in the current literature (Ledesma & Fernandez, 2021; Shklarski et al., 2021a). Thus, using self-disclosure may have prevented disruptions and ruptures in the therapeutic relationship with clients, leading to limited reports on the negative impact of switching to online therapy in the present study.

Overall, the pandemic itself and the transition to online therapy in the context of COVID-19 created unique challenges for therapists and their clients. The participants highlighted the great importance of strengthening connectedness and solidarity in these challenging times as another step that eased their adjustment processes. They became able to overcome the challenges they face with the help of their social support systems. Moreover, despite all the challenges due to the COVID-19 pandemic, the participants mentioned that being able to sustain their therapy process with their clients positively impacted their therapeutic relationship and alliance. Getting favorable and satisfactory results after transition to online therapy with the help of their social support systems made the current study participants feel confident and empowered in the end. Thus, based on the current findings, it can be concluded that the adjustment process to online therapy in the context of COVID-19 required the solidarity and collaboration between multisystems such as supervisor - supervisee system, colleague - peer system, and

therapist - client system. How was this possible? What characteristics of the CFTs' system might have helped them in this regard? By looking through a systemic perspective, it can be said that instead of denying or resisting to changes in a closed system, the study participants acted as an open system, accepted their situations and allowed themselves and the therapy system to be affected. In parallel to these, they increased their interactions and exchanges with their social support systems for the purpose of being able to adjust. In the next section, the changes therapists went through as an outcome of the transition to online therapy in the context of COVID-19 will be discussed.

4.1.4. Changing One's Perspective: Bouncing Back and Moving Forward

The present results showed that transitioning to online therapy and practicing as a CFT during the pandemic changed the participants' perspectives on challenges, their professional roles and practices, and themselves. These changes indicated the development and strengthening of a more flexible, positive, accepting and hopeful approach to personal and professional life. Below, the changes in experiences and perspectives CFTs passed through during their adjustment process with the transition to online therapy in the context of COVID-19 will be discussed in the light of literature. The relationship between these changes therapists lived through and the processes explained in the first three themes will be mentioned.

4.1.4.1. From Anxiety to Calmness

Living with the pandemic and practicing online therapy created new and unfamiliar contexts for most therapists across the globe. Almost all participants reported that they felt anxious, panic, unprepared, inexperienced and uncomfortable in the face of uncertainty with the transition to online therapy during the pandemic. For some, online therapy was a totally new experience. For that reason, they reported that they felt as if they were intern students who needed to learn how to carry out therapy from the beginning. However, by learning and gaining experience

in this modality, they understood that they needed to adapt to a new setting, not a new profession. A similar point was highlighted in the literature by Springer and colleagues (2020). They mentioned that most of the therapists across the world learnt conducting face-to-face therapy at first, which created a "contextual barrier" for therapists who transitioned to online therapy afterwards. Based on their study conducted before the COVID-19 pandemic, Springer and colleagues (2020) pointed out that beginner therapists try to learn to control their worries about being physically together in the therapy room with their patients while they were taking their first steps into their profession. In a similar vein, Springer and colleagues (2020) highlighted that therapists who move to online therapy for the first time are likely to feel worried about being unable to share the same physical space with their patients. According to Springer and colleagues (2020), those therapists needed to learn how to cope with their worries about being physically away from their patients in online therapy. In this sense, it is understandable that some of the present study participant who switched to online therapy during COVID-19 for the first time, felt as if they were beginner therapists. However, it was found that perceiving oneself as an intern/beginner therapist increased participants' anxiety.

According to the participants' discourses, they started to have less challenges, manage online therapy process more comfortably and calmly as they acquired competence in the course of time by increasing their knowledge, developing new skills, receiving support from their social support systems, gaining experience, practicing and getting used to it. Hou and Skovholt (2020) mentioned that highly resilient therapists were being enthusiastic about learning and improving oneself personally and professionally. It can be said that in the face of various kinds of new challenges, the current study participants were greatly open to face with and fight those challenges through many ways as mentioned above. In other words, the participants have reached the state of calmness and comfort by passing through these hardships. Sherbersky and colleagues (2021) highlighted this transformation by saying that "changes in delivery in the context of the pandemic has, for most, been a process of learning from initial anxiety to increasing familiarity and confidence" (p. 357).

Other consistent results with the current study findings have been reported in the literature (Békés & Aafjyes-van Doorn, 2020; Békés et al., 2021; Eppler, 2021; Ledesma & Fernandez, 2021; Machluf et al., 2021). For example, Békés and colleagues (2021) pointed out that by gaining knowledge about online therapy and acquiring experience, therapists reported experiencing less challenges after three months and that their appreciation toward online therapy increased. Moreover, this finding aligns with Machluf and colleagues' study (2021) which showed that couple therapists who felt inexperienced in terms of conducting online therapy after transition started to feel confident and comfort in the course of time. Along similar lines, Eppler's qualitative study (2021) showed that systemic therapists' trust in themselves increased within the process, which in turn helped them to manage online therapy much more calmly. Besides, the participants reported that the initial concerns of the clients decreased over time by increasing familiarity with online therapy gradually, and they also began to feel comfortable in online therapy. In other words, as therapists felt calmer, their calmness was reflected on how they conducted therapy, which in turn was reflected on how their clients felt in online therapy. Even though they were not together physically, the results indicate the continuing importance of emotional contagion between therapists and their clients.

4.1.4.2. From Rigidity to Flexibility

According to the participants' discourses, their judgments about themselves and their attitudes toward online therapy changed in their adjustment process. After the transition, especially in the early periods of conducting online therapy, besides feeling anxious, participants of the current study also reported that they were inclined to judge themselves negatively and harshly when faced with the challenging sides of online therapy. Being unable to do certain things in online therapy which they used to do in face-to-face therapy, and being unable to control technological problems and their clients' environment increased the pessimistic tone of their self-evaluations.

According to the participants' views, when they realized that they did not have to take the burden of uncontrollable sides of online therapy, they began to accept the limits of online therapy, and the limits of themselves as online therapists. Letting themselves to make mistakes as they actually did in face-to-face therapy and to be imperfect as human beings helped them to normalize their experiences, evaluate themselves with a flexible state of mind and a softer/calmer tone of inner voice, and show more self-compassion toward themselves. The transformation that the study participants experienced aligned with previous literature on self-compassion (Neff, 2003), which "entails forgiving one's failings and foibles, respecting oneself as a fully human—and therefore limited and imperfect—being" (p. 87). Moreover, Neff (2003) highlighted three ingredients of self-compassion which are called as "self-kindness", "common humanity", and "mindfulness" (p. 1). All of the three ingredients of self-compassion could be seen as part of the transformation that the present study participants experienced. They stopped judging and criticizing themselves; they saw what they lived through as part of a shared experience in the context of COVID-19 and they felt much calmer after they saw the commonality between their experiences and that of their colleagues and peers. Similarly, Eppler (2021) highlighted that systemic therapists' self-compassion toward themselves increased while conducting online therapy in the context of COVID-19; however, she did not give contextual background information about how, when, where and in what conditions their self-compassion increased. In this respect, the findings of the present study provide detailed information on the issue of self-compassion, showing that CFTs' self-compassion developed as a result of lowering unrealistic expectations toward themselves, accepting external circumstances, accepting oneself and one's limits, letting things flow, giving themselves a chance to make a mistake, and being more flexible.

Additionally, Hou and Skovholt's qualitative study (2020) identified that showing self-compassion and self-acceptance for oneself were some of the essential characteristics of resilient therapists. They also stated that being able to accept oneself by acknowledging one's weaknesses is as an action that requires courage (Hou & Skovholt, 2020). In the same vein, another study (Fragkiadaki et al., 2013)

conducted on family therapy trainees' professional identity development showed that when trainees as beginner therapists knew their limits and weaknesses and accepted them as they were, the way they evaluated themselves changed in a positive direction. When beginner therapists stopped taking blame on themselves for the things that they didn't have control over, their guilt could give way to setting realistic expectations, which in turn increased their confidence toward themselves. Similarly, Morgan and colleagues (2021) reported that as supervisors they reframed the difficulties of conducting online therapy in the context of COVID-19 pandemic and supported student therapists to appreciate themselves through realizing what they have accomplished while passing through hard times. These findings are consistent with the accounts presented by the participants in the current study, indicating that changing perspectives on weakness and adapting a more accepting approach foster flexibility, a sense of adaptation and resilience in CFTs.

According to the participants' discourses, apart from professional challenges posed by the transition to online therapy, they experienced many changes and difficulties in their personal lives because of the impacts of the pandemic, as has been documented in the literature (Eppler, 2021; Ledesma & Fernandez, 2021; Shklarski et al., 2021). Participants of the study coped with the negative effects of the pandemic on their individual lives by being flexible, engaging with self-care activities, letting things flow, and showing self-compassion. Some reported that they benefited from their professional knowledge in their personal lives. For example, one participant mentioned that maintaining her therapist role helped her a lot because she adopted a mindset which was more neutral and resiliency focused. Applying what she suggested for her clients to herself in her individual life made a huge difference for her. This finding in the present study is supported by a previous study which showed that therapists use therapy techniques such as grounding and mindfulness for regulating their own anxieties in their personal lives (Ledesma & Fernandez, 2021). Thus, CFTs in the present study were able to actively utilize their professional knowledge and benefit from it as a resource, which is defined as an indicator of resilience (Hou & Skovholt, 2020).

Furthermore, the participants reported that they needed to have a more flexible state of mind and to make some arrangements in therapy framework because of the unique and uncontrollable situations they encountered while conducting online therapy in the context of COVID-19. In that sense, rather than insisting on the old framework they had in face-to-face therapy, they chose to accept their current situation and be flexible for adjusting to the circumstances of their clients. Consistent with the current finding, Mc Kenny and colleagues (2021) reported that power balance in the therapeutic dyad has changed in online therapy and that clients' power and control over the therapy process increased. While Wrape and McGinn (2019) recommended therapists to set strong therapy boundaries in online therapy in their article published before the COVID-19 pandemic, Heiden-Rootes and colleagues (2021) recommended therapists to be able to flexibly engage with the distractions that occur in their clients' houses during online sessions in the context of COVID-19. These findings indicate that the practice of online therapy and the meaning of flexibility have also shifted to some extent during CFT's adjustment processes.

Lastly, consistent with the existing literature (Connolly et al., 2020; Békés et al., 2021; Machluf et al., 2021; Mc Kenny et al., 2021), the current study participants stated that while they had prejudices against online therapy before, their attitudes toward online therapy changed positively after they began to practice online therapy and gained experience. As an outcome of this experience, therapists stated that instead of adopting rigid judgments about the things they have never tried, they understood once again the importance of having flexible attitudes and being open to new experiences and changes. These findings showed that the participants in the present study continuously engaged in reflection and observations on their experiences, and revised their beliefs and perspectives accordingly.

4.1.4.3. From Crisis to Growth and Opportunities

According to some participants' discourses, living and working in the context of COVID-19 caused very challenging times due to its direct and indirect impacts on personal and professional lives. While witnessing the great number of deaths across the globe due to the pandemic, the participants took lessons from the real and symbolic losses they experienced and decided to struggle against their challenges as long as they were alive. One therapist stated that all challenges and problems apart from death has a remedy in life. Having this perspective made the adjustment process to personal and professional changes easier. Some participants highlighted the changes in their mindsets and attitudes from negative (e.g., focusing on the losses, feeling stuck, feeling desperate, being passive) to positive (e.g., focusing on the positive sides, feeling lucky, being active, having control) throughout their adjustment process. Moreover, some participants already had positive perspectives which assisted them to meet crisis in a more welcoming way. These perspectives were related with the beliefs that there will be growth after crisis, hardships make one empowered, and crises open up new opportunities. Having these beliefs helped them to see their future more hopefully, which in turn encouraged them to keep going despite all challenges. The significance of having a positive point of view toward the future has been mentioned in the resiliency literature (Walsh, 2020). Thus, the participants in the present study developed and benefited from positive beliefs that helped them to cope and demonstrate resiliency.

Furthermore, the participants reported that while they felt restricted due to mandatory legal regulations in the early periods of the pandemic, reframing those restrictive experiences in their lives as giving a break to their fast-paced lives and sparing time for themselves, helped them to focus on the positive sides of the pandemic. In all the examples mentioned above, it can be seen that reframing as a widely used therapy technique in systemic therapy helped therapists to normalize their experiences or make sense of their experiences more positively by creating a new context and a more relatable reality.

According to the narratives of the participants, going through difficulties, coping with those difficulties by learning new information and establishing supportive relationships, maintaining their profession despite all kinds of difficulties ended with a growth experience for them. Some participants chose the word “war” to describe the process they went through, and used the phrase “surviving the war” as a metaphor for describing their accomplishments. All in all, the participants reported that their self-confidence, inner resources, and trust in themselves increased as an outcome of their experiences and perspective changes from the beginning of the pandemic. Along similar lines, Ledesma and Fernandez’s qualitative study (2021) showed Filipino therapists' interwoven personal and professional experiences during the COVID-19 pandemic by separating therapists' adaptation journey into four chapters, namely "thrown up in the air", "struggling to find their footing", "gaining stability", and "finding new rhythm" (p. 1). Facing challenges in the context of COVID-19 pushed therapists toward growth by passing through transformative experiences (Ledesma & Fernandez, 2021). Although therapists' adjustment pathways showed some differences between studies, all of the participants in both Ledesma and Fernandez study and the current study experienced growth as a result of the pandemic crisis.

From the participants' view, transition to online therapy provided new opportunities for their ongoing and future therapy practices. While the participants were anxious and hesitant about transitioning to online therapy at first, they started to appreciate the opportunities offered by online therapy after they adjusted to it. Parallel with the current finding, the advantages of online therapy and the opportunities it offered in the context of COVID-19 has been discussed in the literature. First of all, in the context of COVID-19, many individuals have faced the risk of losing their jobs and experienced financial hardships (Fraenkel & Cho, 2021). Consistent with the previous studies (Eppler, 2021; Hardy et al., 2021; Mc Kenny et al., 2021), the participants felt very lucky to have a profession that enabled them to keep working during the COVID-19 pandemic by not taking any health risks, and to sustain their livelihood.

Moreover, in line with the current finding, apart from the financial and health benefits, therapists felt grateful about sustaining their togetherness with clients through online therapy and being able to care for their clients while their need for support increased dramatically (Eppler, 2021; Hardy et al., 2021; Mc Kenny et al., 2021). Consistent with the current literature (Connolly et al., 2020; Hardy et al., 2021; Mc Kenny et al., 2021), the present study participants reported the convenience and accessibility of online therapy as great advantages by emphasizing its different aspects. For example, it became possible to work online with clients who live far away by overcoming distances with one click. Additionally, some participants reported that clients who lived in small cities felt happy about being able work with experienced therapists from bigger cities. Besides, increased mobility of therapists and clients without giving a break to therapy was seen as another advantage. Apart from the advantage of time and money saving, the participants felt very lucky to be able to continue their professional development through online trainings and supervisions when their need for them had reached to the top during the pandemic.

Overall, while the first three themes demonstrated what challenges CFTs experienced and how CFTs strove for adjustment, this theme demonstrated the general outcome of CFTs' adjustment endeavors. This theme shows how the personal and professional perspectives and experiences of CFTs, who were able to adjust to the changes they went through, are affected as a result of an unprecedent change in the macro system. The COVID-19 pandemic caused forced transition to online therapy, which deeply affected the therapy system. By examining the adjustment journey of CFTs during the pandemic, it can be concluded that by being an open system, the therapy system that CFTs and their clients were part of completed the adjustment process to second order change successfully. CFTs as an important part of the therapy system went through many crucial changes during this process. With time, their anxiety decreased, their relation with themselves changed toward being more accepting and compassionate, their prejudices about online therapy faded away, and the way they perceived hardships shifted. All in all, the development and strengthening of a more flexible, positive, accepting and hopeful

approach to personal and professional life in adjustment processes paved the way for resilience and growth for CFTs. In the next section, the contributions of the present study findings to clinical implications will be presented.

4.2. CLINICAL IMPLICATIONS

One of the main purposes of the current study is to contribute to the literature on online couple and family therapy, and to make sense of the experiences of CFTs in online therapy practice and their adjustment processes in the context of COVID-19. By this way, necessary steps in shaping clinical training, supervision, and therapy practice can be taken in order to respond to CFTs' needs in a better way.

Firstly, online therapy as a new and different context for most of the therapists (Burgoyne and Cohn, 2020), caused them to face different kinds of challenges compared to the challenges of face-to-face therapy, as highlighted by the current study and previous studies (Békés et al., 2021; Heiden-Rootes et al., 2021; Hardy et al., 2021; Mc Kenny et al., 2021; Springer et al., 2020). The change in the therapy context made some participants feel as if they just started practicing their profession as therapists, which in turn decreased their confidence and competence, and increased their worries. After gaining experience in online setting, they realized that they were therapists who only needed to adapt a new setting, not a new profession. Supervisors might use this knowledge to normalize their supervisees' feelings and experiences, and encourage them to own their therapeutic skills as experienced therapists, while discovering the new context of online therapy.

Furthermore, having prior knowledge of potential challenges might motivate therapists to find alternative solutions beforehand with the goal of reducing these challenges' negative impacts on online therapy process. As in line with the current study, the literature shows that perceived challenges of online therapy seem to decrease with time by gaining experience and becoming familiar with the context of online therapy (Békés et al., 2021; Connolly et al., 2020). Rather than thinking that challenges of online therapy are permanent and insurmountable,

therapists might be relieved by knowing that this is a temporary process, and the way they view and feel about online therapy can change as a result of learning, gaining experience and developing new skills. Therefore, it seems very important to address the challenges of online therapy and the suggested solutions in clinical training and supervision in order to minimize their impacts on therapy and to ease the therapists' adjustment processes.

Many studies have shown that having previous knowledge, training and experience about online therapy facilitates the adoption of online therapy and adjustment process in the context of COVID-19 (Békés & Aafjyes-van Doorn, 2020; Cioffi et al., 2020; Hardy et al., 2021; Machluf et al., 2021; Tohme et al., 2020). The present study found that therapists who had previous online therapy experience went through a much smoother transition to online therapy. Their worries were mostly related with the COVID-19 pandemic, not with conducting online therapy. The results indicate that the sooner therapists get acquainted with online therapy by having the chance to learn and gain experience in their education life, the sooner they can improve themselves in online therapy. By this way, they can adapt to mandatory changes/transitions more easily, especially if unavoidable situations arise in the future such as a pandemic and disasters. It is of great importance that training programs become responsive to the changing needs of both therapists and clients in the digitalized world. In fact, CFTs' willingness to take online therapy training has been demonstrated in previous studies (Blumer et al., 2015; Pickens et al., 2020). The COVID-19 pandemic can be seen as a reminder that the process of integration of online therapy training into the curriculum of CFTs' graduate degree programs needs to be accelerated.

Besides, another very crucial clinical practice-based need can be seen as the preparation of culturally adapted ethical guidelines and/or the identification of ethical rules in online therapy while working with couple and families. The need for these ethical guidelines has greater importance especially in Turkey context due to the lack of mental health legislation. As a recommendation for therapists, it is essential to mention that an important resource has been prepared for CFTs who transitioned to online therapy suddenly right after the spread of COVID-19 in

Turkey. As an accessible resource, the manual called ‘Online Couple and Family Therapy’ (2020) has been developed with a sense of solidarity by a small group of students and graduates from Couple and Family Therapy specialization at Istanbul Bilgi University Clinical Psychology Graduate Program. This initiative might not have filled the ethical gap in online therapy; however, it could be seen as a first step for this purpose in Turkey.

The current study shows that initiating a learning process by following different paths such as individual attempts (e.g., reading articles and manuals, attending trainings) and collective attempts (e.g., getting contact with experienced ones, attending colleagues’ meeting, sharing experiences with peers) is very beneficial in terms of decreasing therapists' anxieties, and increasing their knowledge and skills in online therapy. The CFTs in the present study learned about technology, technological problems and solutions, online therapy, therapeutic skills in online therapy, applying different therapeutic approaches and techniques, and implementing interventions, and developed new skills and alternative solutions as an outcome of their learning process in the end. All of these steps helped therapists to increase their sense of competence and confidence. All these learning initiatives are very valuable in terms of easing the adjustment process, and meeting the urgent needs of therapists in the adaptation process to a great extent. It is noteworthy to mention that the trainings organized in the face of therapists’ urgent needs due to sudden transition to online therapy might not be sufficient for competency development, and the development of standardized and structured trainings to educate therapists comprehensively in this domain is very necessary (Hertlein, Drude, & Jordan., 2021).

In addition, Hertlein, Drude and Jordan (2021) mentioned the importance of establishing interaction and getting feedback while learning about online therapy in the context of COVID-19, and warned against learning alone without getting in touch with experienced others and peers. A passive way of learning could be insufficient to meet therapists' needs and might increase the risk of experiencing burn out. As the finding of the study shows, learning about and adjusting to online therapy in the context of COVID-19 is not a straightforward path that one can walk

alone. Learning the unknown, finding answers to questions, sharing experiences in the face of challenges, getting advice, asking for help, and making sense of these experiences became possible by staying connected with social support systems. For this reason, therapists' establishment and development of social support systems should be considered as an essential component of their training, and should be encouraged constantly throughout their education life.

After therapists' formal education life ends, therapists continue their professional development by attending trainings, activities and meetings organized by professional associations. In this study, it was found that the proactive stance taken by the associations facilitated therapists' adjustment processes to online therapy in the context of COVID-19. These professional associations increase the sense of belongingness and togetherness of colleagues by offering them a common setting where they learn together, share together and act shoulder to shoulder. As an important place where therapists can develop their social support systems, professional associations should take care to strengthen the bonds between their members through organizing projects, trainings and meetings as a preventive work. Strengthened bonds allow therapists to get support more easily, be less affected by the adversities and mobilize more quickly in times of crisis. This is very important for the protection of public health in the face of a crisis.

Moreover, in terms of the relationship between CFTs and their clients, several clinical recommendations can be made. Before transition to online therapy, therapists should inform their clients about online therapy. It is found in the present study that preparing an informed consent form and/or manual about online therapy facilitated the adjustment process. When switching from face-to-face therapy to online therapy, it is of great importance that therapists encourage their clients to share and talk about their thoughts and feelings that may arise during or after the transition period. Therapists should ask for feedback from their clients about their online therapy experiences to improve online therapy process. Knowing that their therapists attach importance to how comfortable their clients feel in the new therapy setting (e.g., both in online setting and in their home environment) might also relieve clients and ease their adjustment process. How to create a therapy space at

home where they can feel safe, and what are the possible impacts of the clients' homes turning into a therapy space should also be discussed in detail with the clients. Therapists are advised to be flexible in the face of unavoidable situations they might experience in the therapy process such as interruptions in the flow of sessions or changing session schedule as a result of living under the pandemic circumstances. In addition, it is found to be beneficial to use humor to create a warm atmosphere when meeting new clients in online therapy, or to be transparent about the place where the therapist connects to a session from, if clients had any confidentiality concerns.

The present study showed that the therapeutic relationship between therapists and their clients strengthen as a result of living through a shared traumatic reality and going through similar challenges in the context of COVID-19, as long as therapists addressed their personal challenges in their own therapy, supervision or peer supervisions. For that reason, it is recommended that therapists take extra precautions to protect themselves and their clients while working under difficult circumstances. Seeing external conditions as a common challenge while endeavoring to sustain their therapeutic togetherness can increase the solidarity between therapists and clients by making them feel like a team. Furthermore, in crisis situations like the COVID-19 pandemic that affects everyone, clients may be more curious about their therapists and their health conditions. In these circumstances, therapists should be more open to answering their clients' questions, which in turn can reduce their clients' anxiety. Similarly, using self-disclosure is found to be beneficial for both decreasing clients' worries and normalizing their conditions by showing them they were not alone. Thus, the use of self-disclosure is recommended for showing empathy to clients and normalizing their experiences.

Lastly, it can be hopeful for therapists to know that no matter how hard the times they go through, everything will not turn out as bad as they thought and felt initially. The results of the present study showed that CFTs needed to be aware of their personal challenges and intense emotions while working in the context of COVID-19 and to take care of them in their therapy process or supervisions. Moreover, they needed to be able to adapt to their circumstances flexibly both in

their personal and professional lives. Reframing, externalizing and having a positive lens were found to be very beneficial for therapists to keep their hopes alive. Taking care of themselves, showing acceptance and compassion toward themselves and letting things flow helped them to live and work in the context of COVID-19 to a great extent. In short, all these issues are very essential for therapists to experience resilience and growth in the face of tough times. For these reasons, the issue of resilience and post-traumatic growth should be addressed and discussed in detail in therapists' trainings and supervisions.

4.3. STRENGTHS, LIMITATIONS AND FUTURE DIRECTIONS

Since little is known about online therapy with couples and families due to the scarcity of research on this subject prior to the COVID-19 pandemic, the present study contributes to the literature by filling the research gap in this area. In this regard, the present study is the first study conducted in Turkey, and among the very few studies conducted in the international literature that investigated CFTs' transition and adjustment process to online therapy in the context of COVID-19. To date, none of those few studies provided findings about the solidarity between CFTs and their colleagues, peers, clients, and the importance of social support systems. The present study documented what kind of initiatives CFTs need to take in order to cope with challenges and to ease their adjustment process, what kind of supports CFTs need in this process, and what are the steps that will enable them to become empowered while passing through this process. Analyzing, understanding and making sense of all these unique experiences of CFTs in depth became possible by using a qualitative research method. Moreover, understanding the context of COVID-19 pandemic and its impact on clients, therapists, therapy system and therapy practice has great importance in order to be prepare for future crises, take preventive steps beforehand, and accelerate or ease the adjustment processes when needed. All these can be considered as the strengths of this study.

Besides the strengths of the present study, there are also some limitations. First of all, the COVID-19 pandemic is still an ongoing process. Even though

vaccines have been found and most of the people are vaccinated, therapists and their clients are still under the influence of the pandemic. Their personal and professional lives are still directly and indirectly affected, depending on the emergence of new mutations or as a result of new regulations. Moreover, the data collected for the present study should be seen as the representation of CFTs' adjustment process during the first and second wave of the COVID-19 pandemic. Therefore, the cross-sectional nature of the present study can be seen as a limitation. It is recommended to conduct longitudinal studies in order to understand what long-term implications will the pandemic have on therapists and the therapy system. Addedly, the effects of the context of online therapy as a new setting and COVID-19 pandemic as an unfamiliar and unpredictable context are intertwined in this study. For that reason, making separate contextual generalizations should be avoided.

Secondly, the challenges that CFTs experienced while conducting online therapy could not be investigated in detail in the present study, because the focus was on the exploration of the CFTs' adjustment processes to online therapy in the context of the COVID-19 pandemic. For this reason, the findings of the present study can give a general idea about the new challenges CFTs experienced. In order to comprehensively grasp how systemic perspective and systemic interventions could be adapted to online therapy, it is recommended that researchers conduct studies that specifically address this issue in future work.

Thirdly, because of the fact that the present study aimed to understand the adjustment process of the CFTs, therapists who never switched to online therapy or could not adjust to online therapy were not included in the sample. Thus, their voices and narratives cannot be explored in the present study. Moreover, understanding the adjustment process to online therapy from a systemic perspective should not be limited only to therapists, and it should capture experiences of the different agents of the therapy system such as supervisors or clients. In that sense, making only CFTs' voices and experiences heard is not sufficient to explore these contextual changes deeply. There is also a need for complementary studies focusing on the experiences of supervisors and clients in this process. In addition, one of the presuppositions of systemic therapy is that the whole is greater than the sum of its

parts. For that reason, apart from investigating CFTs' and clients' perspectives/experiences in separate studies, using dyadic designs in further studies can broaden and enrich our understanding of the adjustment process more comprehensively, and help to explore the therapy system as a whole.

Fourthly, when interpreting the findings of the present study, characteristics of the research participants need to be taken into account. The present study participants were all woman, living in big cities and had a masters' degree. To the knowledge of the researcher, there is no study that shows gender differences with regard to adjustment processes in the context of COVID-19. However, it is known from the literature that men seek significantly less emotional support in general compared to women (Ashton & Fuehrer, 1993). Since the social support received was found to facilitate the adjustment process during COVID-19, the adaptation processes of male therapists might be different in this respect. In addition, the adjustment processes and unique experiences of therapists who did not have access to professional associations or who did not have the required infrastructure or hardware to conduct online therapy could not be represented within the scope of the present research. Thus, it is recommended to examine the adjustment processes of male therapists as well as therapists who came from different education levels and practice in diverse contexts in further studies.

In the present study, ten out of 12 participants had clinical experience of 5 years or less. There are previous studies that show that the duration of clinical experience is a determinant factor in terms of attitudes toward online therapy or experiencing more challenges while conducting online therapy in the context of COVID-19 (Aafjyes-van Doorn, Békés, & Prout, 2020; Cioffi et al., 2020). As the participants of the study can be seen as junior therapists, their relationship with technology and their needs for clinical trainings and supervision might be different from more experienced therapists. In this sense, the adjustment processes of junior therapists might not reflect that of experienced therapists. It is recommended to conduct further research with experienced therapists in order to understand whether there is a difference between experienced and junior therapists in terms of their adjustment processes. Addedly, since the present study is conducted with CFTs,

some of the challenges experienced in online therapy (e.g., implementing systemic interventions, working with couples and families) might be unique to them. Thus, the challenges experienced by therapists who use different therapy orientations can differ based on their approaches.

Lastly, even though systematic steps were carefully followed during coding and thematic analysis of the data, this process was carried out mainly by one coder. The involvement of a second coder, particularly in the open coding step, could contribute to increasing the trustworthiness of the analysis.

CONCLUSION

The present study aimed to investigate how CFTs transitioned to online therapy in the context of COVID-19 and how they adjusted to various changes they experienced in their professional lives as a result of the pandemic. The use of qualitative research method allowed for an in-depth examination of the CFTs' first-hand experiences in their professional lives during the pandemic, which in turn created a detailed account of CFTs' adjustment processes. Moreover, since the COVID-19 pandemic led to contextual changes in both their personal and professional lives; while investigating CFTs' adjustment processes, looking through a systemic and socio-contextual lens helped to develop a broader understanding about CFTs' professional challenges, needs, experiences and coping strategies.

The results of the present study showed that as a result of the COVID-19 pandemic and various changes it brought along, CFTs felt intense emotions such as fear, anxiety, self-doubt, and/or incompetence at first. Transition from face-to-face to online therapy in the context of COVID-19 created its own unique challenges for CFTs. Instead of taking a passive stance in the face of these challenges, CFTs strove to cope with them by trying to increase their knowledge, develop new skills and find alternative solutions. In addition, knowing that the challenges they went through were part of a common experience helped CFTs to a great extent in this process. With this awareness, instead of striving to overcome challenges by

themselves alone, they strengthened their connectedness and solidarity with their social support systems. The professional associations' proactive stance during the COVID-19 pandemic made a great contribution to CFTs' adjustment process. Furthermore, sustaining togetherness in therapy in the context of COVID-19 required CFTs and their clients' mutual effort and solidarity, which in turn positively affected the therapeutic relationship and alliance. With time, CFTs' challenges gradually decreased as a result of their mobilization of both their internal and external resources, which in turn increased their competence and self-confidence. Going through this process led to positive changes in CFTs' perspectives both on their personal and professional lives. All of the study participants stated that their adjustment process to this crisis so far culminated into an experience of resiliency and growth.

All in all, the present study hopes to turn what CFTs' have experienced in their professional lives since the onset of the COVID-19 pandemic into a narrative and contribute to CFTs' processes of making sense of their own experiences. It is hoped that sharing CFTs' growth stories becomes more widespread and transformative, and conveys the message that every dark cloud has a silver lining. By this study, it is hoped that the steps taken by CFTs in this challenging process and the transformation they passed through in the end will be a guide for future crises and difficult times.

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APPENDICES

APPENDIX A: INFORMED CONSENT FORM

Araştırmanın Yürütüldüğü Kurum:	İstanbul Bilgi Üniversitesi
Araştırmanın Adı:	Çift ve Aile Terapistlerinin COVID-19 Bağlamında Online Terapiye Uyumlarının Sistemik Bakış ile İncelenmesi
Araştırmacının Adı:	Merve Yüksel
Araştırmacının E-mail Adresi ve Telefonu:	psk.myuksel@gmail.com
Araştırmanın Danışmanı:	Anıl Özge Üstünel Balcı
Danışmanın E-mail Adresi ve Telefonu:	

Bu araştırma, İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı öğrencisi Merve Yüksel tarafından Dr. Öğr. Üyesi Anıl Özge Üstünel danışmanlığında yürütülmektedir. Bu araştırmanın amacı, danışanları ile önceden yüz yüze terapi uygulayan ve Covid-19 salgını nedeniyle online terapiye geçmiş çift ve aile terapistlerinin bu süreçte neler deneyimlediklerini ve bu sürece nasıl uyumlandıklarını sistemik bakış açısı ile anlamaktır. Araştırmanın, alan yazınına ve Covid-19 bağlamında çift ve aile terapistlerinin terapi sürecindeki yaşantı ve deneyimlerinin anlamlandırılmasına ve bu yolla ileride klinik eğitim ve uygulama pratiklerinin şekillendirilmesi konusunda ihtiyaca yönelik adımların atılmasına katkı sağlaması beklenmektedir.

Bu araştırmaya katılmayı kabul ettiğiniz takdirde, yaklaşık 60 dakika sürecek bir görüşmeye katılmanız beklenecektir. Görüşmeler görüşme tarihinde yürütülen sağlık tedbirleri ve katılımcının tercihi göz önünde bulundurularak yüz yüze veya Zoom üzerinden gerçekleştirilecektir. Bu görüşmede, Covid-19 nedeniyle yüz yüze terapi pratiğinden online terapi pratiğine geçme ve sürece devam etme deneyimleriniz konusundaki düşüncelerinizi ve gözlemlerinizi öğrenmek için

sizden bazı sorulara yanıt vermeniz istenecektir. Yanıtlarınız, sonraki analizlerde kullanılmak üzere ses kaydına alınacaktır.

Bu araştırma bilimsel bir amaçla yapılmakta ve katılımcı bilgilerinin gizliliği esas alınmaktadır. Verdiğiniz tüm bilgiler gizli tutulacaktır. Ses kayıtları ve ses kayıtlarının deşifreleri araştırma süresince yalnızca araştırmacının erişimi olan ve şifre ile korunan bir bilgisayarda muhafaza edilecek, araştırma sona erdiğinde silinecektir. Araştırma bulgularının sunumu ve raporlamasında kişi isimleri kullanılmayacak, araştırmanın sonucunda elde edilen bilgiler bilimsel yayınlarda kullanılacaktır.

Bu araştırmaya katılmak tamamen isteğe bağlıdır. Görüşmeye katılmanın üzerinizde herhangi bir olumsuz etki yaratması beklenmemektedir. Ancak görüşme sırasında yanıt vermek istemediğiniz, size kendinizi rahatsız hissettiren sorular olursa bu soruları yanıtlamadan geçebilirsiniz. Görüşme sırasında dilediğiniz zaman kaydın durdurulmasını isteyebilirsiniz. Görüşme başlamadan önce, görüşme sırasında veya sonrasında dilediğiniz zaman soru sorabilirsiniz. Katılmayı kabul ettiğiniz takdirde çalışmanın herhangi bir aşamasında herhangi bir sebep göstermeden araştırmadan çekilme hakkına sahipsiniz. Araştırmadan çekildiğiniz durumda verdiğiniz bilgiler değerlendirmeye alınmayacaktır.

Görüşmenizin sonuçları, araştırma sonlandırılmadan önce gözden geçirmeniz için sizinle mail yoluyla paylaşılacak ve geri bildiriminiz doğrultusunda gerekli değişiklikler yapılacaktır. Burada amaç, sizin görüşlerinizin ve deneyimlerinizin en doğru şekilde anlaşılmasını sağlamaktır.

Araştırmayla ilgili bilgi almak, soru sormak veya yorumlarınızı paylaşmak isterseniz, araştırmacı Merve Yüksel ile **psk.myuksel@gmail.com** adresinden ya da **……** numaralı telefondan iletişime geçebilirsiniz.
Araştırmaya katılım onayınız e-mail yolu ile alınacaktır. Araştırmaya katılmayı kabul ediyorsanız, aşağıdaki metni e-mail yoluyla araştırmacıya iletebilirsiniz.

Bu çalışmaya tamamen gönüllü olarak katılıyorum. Bilgilendirilmiş Onam Formundaki açıklamaları anladım. Çalışmaya katılmayı, görüşmenin ses kaydının alınmasını ve verdiğim bilgilerin bilimsel amaçlı yayınlarda kullanılmasını kabul ediyorum.

Katılımcı Adı-Soyadı: **E-mail Adresi:**	
Tarih:	

APPENDIX B: DEMOGRAPHIC INFORMATION FORM

Katılımcı numarası:	
Doğum Yılınız:	
Cinsiyetiniz:	O Kadın O Erkek O Diğer: ..... O Belirtmek istemiyorum.
Yaşadığınız Şehir:	
Eğitim Durumunuz:	O Lisans Derecesi O Yüksek Lisans Derecesi O Doktora Derecesi O Doktora Sonrası
Lisans eğitiminizde tamamladığınız lisans bölümü / bölümleri:	
Yüksek lisans eğitiminizdeki uzmanlık alanınız:	
Doktora eğitiminizdeki uzmanlık alanınız: **(Eğer varsa)**	
Terapi yöneliminizi nasıl tanımlarsınız?	
Terapide kullandığınız yaklaşım / yaklaşımlar:	
Birlikte çalıştığınız danışan popülasyonu: **(Size uygun olanları seçiniz)**	O Çocuk-Ergen O Yetişkin O Çift O Aile O Grup
Ne kadar süredir aktif olarak danışan görmekte ve terapi yapmaktasınız?	
Nerede çalışıyorsunuz?	O Özel bir klinikte danışan görüyorum. O Üniversiteye bağlı bir danışmanlık birimi/merkezinde çalışıyorum. O Hastanede çalışıyorum. O Bireysel/kendi ofisimde çalışıyorum. O Diğer:

Covid-19 öncesindeki çalışma pratiğiniz:	O Yüz yüze O Online O İkisi de
Covid-19 öncesi ortalama haftalık yüz yüze gerçekleştirdiğiniz seans sayısı:	
Eğer Covid-19 öncesinde online terapi deneyiminiz varsa yanıtlayınız. **(Yoksa boş bırakınız.)** Ne kadar süredir ve ne sıklıkta: Hangi danışan popülasyonlarıyla:	
Covid-19 nedeniyle kaç danışanınızı online terapiye taşıdınız? **(Hangi danışan popülasyonundan olduğunu belirtiniz.)**	
Şu andaki çalışma pratiğiniz:	O Yüz yüze O Online O İkisi de

APPENDIX C: INTERVIEW GUIDE

A. Giriş

(Isınma Konuşmaları)

Kendinizi biraz tanıtır mısınız? Kısaca eğitim geçmişinizden bahseder misiniz?

Ne kadar süredir çift ve aile terapisti olarak çalışıyorsunuz?

Şimdiye kadar hangi kurumlarda çalıştınız?

Hala o kurumlardan birinde mi çalışıyorsunuz? Hiç bağımsız olarak pratik yaptınız mı veya böyle bir planınız var mı?

B. Pandemi ve Pandeminin Etkileri

Covid-19, 2019'un sonlarında Çin'de başladı ve öngörülemeyen/kontrolsüz bir şekilde farklı zamanlarda dünyaya yayıldı. Türkiye'de Mart ayı itibariyle varlığını hissetmeye başladık. Covid-19 nedeniyle hem dünyanın hem de bireysel hayatımızın çok etkilendiği bir süreçten geçiyoruz. Öncelikle bu süreci genel olarak sizin nasıl geçirdiğinizi konuşarak başlayalım isterim.

1) Genel olarak Covid-19 pandemisi sizi nasıl etkiledi?

2) Pandemi döneminde ve sonrasında hayatınızda nasıl değişiklikler yaşadınız?

   a. Kişisel hayatınızda?

   b. İlişkilerinizde?

   c. İş yaşamınızda?

C. Pandemi ve Terapi

Bahsettiğiniz üzere hem kişisel hem de yakın ilişkiler bağlamında etkilendiğimiz bir şekilde gündelik yaşamımızda değişiklikler meydana geldi. Bu çalışma kapsamında daha detaylı olarak Covid-19 bağlamında terapide neler deneyimlediniz ve bu değişikliklere nasıl uyumlandınız onları konuşalım isterim.

3) Covid-19'un terapi çalışmanız üzerinde nasıl etkileri oldu?

   a. Yüz yüze terapiden online terapiye geçme deneyimi sizin için nasıldı?

   b. Yüz yüze terapiden online terapiye geçiş süreciniz nasıl oldu?

      -Terapi süreci kesintiye uğradı mı? Terapiye ara verildi mi?

      -Yoksa geçişi hemen mi yaptınız?

      -Salgının ilk birkaç ayında işinize nasıl devam edeceğinize nasıl karar verdiniz?

c. Yüz yüze terapiden online terapiye geçişe nasıl hazırlandınız?

d. Bu geçiş sürecinde neler hissettiniz? Neler düşündünüz?

-İlk dönemi ve şimdiyi karşılaştırdığınızda, bu duygularınızda ve düşüncelerinizde nasıl bir değişim gözlemliyorsunuz?

e. Genel olarak geçirdiğiniz uyum sürecini nasıl tanımlarsınız?

4) Danışanlarınız terapi çalışmanızda Covid-19'dan kaynaklı değişimleri nasıl karşıladı?

a. Farklı danışan popülasyonlarından (birey, çift, aile) gördüğünüz danışanlardan nasıl tepkiler aldınız?

b. Sürece devam ettiğiniz ve sürece ara verdiğiniz danışanlar arasında nasıl farklar var?

5) Covid-19'un danışanlarınız ile kurduğunuz terapötik ilişki üzerinde nasıl etkileri oldu?

a. İlişkileriniz hangi açılardan etkilendi?

b. Neler değişti? Nasıl değişimler gözlemlediniz?

c. Danışanlarınızla kurduğunuz iş birliği üzerinde nasıl etkileri oldu?

D. Zorluklar

6. Bu süreçte terapi çalışmasında karşılaştığınız güçlükler/zorluklar nelerdir?

a. Sizi en çok zorlayan deneyiminiz?

b. Bu zorluklar ile nasıl başa çıktınız?

c. İlk dönem ve şimdiyi karşılaştırdığınızda, yaşadığınız zorluklarda/güçlüklerde nasıl bir değişim gözlemliyorsunuz?

d. İlk dönemi ve şimdiyi karşılaştırdığınızda, bu zorluklarla başa çıkma konusunda kendinizde nasıl bir değişim gözlemliyorsunuz?

- (Olumlu ise) Sizce bu olumlu değişimi ne mümkün kıldı?

- (Olumsuz ise) Bu olumsuz değişimi neye bağlıyorsunuz?

E. Psikolojik Sağlamlık ve Güçlü Yanlar

7. Bu süreçte kazanımlarınız desem, aklınıza neler gelir?

a. Bu deneyimden nasıl kazanımlarınız oldu?

b. Bu sürece uyum sağlamayı kolaylaştıran şeyler desem, aklınıza neler gelir?

c. Bu süreçte farkına vardığınız güçlü yanlarınız oldu mu?

- (Evet ise) Bunlar nelerdir? Nasıl fark ettiniz?

d. Bu süreçte edindiğiniz yeni beceriler olduğunu düşünüyor musunuz?

- (Evet ise) Bunlar nelerdir? Bu beceriler nasıl gelişti?

F. Geçmiş – Şimdi – Gelecek

8. Hiç eski çalışma düzeninizi özlediğiniz oluyor mu?

a. Ne bakımdan?

b. "Eski çalışma düzenime keşke dönebilsem." dediğiniz oluyor mu?

- (Eğer evetse) Ne zamanlar?

- (Eğer hayırsa) Nasıl?

9. Şu anda terapi çalışmanıza nasıl devam ediyorsunuz?

a. Şu anda danışanlarınız ile online çalışma konusunda nasıl hissediyorsunuz?

b. Şu anda danışanlarınızla yüz yüze çalışma konusunda nasıl hissediyorsunuz?

10. Gelecekte terapi çalışmalarınıza nasıl devam etmeyi planlıyorsunuz?

G. Genel Değerlendirme – Kapanış

Son olarak, görüşmemizi sonlandırmadan önce genel bir değerlendirme yapmak isterim.

11. Görüşmenin başından beri tüm konuştuklarımızı ve Covid-19 deneyiminizi düşündüğünüzde, tüm bu süreci yaşamış olmak sizi bir terapist olarak nasıl değiştirdi? Bu konuda son olarak neler söylemek istersiniz?

a. Bugün bu konuyla ilgili burada konuşmak size nasıl geldi?

b. Eklemek istediğiniz herhangi bir şey var mı?

c. Önemli gördüğünüz ama benim sormadığım ve paylaşmak istediğiniz herhangi bir şey var mı?

d. Sormak istediğiniz herhangi bir şey var mı?

Tüm katkılarınız için teşekkürler.

APPENDIX D: MEMBER CHECKING E-MAIL CONTENT

Çift ve aile terapistlerinin Covid-19 bağlamında terapi çalışmasına uyum süreçlerinin incelenmesi üzerine yaptığımız çalışmanın bulgularının özeti:

Tema 1: Yeni zorluklarla karşılaşmak

- Tanıdık olanın kaybı: Uzaktan terapinin zor yanları
- Kesintili terapi seansları

Tema 2: Yetkinliği arttırmak

- Bilgiyi arttırmak
- Yeni beceriler ve alternatif çözümler geliştirmek

Tema 3: Bağlılığı ve dayanışmayı güçlendirmek

- Yalnız değilsin; hepimiz aynı gemideyiz!
- Danışanlar ile birlikteliğin kurulması ve sürdürülmesi

Tema 4: Bakış açısını değiştirmek: Gerilerken ileriye atılmak

- Kaygıdan sakinliğe
- Katılıktan esnekliğe
- Krizden büyümeye ve fırsatlara

Tema 1: Covid-19 salgını ve bu salgın nedeniyle terapi çalışmasının yürütülme biçiminde meydana gelen değişiklik, terapistlerin birçok zorlu duyguyu hissetmesine neden olmuştur. Kaygı, korku, çaresizlik, bilinmezliğin karşısında hissedilen yetersizlik özellikle bu değişimin gerçekleştiği ilk zamanlarda hissedilen baskın duygulardan bir kaçıdır. Hazırlıksız yakalanılan online terapiye geçiş karşısında terapistler, özellikle terapinin ilk zamanlarında yeni zorluklarla karşılaşmışlardır. Online terapiye geçişle birlikte, yüz yüze terapi yaparken hissedilen o tanıdık, bildik ve rahat olarak hareket edebilmenin, müdahalede bulunabilmenin, yetkin hissetmenin kaybının yarattığı zorluk dile getirilmiştir. Online terapiye geçişin olumsuz ve zorlayıcı tarafları; danışanlarla aynı odada bulunurken hissedilen fiziksel yakınlığın ve birlikteliğin kaybı; danışanın ofise girmesi ile başlayan, bekleme odasında ve seans odasında devam eden beden dili ve sözsüz iletişimi gözlemlemenin kaybı; yüz yüze çalışırken sıklıkla kullanılan deneyimsel/yaşantısal teknik ve müdahaleleri ekran aracılığı ile tam uygulayamamak olarak dile getirilmiştir. Ayrıca, kalabalık aileler, çatışmalı çiftler

ve küçük çocuklar ile çalışmanın zorluğu da belirtilmiştir. Bunlara ek olarak, yüz yüze terapi pratiğinde terapistler güvenli, öngörülebilir ve izole bir terapi ortamı sunabilirken, online terapi ile birlikte terapistin bu ortamı sunmadaki kontrolünün azalması ile birlikte seans akışında meydana gelen bölünmeler ve kesintiler ortak olarak deneyimlenen bir zorluk olarak vurgulanmıştır. Bu bölünme ve kesintilerin nedenleri; teknik sorunlar, danışanların seçtiği terapi ortamı, evdeki diğer fertlerin veya evcil hayvanların terapi seansına müdahalesi, danışanların terapi seansı içerisindeki çeşitli hal ve tavırları olarak sıralanmıştır.

Tema 2: Covid-19 pandemisi bağlamında online terapiye geçiş yapan çift ve aile terapistleri, deneyimledikleri ve karşılaştıkları zorlukları/sorunları aşmak için daimî çaba göstermişler ve online terapideki yetkinliklerini arttırmaya yönelik çeşitli adımlar atmışlardır. 12 katılımcıdan 7'si daha önce online terapi eğitimi/deneyimi olmadığı için online terapiye geçişte tamamen hazırlıksız yakalanmıştır. Önceden online terapi deneyimi olan terapistler de sürecin belirsizliği karşısında kaygılı hissetmiş, bazıları önceden online olarak çalışmayı tercih etmedikleri danışan popülasyonları ile başka bir seçenekleri olmaması sebebiyle online olarak ilk kez çalışmak durumunda kaldıklarını belirtmiştir. Bu geçişle birlikte bazı danışanların terapi sürecine ara vermesi ya da süreci sonlandırması da terapistlerin kaygılarını ve yetersizlik hislerini arttıran bir etkide bulunmuştur. Terapistler, bilinmeyenin karşısında hissedilen yetersizlik duygusu ile başa çıkmak, online terapi hakkında kendini geliştirmek ve/veya belirsizlik altında daha güvende hissederek çalışabilmek adına bir öğrenme süreci içerisine girmişlerdir. Katılımcıların, online terapiye dair teorik bilgiler ve pratik beceriler edinmeyi hedefledikleri bu öğrenme girişimleri; kaynaklar araştırmak, yayınları takip etmek, makaleleri ve manuelleri okumak, online eğitimlere katılmak, akranlar-hocalar ve süpervizörlerden bilgilerini arttırmak konusunda destek almak olarak özetlenebilir. Öğrenme sürecinde atılan adımların sonucu olarak, katılımcılar genel bilgi seviyelerinin arttığını, yeni beceriler edindiklerini ya da olan becerilerini geliştirdiklerini, karşılaştıkları zorluklara alternatif çözümler bulmaya başladıklarını dile getirmişlerdir. Başa çıkmak ve uyumlanmak için gösterdikleri bu aktif çabanın sonucu olarak, süreç içerisinde güçlendiklerini, yetkinliklerinin arttığını ve

terapinin yeni bağlamına uyumlandıklarını ve online terapi sürecini yönetebildiklerini ifade etmişlerdir.

Tema 3: Uyumlanma süreçlerindeki bir diğer önemli ortaklık, çift ve aile terapistlerinin bu zorluklar karşısında süpervizörleri, iş arkadaşları, akranları ve danışanları ile sahip oldukları bağları kuvvetlendirerek adaptasyon süreçlerini kolaylaştırma çabalarıdır. Tüm katılımcılar, Covid-19 salgınının mesleki hayatlarını bireysel olarak nasıl etkilediğine odaklanmaktan öte, bu sürecin evrensel bir süreç olduğunu, sadece kendi başlarına gelen bir süreç olmadığını ve birçok akran ve meslektaşının da benzer deneyimlere ve zorluklara sahip olduğunu bilmenin kendileri için rahatlatıcı olduğunu belirtmiştir. Ortak deneyimleri paylaşmak, daha büyük bir ekibin parçası olduklarını hissetmelerine yardımcı olmuştur. Akran ve iş arkadaşları ile deneyim paylaşımlarının yanı sıra süpervizör ve eğitmenlerden de duygusal açıdan destek almışlardır. Diğer herkesin de benzer iniş çıkışlar yaşadığını bilmek, süpervizörler tarafından desteklenmek ve bu süreçte yalnız olmadıklarını bilmek terapistlerin deneyimlenenleri ve karşılaşılan zorlukları normalleştirmelerine ve dayanışma ruhunu hissetmelerine olanak tanımıştır. Sosyal destek ağları ile kurulan iletişim ve yapılan paylaşımlar zorlu zamanlar ile başa çıkmak konusunda terapistlere güvenli bir ortam sunmuş ve güçlenmelerine imkân tanımıştır. Ortak deneyim sadece meslektaş, hocalar ve süpervizörlerle değildir. Aynı zamanda, Covid-19 pandemisi şartları altında yaşamanın bir sonucu olarak terapistler, mesleki kimliklerinden bağımsız bireyler olarak danışanlarıyla benzer kaygılar hissetmişler ve ortak deneyimlerin, çeşitli kayıpların ve benzer zorlu yaşam olaylarının öznesi olmuşlardır. Covid-19 pandemisi nedeniyle hayatlarında meydana gelen zorunlu değişimler ve zorlu deneyimler karşısında, terapi pratiğini durdurup yüz yüze pratiğe dönmeyi beklemek yerine terapistlerin yeni bağlama adapte olma çabaları, danışanları ile kurdukları ilişkilerinin devam etmesi için gösterdikleri aktif çabanın bir örneğidir. Online terapi, sağlık ve bulaş riski almadan terapi çalışmasını ve terapötik ilişkiyi sürdürebilmenin tek yolu olarak görülmüştür. Online terapiye geçme konusunda tereddütlü olan danışanlar, online terapi hakkında bilgilendirilmiş ve online terapiyi deneyerek devam edip etmeme kararını verebilecekleri bildirilmiştir. Bazı katılımcılar, terapi sürecine ekonomik zorluklar

veya başka sebepler ile devam edemeyen danışanlarını arada arayarak bu zorunlu ayrılık boyunca nasıl olduklarını teyit ettiklerini dile getirmiştir. Birlikteliği sürdürmek adına seans ücretlerinde indirim yapan terapistler de mevcuttur. Tüm terapistler, danışanlarını online terapi hakkında bilgilendirmiş, onların isteklerini, kaygılarını ve tereddütlerini dinlemiş, online terapiye dair sorularını yanıtlamıştır. Böylece, terapistler danışanlarının online terapiye geçiş süreci ve sonrası hakkındaki kaygılarını dindirmeye ve onların adaptasyonlarını sağlamaya yönelik adımlar atmışlardır. Online terapiye adaptasyon sürecinde, danışanlarının da benzer çabayı gösterdiğini belirten ve bunun aslında ortak verilen bir çaba olduğunu vurgulayan terapistler mevcuttur. Bu zorlu süreci birlikte aşıyor olmanın ve bu sürece rağmen terapiye devam edebiliyor olmanın danışanlar ile kurulan terapötik ilişkiyi ve iş birliğini olumlu yönde etkilediği belirtilmiştir.

Tema 4: Son temada, terapistlerin online terapiye ve uyum süreçlerine dair deneyimlerinde ve bakış açılarında meydana gelen değişimler ele alınmıştır. Covid-19 bağlamında online terapiye geçiş sürecinin başlarında neredeyse tüm katılımcılar oldukça kaygılı, hazırlıksız ve belirsizlik karşısında rahatsız hissederken süreç içerisinde bilgilerini arttırarak yetkinlik kazandıkça ve sosyal destek kaynaklarından destek aldıkça online terapi sürecini daha rahat ve sakin bir şekilde yönetmeye başladığını belirtmiştir. Özellikle terapistlerin kaygı seviyesinin en yüksek olduğu geçiş sürecinin ilk evrelerinde online terapide meydana gelen aksaklıklar ve yolunda gitmeyen şeyler karşısında terapistlerin kendilerine yaklaşımları ve değerlendirişleri daha sert ve eleştirelken; zaman ilerledikçe online terapiye alışmak ve yetkinliğin artması ile birlikte kendilerini daha esnek bir zihin yapısı ile değerlendirebildiklerini ve içsel seslerinin daha şefkatli bir hal aldığını dile getirmişlerdir. Bir diğer deyişle, olası aksaklıklar ve hatalar karşısında kendilerine ve içinde bulundukları koşullara daha esnek ve yapıcı bir şekilde yaklaşmaya başlamışlardır. Aynı zamanda, bazı katılımcılar online terapiyi deneyimlemeden önce online terapi hakkında olumsuz önyargılara/varsayımlara sahip olduklarını ama uygulamaya başladıktan sonra bu tutumlarının değiştiğini bildirmişlerdir. Covid-19 salgını nedeniyle karşılaştıkları krizlere dair sahip oldukları bakış açılarının değişimi, terapistleri büyüten ve güçlendiren bir deneyime

dönüşmüştür. Bu süreci sadece olumsuz yanları ile ele almak yerine olumlu taraflarına odaklanmak, verilen arayı kendini geliştirmek için bir fırsat, dinlenebilmek için bir mola olarak görmek de terapistlerin sürece adaptasyonlarını sağlayan bir bakış açısı olmuştur. Bu zorlu süreci aşabilmenin sonucunda terapistler özgüvenlerinin arttığını, kendilerini daha da güçlenmiş hissettiklerini belirtmiştir. Ek olarak, terapistler online terapinin avantajlı yanlarını sıralamış ve online çalışma düzenine geçmek ile birlikte edindikleri birçok yeni imkânı dile getirmiştir. Bu imkanlar şöyle sıralanabilir: Covid-19 bağlamında çalışmaya devam edebilmek; yer-zaman-mekân sınırlamalarına takılmadan danışanlarla online terapi yapabilmek; online eğitimlere ve seminerlere erişebilmenin kolaylaşması ve rahatlığı; terapistin taşınabilme-yazın tatile gidebilme gibi hareketliliğinin artması vb. Son olarak, bazı katılımcılar geçirilen bu süreci birçok iniş ve çıkışı barındıran bir dönem olarak tanımlamıştır. Covid-19 pandemi süreci halen içinden geçtiğimiz ve bizi doğrudan etkileyen bir deneyim olması sebebiyle deneyimlerin, duyguların, bakış açılarının değişebilen doğası akılda bulundurulmalıdır.

ETHICS BOARD APPROVAL

Ethics Board Approval is available in the printed version of this dissertation.