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PSYCHOTHERAPISTS' THERAPY ROOM EXPERIENCE REGARDING
SPATIAL SETTING CHANGE FROM FACE-TO-FACE TO ONLINE:
PSYCHODYNAMIC AND EXISTENTIAL PERSPECTIVE

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I dedicate this thesis, which represents the end of my entire master process in a sense, to all my furry friends, especially Sümük, whom I have always felt with me and are no longer among us.

I would like to thank all my classmates and also Esra and Sinem because the natural and artificial disasters we had gone through we were together at somehow (physically and virtually). As if I was going to knit sweaters for each of you during our termination process...

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I, who always think that space is a lifeless, ordinary structure, am very excited and confused about conducting a study on the effect of the place on the therapy relationship right now. While my experience of spacelessness or Unheimlichkeit was going on, it was not easy for me to carry out this study on this subject and try to make sense of the loss. I owe my thanks to my beloved ones, Tunç Siper and Kerim Yorgunlar, who went through a similar process and made the process easier for me by allowing me to experience this process with them, and Ege Polater, who accompanied me during all my breakdowns and did not spare me his experience and wisdom for having gone through this process before.

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ABSTRACT

Recently, the meaning of the place is gaining more value in every aspect. Online therapy practice can be seen as an option that the client or therapist can choose, when the client and the therapist cannot come together for various reasons like moving of one of them and also due to the recent pandemic-related restrictions. This research examines psychotherapists' experiences in the therapy room regarding therapeutic setting change. The main questions of the study are the therapists' experience of meeting in the same physical space with the client, the experience of changing therapy settings from face-to-face therapy to online therapy, and finally, the effect of therapists' experiences of the absence of meeting with clients in the same place on the therapy process. During the study, five psychotherapists who continued therapy practice online for a while after having started face to face were interviewed by the researcher. The data obtained were analyzed using the interpretive phenomenological analysis method in the context of qualitative research. Based on the discourse of the participants, there was one predominant theme namely "Complexity of Place Loss: From the room to the Link". When talking about online work, psychotherapists stated that they experienced a loss. This loss concretely includes the loss of the therapy room and bodies, the loss of some aspects of therapist-client relationship, and the loss of ease in entering the therapist role. Despite all this lost experience, the participants added that while the online session does not replace the experience of meeting with the client in the same place, it also contributes to the therapy process, in such a way that is different from what the face-to-face sessions provided.

Keywords: Therapy Room, Place, Spatial Change, Online Therapy, Face-to-Face Therapy, Physical Space, Relational Space, Interactional Space

ÖZET

Son zamanlarda mekânın anlamı her yönüyle daha fazla değer kazanıyor. Danışan ve terapist, birini hareket ettirmek gibi çeşitli nedenlerle bir araya gelemediğinden, online terapi uygulaması, danışan veya terapistin tercih edebileceği bir seçenek olarak görülebilir. Bu araştırma, psikoterapistlerin mekansal ortam değişikliğine ilişkin terapi odası deneyimlerini ele almaktadır. Araştırmanın temel soruları; terapistlerin danışanla aynı fiziksel mekânda buluşma, terapi ortamlarının yüz yüze terapiden çevrimiçi terapiye değişmesi deneyimleri ve son olarak terapistlerin danışanlarla aynı mekânda buluşabilmenin kaybolması deneyiminin terapi süreci üzerindeki etkisidir. Çalışma sırasında yüz yüze başladıkları bir sürece çevrimiçi ortamda devam eden beş psikoterapist ile araştırmacı tarafından görüşülmüştür. Elde edilen veriler nitel araştırma bağlamında yorumlayıcı fenomenolojik analiz yöntemi kullanılarak analiz edilmiştir. Katılımcıların söylemlerine bakılarak bir ana tema olduğu sonucuna varılmıştır: Odadan bağı karmışık bir kayıp. Psikoterapistler çevrimiçi çalışmadan bahsederken temel olarak bir kayıp deneyimi yaşadıklarını belirtmişlerdir. Bu kayıp somut olarak terapi odasının be bedenlerin kaybını, terapist-danışan ilişkisinin kaybını, terapist rolüne girmedeki kolaylığın kaybını ve terapistin seans odası içerisindeki tüm güçlülüğünün kaybını içermektedir. Katılımcılar, tüm bu kayıp deneyimine rağmen çevrimiçi yapılan seansın, danışanla aynı mekânda buluşabilme deneyiminin yerini tutmamakla birlikte, yüz yüze yapılan seansların sağladığından farklı olarak terapi sürecine katkısı olduğunu da eklemişlerdir. Bu çalışmanın sonuçları özellikle pandemi göz önüne alındığında, psikoterapistlerin yaşadıkları mekansal kayıp deneyimlerini anlamlandırabilmeleri için faydalı bir rehber olacağı düşünülmektedir.

Anahtar Kelimeler: Terapi Odası, Mekan, Mekansal Değişim, Çevrimiçi Terapi, Yüz yüze Terapi, Fiziksel Mekan, İlişkisel Mekan, Etkileşimsel Mekan

CHAPTER I

1.INTRODUCTION

1.1. THE CONTEXT AND PURPOSE OF THE CURRENT STUDY

In Turkey, therapy space has not been a popular research topic in psychology (Göregenli, 2013). Usually, people-environment relationship has been researched by different fields like architecture, sociology, and environmental psychology and these studies focus mostly on the universal and societal consequences of space perception. There are a handful number of qualitative research about space perception in Turkey. However, these studies are conducted on the perception of larger scale spaces such as street, neighborhood and state (Göregenli, 2013). While results regarding the space perception of large-scale areas can be known, the smaller scale areas which constitute the components of large-scale spaces have not been included in most cases. Mainly, small-scale areas like home have been studied separately, but not as parts of the larger scale areas. In those studies, home has been analyzed in relation to place attachment, place identity, privacy, and safety needs. According to phenomenological approach, home is seen as a place which shapes one's perception and is shaped by it reciprocally (Göregenli, 2013). Therapy room may be interpreted as home because of the holding and containing function of the room beside of the subjective and experiential aspect.

In the light of all these information, this thesis aims to focus on a much smaller scale and deeply understand the unique experience of therapy space from therapists' point of view. In other words, the aim of this study is to deeply examine therapy space (therapy room) experience of therapists whose orientation is dynamic and existential regarding the change from the meeting with the client from in the same physical space to a digital space. The function of the meaningful space or place, which is an important dimension of the therapeutic frame, from therapists' perspective will be examined based on the therapeutic setting change.

While the importance of the function of the space for the client has been the subject of much theorizing (Bion, 1962; Winnicott, 1960), for the therapist, there is not enough data in the literature about the function of being in the same place or the function of performing therapy in the same place (Backhaus, 2008). Messina and

Löffler-Stastka (2021) conducted a pilot study to investigate therapists' live therapy and online therapy experience. As a result of the scales completed by 29 therapists, it was concluded that online therapy requires less clinical skill than live therapy. In addition, therapists did not identify difficulties between doing live therapy and or doing online therapy. Therapists also stated that they were less bored, and the flow of therapy was greater with live therapy compared to online therapy.

As a result of Mitchell's qualitative research (2020), which aimed to understand the videoconferencing experiences of integrative therapists in depth, four superordinate themes emerged. These are 'Seen and Hidden', 'Intimacy and Distance', 'Open to Connect' and 'Similar but Different Worlds'. Integrative psychotherapists working with the videoconferencing medium stated that transference can be experienced, and the client-therapist alliance can be workable via online medium. However, although therapists continue to study body-related issues in the online medium, they also mentioned the difficulties brought by the absence of physical contact. This research is limited to the experience of therapists doing therapy with the videoconference medium, it does not include the experience of the relationship with the place. In this sense, it is a limited study in understanding therapy in the online medium. That is why this research is expected to present an in-depth understanding of how the change of the therapeutic setting affects the therapist and the therapy process. Also, it is expected to contribute to the clinical psychology literature in Turkey as the topic chosen has not been studied much. How the results affect the therapy process will also be discussed. In this way, it will be seen how the spatial concepts regarding transition from face to face to online therapy, which are mostly mentioned in terms of the client in existential and psychodynamic theories, correspond in the experience of therapists. Accordingly, the research questions of the study are:

1. How meeting with the client in the same place is experienced by therapists?
2. How has the experience of the therapists been affected by changing their therapeutic setting from face-to-face to online therapy (loss of the meeting with client in a same place)?

3. How the absence of meeting with the client in the same place affected the therapy process?

1.2. ENVIRONMENTAL PERSPECTIVE

The term place is a psychological concept that has a very rich content in terms of its meaning (Sime, 1986). It has often been ignored in the psychology literature and can find a new place for itself. Canter (1977) defines place as a unit of environmental experience where actions, concepts and physical attributes are combined in the transactional relationship (as cited in Sime, 1986).

Geographical space is the combination of land, air, water, and these particular spaces of human artifacts with the moods and dreams with which people experience them (Relph, 1985). Geographical areas are rich and complex: The weather is constantly changing with the season and the time of day and is regulated by human intentions and experiences. The real space of geography differs from the infinite abstract space of geometry or astronomy because it places the person in a space. Space, as directly encountered in experience, lacks the pure multiplicity of Heidegger's (1927) three dimensions. According to Relph (1985) space is not in the subject, and the world is not in space, but space is in the world as part of everyday experience. Thus, it can be said that human existence is spatial (Relph, 1985).

Place is closely related to space and landscape but experiential dimension of place is qualitatively different from them (Relph, 1985). It is basically part of any direct encounter with the world, but this is not the case for places because they are constructed through repeated encounters and complex associations in one's memory and emotions. A place in geographic experience is a start because it is where one knows and is known by others. It is also where man comes from and that is man himself. Before any choice there is a 'place' where the foundations of earthly existence and the human condition establish themselves. People can displace or move, but that is still looking for a 'place'. Man needs a foundation to reveal their existence and realize their possibilities, a place to explore the world, a place to return to (Dardel, 1954 as cited in Relph, 1985).

According to Tuan (1975), place is a center of meaning which is created by experience and place is known not only through the mind. It is also recognized through the passive and direct modes of experience. Tuan (1975) stated that while places are the points in a spatial system, they are also strong instinctive emotions. Most places are nameless because to name a place is to give it conscious recognition however most human experience takes place in subconscious level. For example, the stove, bed, etc. in the house are recognizable when marked. The emotion is there but it is not easy to notice the emotion because it does not rise to the level of consciousness unless these little foci of one's world are disturbed or threatened.

Tuan (1975) defines home as the place where life begins and ends. The home has been handed over to the secret processes of life. In other words, the basic features of the home are that it provides protection and privacy. Despite the many concepts that one will use for one's experience of the home, what one feels about home can never be fully made explicit.

According to Tuan (1975), gaining experience takes time that is why a sense of place is rarely gained overnight. Knowing a place requires long-term residence and deep interest. It is possible to understand the visual qualities of a place with a short visit, but it is difficult to understand how that place smells on a cold morning with a short visit.

Space is large, open, empty and abstract, devoid of content (Tuan, 1975). This feature of space invites imagination to fill it with matter and illusion (Tuan, 1975). When viewed from this aspect, space is a possibility and it calls the future. Place, on the other hand, is past and present. Thus, a third is added here to the already existing geometric and ideographic perspectives for place: the experiential perspective.

The interactional space is generally almost entirely designed repeatedly in transitions from one activity, task or chapter to another (Mondada, 2013). The restructuring of the interactional space contributes to this success through a change of orientation and a new distribution of the participants' bodies. The transformation of the interactional space is strongly associated with the participation framework that develops during the course of interaction (Mondada, 2013). The field of

interaction is responsive to these transformations and instinctively contributes to their success. The interactional space is ever-changing. It is reconstructed by adjusting continuous changes in the participation, by that contributing to their frontstage visibility (Goffman, 1959 as cited in Mondada, 2013).

Goffman (1959) argues that individuals consciously assume roles to create impressions in the minds of others, using a theatrical metaphor to describe how individuals try to manage the impressions others form about them. According to Goffman (1959), the purpose of performance is to convey information to others or the audience in order to direct and control the impressions the audience will develop about the actor. Therefore, communication in all its forms is the foundation of Goffman's (1959) understanding of impression management (as cited in Cho et al., 2018). Impression management is achieved by affecting the definition of the situation that others come to formulate. Thus, the actor can influence this definition by expressing themselves in a way that gives the impression that they will act voluntarily according to their plan. In short, actors perform this performance to direct the audience to perceive them as positively as possible.

According to Goffman (1959), the region plays a central role in dramaturgical analysis. The region can be divided into frontstage and backstage. On the front stage, actors perform in front of the audience. The frontstage is where actors present their stances to the audience. Actors want the audience to perceive them in a certain way. To this end, they will over-communicate some information and try to keep others in the background or under-communicate (Cho et al., 2018).

In the backstage, there are actors or performers, but no audience is allowed. According to Cho et al. (2018): "*Backstage is where actors prepare their frontstage performances and decide what information to highlight or leave behind during the frontstage performance.*" (p. 7). In the backstage, performers can get out of character because there is no audience in the backstage so that the actors do not take the risk to damage the impressions they have created in the audience (Jeacle, 2014 as cited in Cho et al., 2018). Information elements that have been kept hidden in the foreground come into sight in the backstage. It is important to keep secrets in order to preserve the impressions that the actors want to create in the audience.

In the light of these information, space is instinctively reconstructed by interaction (Mondada, 2013). This approach is important for the way to understand context in general, both as designing for social action or interaction and designed by social action or interaction, as well as for the way we grasp the concreteness of the environment. This concreteness has its inherent features and limitations, but these are only effective when enacted and made available within a course of action. In this sense, action provides to designing the space by selectively distinguishing and spotlighting appropriate characteristics. The result of these practices forms the interactional space.

Understanding of behavior needs to be considered within the context of the individual (Göregenli, 2018). Place is not only the area or physical conditions surrounding the human being, but also a whole that includes their possible situations (Dede, 2018). According to Ittelson (1973) the human-environment relationship is experiential; it is subjective, unique, mutually transformative, and hence, related to the nature of the phenomenon. There is a reciprocal relationship between people and the physical environment (Canter, 1977; Göregenli, 2013; Dede, 2018). The environment and its conditions begin to affect people when they are encountered or portrayed in the mind. Being is so integrated with its environment that it can be observed that the properties of an object change with the change of location. Just as things in space cannot be distinguished from space itself, human beings cannot be thought independently of the environment and conditions of that environment (Ponty, 1964). In the therapeutic process, space is a fundamental part of the frame. It is important for both the client and the therapist to occupy the same physical space during therapy sessions because the therapy space creates a transition area and containment for the client, in which the inner world can be opened safely.

According to Prochansky (1976), it can be said that place is not only physical but also social by looking at how it is constructed. The world built has an effect on human activities and its relationship with others, so it can be said that it is a special form of expression in a social system.

Backhaus (2008) states that while most of the research examines the effect of space on clients, there is very little research looking at its effect on therapists.

According to Backhaus (2008), the relationship between therapy space and therapeutic relationship has hardly been investigated, especially from the therapist point of view. According to Fraser and Solovey (2007), the therapy space is defined as the only place where clients need to feel calm, safe and comfortable, and designed to explore and work on relational problems. According to Backhaus (2008), it is extremely disturbing that there is very little research in such an important area.

Bertalanffy (1962) emphasized that evaluating only the space or the object in that space would be an incomplete evaluation, the main thing is the object-space relationship (as cited in Backhaus, 2008). The therapy space creates a context for the therapy and thus cannot be separated from the therapeutic process. Human and environment or context in which the human being exists should not be considered separately because, according to Hansen (1995), behavior, reaction, etc. find meaning in their own context best. Therefore, this intertwined relationship should be examined together, not separately (as cited in Backhaus, 2008).

According to Ornstein (1989), the meaning attributed to the space affects individual experiences and understanding the interaction with space can serve as an important resource in understanding individual. When considering the therapy process, the therapy room provides a context to the therapeutic process and is an aspect of the therapy that cannot be ignored. Anthony and Watkins (2002), in their study of the importance of the design of the therapy space, revealed the areas that therapists consider important for the therapy space. These areas can be listed as location, privacy, image, visibility, closeness to toilet, separate entrances and exits, lighting, furniture, views, plants, artworks and easy-to-read clocks.

It is known that individuals develop a cognitive and emotional bond to places (Scannell and Gifford, 2014). This bond is called place attachment. Place attachment has sometimes been handled by different disciplines with different names and structures. Humanist geographers discuss place attachment through topophilia, sociology and social psychology through community ties. Along with many definitions of place attachment, Scannell and Gifford (2014) consider this concept in three dimensions: consisting of person, place, and process. In this triple

framework, it is discussed who is attached, what they are attached to and how they express this attachment psychologically. It is interested in who is attached and how the attachment is with the place of attachment. In short, whether the attachment of people who are connected has an individual meaning or a social meaning is important. How they attached is the part that deals with how people express these attachments through cognition and behavior. Personal factors affecting place attachment can be listed as time, congruence, mobility, ownership and social status, gender, personal development, sexuality and personality differences (Scannell and Gifford, 2014). Social factors that have an impact on place attachment can be listed as social interactions, social capital and homogeneity. Physical factors affecting place attachment can be listed as dwelling, streets and neighborhoods, community size and similarity of physical features across places.

1.3. PSYCHODYNAMIC PERSPECTIVE

Although the concept of setting or space has a reductionist definition only with its technical aspects, it also has a comprehensive definition as much as the “place” with its originality (Ferruta, 2014). The place on which the analytic setting is built would be possible in the context of space-time, based on convention and form. Views on this place can be expressed in two ways. The first of these expressions is an environment in which the rules continue to work and contain the unchangeable sides, while having a side that can be changed according to the situation required for the therapy process and the needs of the client in it. Secondly, it has a containing function in times of crisis.

According to Winnicott (1965/2018) “holding environment is in the space between inner and outer world, which is also the space between people—the transitional space—that intimate relationships and creativity occur.” It encourages the child’s transition to self-sufficiency or autonomy. He discussed that one of the main roles of the therapist is to offer a holding environment for the clients thus they might start to recognize and meet earlier disregarded or neglected ego needs and encourage the development of the true self.

Winnicott (1953) defined a third domain other than inner and outer reality and described the need for it (as cited in James, 1984). This third area is an experiential field in which both inner and outer reality contribute. Winnicott (1953) defines this intermediate space as "is made on its behalf except that it shall exist as a resting place for the individual engaged in the perpetual human task of keeping inner and outer reality separate yet interrelated" (p.230). This field is separate or independent from internal and external reality but is still related. The inner world of the baby is automatically affected by environmental trends. Interaction with this environment is important for the baby to develop a sense of self. The caregiver enables the baby to use the illusion ability by identifying with the baby and ensuring that they becomes aware of their needs with constant repetitions at the right place and at the right time. According to Winnicott (1953), contact between soul and environment is impossible without illusion. He claims that the baby is a unit that is specially shaped for the environment. If everything goes well in the specific environment that the baby gradually builds, the baby's environment becomes something similar to the general environment. This represents a transition of the baby from dependency on the other to independence. After this shared imaginary space, He introduces the concept of holding by looking at the mother-baby unit. The concept of holding includes not only a physical holding function, but also a total environmental provision that precedes the concept of coexistence. To put it differently, the baby in the holding phase is completely dependent on the outside. Winnicott (1953) emphasized the importance of the environment and environmental factors in the early stages of life by establishing an analogy between psychoanalytic care and infant care. In this analytical setting, the environment is particularly important for personality disorders, borderline and psychotics. Just as the clarification of the baby's inner and outer reality boundaries passes through the shared reality position, it is important to understand the patient's relationship with the other in the analytical environment and to create this distinction in the room. The therapeutic for Winnicott (1953) is to be able to use the other (object) of the patient in the therapy in a meaningful relationship with others and to establish a relationship (as cited in James, 1984).

Bion (1962) also mentioned about the importance of space as containment. Containment is like holding but with some differences. According to Bion, containing starts from the possibility that the infant projects onto its mother the feelings that are upsetting, excruciating fearsome, or in some other style, unbearable. The mother thus feels the feeling herself and is capable of not to acting with on it, but rather to contain and render the emotion for the infant hence the infant takes the feeling back in a contained and adjusted form. Therefore, the infant can reintegrate the feeling as their own. In therapeutic context, containment is crucial because therapy context provides a safe place for clients to go over their feelings that in any case probably going to be experienced as overwhelming and confusing (Bion, 1962).

Buber (1906) defined an in-between space very similar to Winnicott's transition area: *Zwischenmenschliche* (as cited in Praglin, 2006). This area is the meeting ground of potential and originality. This potential does not take place in the political and economic world. There are some of the most creative and original features of existence in this field. This in-between space provides symbolization, opens space for the spiritual renewal of being, and includes culture and imagination. After Buber's term *Zwischenmenschliche* (1906), he talks about the dialogic realm (as cited in Praglin, 2006). The biological realm represents the world in which there is a relationship with the other. Winnicott (1965/2018) likewise argues that the relationship of the individual to the other is more important than drive satisfaction.

According to Winnicott (1960), the parent should take into account the needs of the baby and provide an environment suitable for those needs (as cited in Abram, 1997). If the caregiver provides the baby with what their needs instead of the baby's needs, it will not benefit the baby and even feel pressured. Therefore, Winnicott (1960) emphasizes considering the integrity of the baby while providing an environment. It also says that a suitable environment must meet physiological needs because the environment is not yet mechanically reliable. The caregiver implies that security by its empathy. It also adds that the holding function should be in a suitable environment. The holding must fill the lack of information about the existence of something other than the baby itself. The holding function also includes the physical

and psychological changes peculiar to the baby's development. It is possible to transfer all these environmental conditions to the therapeutic relationship. What provides the necessary environment for the client is the analytic environment, that is, the holding environment.

According to Ferruta (2014), the environment that includes words, gestures, non-verbal communication, dreams, etc. is a working tool through which concrete and mental conditions that enable the client to find their world representation in relation to the therapist. In addition to this, Ogden (1996) also states that the therapy space affects the process and not the other way around. It ensures that the dialectical interaction that comes with the analytic third, created by the therapist and the client, can be protected by the psychoanalytic technique (session frequency or use of space).

The environment, which is a talking canvas (Bollas, 1999) or an unmanned environment (Searles, 1960), is characterized by the provision of listening conditions so that the subject can feel that it is in a safe space and can use a mind at its disposal to stage feelings of love, hate, etc. (Ferruta, 2014). Also, the setting is a theater for the client to portray all the characters potentially felt without losing self-integrity (Ferruta, 2014).

1.4. EXISTENTIAL PERSPECTIVE

The phenomenology of place normally refers to an emotional bond with a determined physical location (Relph, 1976). At the same time, Norberg-Schulz (1980) used the concept of place to describe the existential space. This emphasizes the importance of the meaning attributed to physical space, as well as its concrete features. In this research, the term space will be used to distinguish physical, relational, personal and existential spaces of the therapeutic setting. The term place is also used to emphasize the meanings and emotions associated with it.

According to van Deurzen (2012), there is a map namely the four worlds of existence to understand one's world in existential approach. These dimensions are *umwelt* (physical), *mitwelt* (social), *eigenwelt* (personal) and *uberwelt* (spiritual). *Welt* means basically "world" which is a reference in existential approach to

Heidegger's (1927/1962) understanding of existent creature "dasein". He supposed that one of the aspects of dasein is being-in-the-world. Being-in-the-world portrays one is a being that connects with the world, not an isolated subject living in the world. Addition to being-in-the-world, Heidegger's notion of Mitsein (being with) is essential for human existence. Binswanger (1946) took the notion of being-in-the-world as an equal to von Uexküll's (1921) biological world concept (as cited in van Deurzen, 2012). Then he stated that the similarities and differences between them. According to von Uexküll (1921), by looking the relationship between an animal and its environment, Umwelt (physical world) consists of a perception world and action world. Yet, this model does not apply to human beings unless it would not been modified because even if the world of human beings has an aspect of the objective world that they are in and share with everyone, there is the aspect of their own personal world for human beings. (Binswanger, 1946, as cited in van Deurzen, 2012). In this respect, "World" includes world formation and preliminary design, and also includes how to be-in-the-world (Binswanger, 1946). According to Binswanger (1946), the notion of being-in-the-world has more than one aspect. This materiality of world design is in no way limited to the environment, to the physical world. In other words, being-in the-world is not only being in the physical world (known as Umwelt) but also implies equally being in a self-world (known as Eigenwelt) and the world of one's fellow men (known as Mitwelt) (Binswanger, 1946). After that, May (1983) has complied this understanding: the physical world is basically environment and the biological world, so it was associated with 'world around'. The world of one's fellow became "with world" basically because it refers to the world of others, and the self-world has become "own world" because it represents the world of the self (May, 1983). In addition to these worlds, van Deurzen-Smith in 1988 illustrated another way of being in the world as called spiritual world (Uberwelt) which implies the spiritual dimension of human existence.

Umwelt basically means "surround world". In this dimension, the main struggle is between control over elements and the necessity to acknowledge the

limitations of given boundaries like not being immortal. Umwelt can be seen in therapy like frame which has boundaries and/or real place (therapy room).

The physical dimension includes biological impulses and cycles of birth, death, sleep and wakefulness. In addition, the physical dimension represents an environment in which we have no control and in which we find ourselves. Awareness of bodily needs and adaptation to the environment are also among the issues of this dimension. In other words, the body and things in the world are in a relationship. The main struggle in the physical dimension is the tension between the potential threat of insecurity and the desire for security. In a nutshell, the physical world is about our actions and concrete objects.

The body that goes into Umwelt suggests that, according to Merleau-Ponty (1964), it is primitive and intersubjective. The body is the mediator of existence in the world. Through the "lived body", which is the communicator of inner states, the inner world of another person can be accessed through his actions. Thus, Merleau-Ponty (1964) states that consciousness is primarily directed towards the world and objects. Understanding the other is through looking at the way he deals with the world.

Mitwelt means "with world" and represents one's need for others. In other words, it states existence of others in the world for one to continue with others. The main struggle one has to face with is aloneness and yet one was, is and going to be tied with others (van Deurzen, 2012). Mitwelt, the world with, represents the social dimension. This world is not only the world of relating to other people, but also the world of community, language and culture. Just as the relationship between object and body is at the forefront in the physical dimension, emotional relationships with other people are at the forefront in the social dimension. In other words, the social dimension of existence is categorized by relationship and regulated by emotions. This world to which we are thrown is also a "with-world". The entity always comes together with the other and interaction occurs. Before the being defines itself, the others do it for it. According to Van Deurzen (2012), being gets an idea of itself by looking at what others expect of it and making comparisons. Thus, it can be said that Heidegger's concept of being-with (others) (1927/1962) is as important as

being-in-the-world. At the same time, there are different levels of interaction with this other, such as public and private. Thus, in distance and proximity arrangements, the entity will find itself in a more active position.

The *Eigenwelt* is the self-world and represents the personal dimension (van Deurzen, 2012). It is basically about being itself and includes feelings, thoughts, memories. It is the dimension in which the sense of identity is formed, in other words, the feeling of self is acquired. The main struggle in this world is with the being's own strengths and weaknesses. The existentialist view argues that there is no rigid self. However, Heidegger (1927/1962) emphasizes that the concept of self is through accepting one's own potential. According to Van Deurzen (2012), being always experiences the world with a "mineness". The way the being experiences the world is uniquely internal and different from that of other beings. The tension here lies between being affirming its own identity and allowing it to be determined by others. A person has their own world (*eigenwelt*) that they arrange specifically for themselves and therefore feels individual and whole. Heidegger, on the other hand, separates this subjective experience into authentic and unoriginal, arguing that both are equal and necessary, and that authentic existence can be achieved with a lot of effort and insight. In addition, Merleau-Ponty (1964) underscores the "inter-world" state of society. It connects that there is a kind of moment collectivity in the world in which being grows up and that the effect it plays in the development of the being is its intersubjective aspect. This, in turn, underlies the adulthood of the being and continues to operate in adult relationships.

Implications of the *Überwelt* or the spiritual dimension can be found in the work of Kierkegaard, Buber, Jaspers, and Tillich. This dimension basically represents the meta world in which all experiences are placed in a context, values and beliefs are within this dimension. (van Deurzen-Smith, 1997). It is the place where one creates the meaning and purpose of their life. This dimension is not only about religious spirituality, but also about how one makes this meaning. It is also concerned with the relation of existence to the unknown or metaphysical level and how it understands it and makes sense for itself.

In addition to the four worlds of existence, according to Tuan (1975), the geographer's quest is to understand the man-in-the-world and has remained in a phenomenological context rather than examining material connections. Phenomenology examines not only man or the world but also the man-in-the-world (Relph, 1985). The man-in-the-world, according to Relph (1985), points to Heidegger's (1927) being-in-the-world. Being-in-the-world explains that everything that exists has an environment. Heidegger presents being-in-the-world as a three-pronged unitary phenomenon. These are being-in, being-in-the-world and in-the-world. In-the-world is more complex than others. According to Heidegger (1927), the world is not the sum of nature and what surrounds us, and he adds that one does not particularly engage oneself with the world because it is so obvious and natural and one is unaware of it because one is so involved in it. In the light of this information, Relph (1985) adapts Heidegger's phrase as unobtrusively familiar.

1.5. TRANSITION FROM FACE TO FACE TO ONLINE

Personal space is the emotionally colored space around the human body that people feel as their own space (Sommer, 1959; as cited in Sommer, 2002). The dimensions of the personal space are not fixed, but may change according to the individual's internal states, culture and context. The concept of personal space overlaps with many concepts such as individual distance, flight distance, proxemics, territory, distancing, defensible space and body buffer zone and more. Evans and Howard (1973) examined personal space in functional terms, defining it as a cognitive construct that allows people to operate at tolerable stress levels and helps control aggression (as cited in Sommer, 2002). Examining how the personal space is in online interaction, Sommer (2002) brought together positive and negative scenarios. Losing face-to-face contact while online, a decrease in the size of the social circle and the decrease in interest in body and physical appearance are the negative parts of online communication, while the positive parts are that people no longer need to go to work or can reach people with similar interests in a wider area while online. Compared to face-to-face communication, online communication

lacks cues from facial expressions, eye contact, body language, and interpersonal space.

The term personal space seems particularly appropriate for interpreting the results of simulated invasions, especially when the approach is arbitrary and unnatural (Sommer, 2002). Since the unusual arrangement is not chosen by the actors, it is difficult in these cases to call the chosen distance an area of interaction. When online communication comes into play, a different term is required for the gap between two or more interacting people, which Goffman (1971) calls the interactional space (as cited in Sommer, 2002).

Goffman (1956; 1973) has talked about how people negotiate and affirm identities in face-to-face encounters, and how people set up frameworks to evaluate the meaning of encounters (as cited in Miller, 1995). To adapt these ideas to the online environment, it is necessary to look at electronic communication. Electronic communication (EC) has created a new set of interaction frameworks. Although electronic communication is apparently more limited than the interactions on face to face, it also provides new problems and new opportunities in the presentation of the self. Goffman (1956) describes the nature of face-to-face interaction and how this structure is involved in the interactive tasks of daily life: He developed a set of useful concepts in understanding interaction. Also, these terms show how the physical aspect of interaction settings is involved in people's interactions (Miller, 1995).

One of the things people need to do in their interactions with others is to present themselves as an acceptable person (Miller, 1995). People have techniques and resources to allow them to do this. To present an effective frontstage performance, backstage preparation can help. In this sense, selves are presented for the purpose of interaction with others and are developed and maintained through interaction with the cooperation of others.

In face-to-face encounters, much information about the self is transferred in ways that are not dependent on the main purpose of the encounter, and some are reflexively transmitted: Goffman (1956) differentiated between information given intentionally and information that is somehow leaked out without any intent (Miller,

1995). Much of Goffman's (1956) interest is in his analysis of the depth of everyday interaction. This depth may not be evident in electronic interaction, but the problem of forming and preserving an acceptable self remains, and a number of sources of expression exist for this purpose. As technology improves, more meaningful resources become accessible. Also, if electronic communication develops as a culture, people will build expressive resources out of every available opportunity.

Miller (1995) has claimed that electronic communication will become human communication progressively to a point that it is more than simply transferring information to each other accurately and easily. It is critical to identify how electronic communication contrasts from face-to-face. EC is a system that can be instant but asynchronous, can be one-to-one but may be one-to-many, one-to-anyone, or one-to-no-one. Location and distance are largely invisible.

Online therapy, which is an alternative to face-to-face therapy, brings the client and therapist together online (Aktürk, 2020). It is especially preferred by individuals who cannot find the opportunity to receive face-to-face therapy in the place where they live due to physical and bodily conditions. With the pandemic, online therapy has become a necessity out of preference, because social distance, quarantine and the fear of spreading the virus have made face-to-face therapy almost impossible (Fejit et al., 2020). With these unexpected applications, therapists had to transfer their practices online very quickly. Fejit et al. (2020) conducted a study with therapists in the Netherlands found that therapists have difficulty in establishing rapport with clients online and this difficulty is related to the inability to master the technological and online environment. Three main themes emerged as a result of this research. These themes are “issues and difficulties”, “perceived advantages” and “needs”. The themes address the needs of online therapy, the advantages of online therapy, as well as technological, organizational and logistical problems. When these problems disappeared, the therapists stated that they had a positive impression of the effectiveness of the treatment.

Another study conducted in Italy aimed to find out how the pandemic affects the continuity of therapy practices and how satisfied therapists are with remote

therapy practices (Boldrini et al., 2020). The findings obtained as a result of the survey conducted with 306 therapists show that 42.1% of the psychotherapy processes were interrupted. Three predictors have been identified for interrupted processes. These are the therapist's lack of online therapy experience, theoretical orientation, and clients' lack of privacy at home. Four predictors have emerged that affect therapists' satisfaction with remote therapy. These are the rates of interrupted therapy process, previous online therapy experience, therapists' belief in the compatibility of online therapy with the theoretical orientation, and preference for videoconferencing over telephone.

Markowitz et al. (2021) discussed in detail the experience of remote psychotherapy, which it is examined in four areas: setting, physical discomfort, transmission and emotional distancing. It is stated that switching from face-to-face to virtual/remote psychotherapy overnight may cause some problems. This research, which started by examining empirical studies, stated that the results of empirical studies of online therapy were very variable. Beyond the limited and variable data provided by the literature, it has given much space to concerns about online therapy. Many therapists reported that they felt more uncomfortable in therapy with high-risk clients than in person (McClellan et al., 2020; as cited in Markowitz et al., 2021). With remote psychotherapy becoming a reality, therapists stated that there is a big difference between face-to-face therapy and online therapy (Lowell et al., 2019; as cited in Markowitz et al., 2021). When starting online therapy in clinics that used online therapy before the pandemic, the first meeting is done face-to-face. This practice is important for building alliances with the client and assessing their suitability for therapy. However, with the pandemic, this practice has disappeared. During the pandemic, there is an obligation to start the online process directly. Markowitz et al. (2021), mentioning that this distance will have an effect on the therapeutic relationship which started online, adds that it will be difficult for the therapist to maintain a consistent and sincere focus as a result of the on-screen relationship because the client is no longer in the room but on the screen, and instead of two people entering a common place, the therapist encounters

the client on the computer screen surrounded by distracting stimuli or in a disembodied voice.

Markowitz et al. (2021) drew attention to the distractions that occur in the online therapy setting. They stated that it is difficult for clients to find a quiet environment in a quarantine environment where they are sure that someone will not listen and there will be no interruption. It is underlined that people and pets can enter the room where the clients are during the session, and the distracting feature of external sounds. Even when external conditions disappear, they emphasize the distraction feature of the screen itself, for example, clients can look at the notification that appears on the screen during the session. That is why, eye contact is misleading when on screen. The client may appear to be looking at the therapist, but may be dealing with other things at the same time. Even if client is not looking at notifications, they may be looking at his own image instead of the therapist. This also applies to the therapist. In short, all these distractions are now part of therapy, as what is exposed on the screen is "talking heads".

Another online therapy challenge mentioned by Markowitz et al. (2021) is that therapists see clients in their personal space. It is stated that therapists, who had to do their sessions in the bedroom due to crowded households, were worried about personal space disclosure. In addition, therapists emphasized that commuting to the office beforehand provides the time needed to decompress feelings and thoughts about the sessions while participating in their private/home lives. This transition buffer, which has an important place in the transition to home life, may no longer exist when the therapist works from home (Markowitz et al., 2021). As home life becomes more burdensome with Covid-19, therapists may find it difficult to create this transitional space at home (Simon, 2020; as cited in Markowitz et al., 2021).

Markowitz et al. (2021) lists the reasons why therapists find online therapy more tiring: it is more difficult to focus and to notice the clues given by the client in front of the screen. Looking at the screen limits physical movements, including unconscious ones, as the space shared by the client-therapist disappears. Therapists may feel like they are locked in front of the camera. That's why back-to-back sessions can be felt tiring. In the transition section refers to technical problems in

the transition from face to face to online therapy. Factors such as connection difficulties, frozen screens, late sound, poor lighting, and the time and effort spent on fixing these problems can result in less energy and time in therapy. Emotional distancing section, on the other hand, refers to the loss of emotional detail that comes with being on the screen. This situation disturbs the therapists more than the clients, and it was mentioned that this emotional distance can have a restrictive effect on the experience for clients who tend to be psychologically dissociated.

Ledesma and Fernandez (2021) conducted a qualitative study to understand the experiences of therapists and how these experiences occurred during the Covid-19 pandemic. The research aimed to understand how therapists trying to solve the mental health crisis of the pandemic experienced the pandemic, how they coped with it, and their responses to the challenges of doing therapy in this setting. As a result of interviews with eight psychologists, four main themes emerged. These were “thrown up in the air”, “struggling to find their footing”, “gaining stability” and “finding new rhythm”. The first theme reflects the uncertainties created by the pandemic, as well as the personal experiences of therapists and their ways of coping with the pandemic. Anxiety about the virus, frustration, aimlessness and loss of routine are the two sub-themes of the personal dimension of therapists' pandemic experiences in pandemic conditions. Briefly, the first theme includes the personal adaptation process of the therapists to this new unfamiliar situation.

While the first theme aims to cover the question of how the therapist is coping with the pandemic, the second part deals with how the therapist does therapy during the pandemic (Ledesma and Fernandez, 2021). In other words, despite the decrease in the number of clients of therapists, the therapists found online therapy more challenging, although the workforce of therapists is less. This theme briefly focused on understanding therapy practices in the pandemic, and the experience of therapists corresponded to five sub-themes. These are lacking energy for therapy, needing more energy to keep online therapy therapeutic, feeling limited working online, managing own emotions in therapy and burning out. In general, all these sub-themes address the practice of conducting therapy at home. The therapists' difficulties in attunement encompass the negative emotions they feel because of the

adjustments they have to make in order to continue working at home online. The therapists mentioned that they feel homesick for their psychotherapy clinics because there is no special area for therapy in their home. Being in quarantine, therapists have found that having different places and physical spaces for other parts of their lives helps in compartmentalizing their own identities. The therapists mentioned that they find it difficult to dedicate themselves to therapy and focus on a single thing, as all different areas are now experienced in one place.

In the stabilization part, it is mentioned that therapists have started to adapt more to the life of the pandemic as they feel more comfortable in the new routine (Ledesma and Fernandez, 2021). The emotions in the first two themes have become more manageable. In this section, the pandemic has become a context that has moved further into the background. Even if the old routine is not regained, the new and uncertain events has also become routine, and it has helped therapists gain comfort in living in the pandemic. In the second theme, with the disruption of the usual routines, the negative feelings that came with the new routine gave way to the feeling of control.

McBeath, Plock and Bager-Charleson (2020) investigated the experiences and difficulties of therapists performing remote psychotherapy in the pandemic with a mixed method. The data obtained as a result of the survey conducted with 335 people revealed that most of the therapists preferred video link platforms and telephone for sessions. Most therapists have mentioned a decrease in interpersonal cues, isolation, and fatigue. In addition, they said that technical problems create difficulties in working remotely. Three main themes emerged in the qualitative findings. These are “adaptation issues”, “opportunities” and “challenges”. In adaptation issues section, it was mentioned about the problems experienced when moving from face to face to the online environment. It was stated the anxiety therapists have when they have no online experience and the difficulties in finding a private space to do therapy for themselves. The opportunities section mentioned about the positive aspects such as time and energy savings from working from home. The challenges section deals with the technical difficulties and problems experienced by therapists regarding online therapy. Stating that online therapy

cannot be equated with face-to-face therapy, therapists mention that online work will be more popular, especially among young clients, and adds that it is important to tell what they missed by not choosing to work face-to-face.

In addition to all these online therapy studies, it should be added that non-verbal signals are needed in online therapies (Situmorang, 2020). Online therapy negatively affects the strategies used in traditional or face-to-face therapies (Suler, 2004; as cited in Situmorang, 2020). Looking at therapeutic process, transference can play a central role in any therapeutic experience, especially in psychodynamic or psychoanalytic interventions, in the relationship between therapist and client. In online therapies, which may be associated with stress, anxiety and depression in clients, an ordinary transference occurs regularly at the beginning of online therapies, especially during this COVID-19 pandemic (Situmorang, 2020). The client may feel weak and powerless, speak secretly and unknowingly seek maternal security, someone who "understands" them and can do anything for them. This means transference to the therapist may be about idealizing trust. The client in the counseling process may unconsciously expect protection from the therapist and make the therapist a dominant figure for themselves.

Countertransference is the therapist's complementary response to the client (Situmorang, 2020). Countertransference is the therapist's full subconscious enthusiastic response to the client's transference behavior (Greenberg, 2016; as cited in Situmorang, 2020). Within the therapist, maternal and client-focused feelings of reassurance are activated. If this complementary response is not reflected, the therapist can quickly choose a solid, supportive and dynamic role. When the lost relationship is considered in the context of the online therapy process at this point, resistance becomes a problem; the client survives in a discouraged, deplorable mood so as not to have to relive past trauma, and depressive symptoms are used as unnoticed resistance. Since online therapy is more prone to miss verbal signals than face-to-face therapy, transference and countertransference problems arise in the therapist-client relationship (Situmorang, 2020).

CHAPTER II

2. METHOD

2.1. IPA

Some studies suggest that the qualitative research method would be the best methodology for investigating the meaning of place because it would better represent the complexity and connection in the meanings of place (Scannell and Gifford, 2014). While in quantitative research there is phenomena in a sample that can be generalized to the population, in qualitative research there is transferability of the obtained concepts (Scannell and Gifford, 2014).

Interpretative Phenomenological Analysis (IPA; Smith, 2003) was used to understand the therapists' unique experiences of the absence of meeting with the client in the same physical space. IPA can be viewed as very effective tool to explore one specific person's unique understanding of any subject (Larkin, Watts, & Clifton, 2006).

2.2. DATA COLLECTION

Participants were recruited by sharing an open call letter via email groups, and researcher's own network after the İstanbul Bilgi University Ethics Committee approval. The purposive sampling method was used to reach participants. According to Smith (2003), sampling strategy has to be purposive and homogenous because of the small sample size of IPA. Thus, the sample size can give a suitable perspective when set on a sufficient contextual basis. The researcher explains the purpose of this research and procedure in this letter (see appendix 2). After the participants reached the researcher, the interviews were planned on the online platform due to the pandemic, and all the interviews were carried out through Zoom. When the participants approved, they are volunteering to participate to this study, the researcher sent an Informed Consent Form (See Appendix 1) that is suitable for the online platform via e-mail before the interview. On starting meetings, the researcher gave the information and frame about the study and reminded the participants what this particular interview would include. After that, a semi-structured interview was conducted. The interviews took place on Zoom.

Five interviews were conducted, and they have been done separately. The semi-structured interview guide starts with a question that aims to get information about participants. Besides the personal information about participants, participants were asked to describe their offices in the demographic section. Apart from demographics, in the guide, there are 5 main open-ended and 19 probe questions. The interviews have lasted between 65 minutes to 110 minutes. The primary investigator took audio records during all interviews via voice recorder of computer and then directly saved them in a particular folder in the researcher's password-protected computer. The structure of the interview was made of two parts, regarding place (office room) and relational/interactional space. Questions about the office room are that the psychotherapists' experiences of setting up and making their own place, where the therapy are conducted by therapists currently, the process of choosing which room of the house/s to conduct online sessions. Questions about the relational space are those questions about the previous place and the effect of this change of therapeutic setting experience on the therapist and the client and the experience of having online sessions (see Appendix 3).

2.3. PARTICIPANTS

Inclusion criteria for the research were participants who have a clinical psychology MA degree and continue therapy practice for 2 years at least, participants who had practiced face-to-face psychotherapy before and who continue to practice psychotherapy via an online platform and also participants whose has orientations that presuppose a long-term open-ended process. There were no any exclusion criteria.

Five psychotherapists who had practiced face-to-face psychotherapy before and who continue to practice psychotherapy via an online platform were recruited for this research. They all had a clinical psychology degree, and their orientations were those that presuppose a long-term open-ended therapy process. All participants were women and their ages ranged between 31 to 37. The participants' therapeutic orientation was dynamic and existential and towards a long-term open-ended therapy. The experiences of the participants varied between 3 and 10 years.

All participants defined the room in which they practice the face-to-face sessions as their own office. Also, all participants mentioned that they made some changes to the room they occupied while doing therapy. Four of them had an experience of doing sessions in a shared office space before. Participant's experience of conducting an online therapy session and the place where they practice these therapy sessions differs. Table 2.1. shows the participants' detailed demographics and information about therapists' therapeutic setting.

Table 2.1.*Demographic Information of the Participants*

Participants' Pseudonyms	Green	Blue	Yellow	Red	Purple
Age	35	38	31	33	37
Therapy Experience as a Therapist	10+	6	3	10	3
Office Status (during Face to Face)	Owner	Home Office (Online)	Owner	Owner	Owner
Shared Office Experience	No	Yes	Yes	Yes	Yes
New Therapeutic Setting	Home (Study room)	Home (Study room)	Home (Study room)	Home (Lounge)	Home (Balcony)
Change in the New Therapeutic Setting	Yes	Yes	Yes	Yes	Yes
Change between Rooms or Places	Yes	Yes	Yes	Yes	No

2.4. DATA ANALYSIS

No participant was excluded from the collected data and all of them were included in the data analysis. Interpretative Phenomenological Analysis method was used to interpret the 5 interviews and this method was applied to the data manually. In other words, no software program was used during data analysis. This analysis aimed to explore in-depth the therapists' experience of the spatial change from the meeting with the client in the same physical space to an online space. IPA can be very effective in understanding a particular person's unique interpretations of any phenomena (Larkin, Watts, & Clifton, 2006). All recorded interviews were transcribed. Since the researcher wanted to analyze the data manually, the transcripts were studied via Microsoft Word. The transcriptions of the interviews and the field notes were read and re-read at the beginning of coding by paying attention to reflections that were taken by the primary investigator after each interview. While reading the transcript of the first participant, everything that aroused in the researcher was noted and the same process was repeated for the other participants. When the discourses started to be grouped, a color was selected and that discourse was highlighted. During the coding process, the researcher benefited from descriptive linguistic and conceptual comments. In addition to these, considering that free association has an important place in revealing experiences in research and these four elements were brought together and coded. The draft codes that emerged in the first participant were kept in a separate place, and the same process was repeated for the other participants. The latest codes were brought together, and the overlapping and non-overlapping areas were looked at again. Although many sub-themes emerged, clustering these sub-themes created a challenging situation. More than one theme could be attributed to the participants' spatial experiences. Therefore, peer scrutiny and triangulation of the data methods were used throughout the thematization process. Negative case analysis method was also used to eliminate the other factors on participants' unique experiences. Therefore, considering the importance of not clustering the sub-themes after all the trustworthiness steps, the reason for non-clustering was investigated and it was decided that there was a need for a main theme to cover all these sub-themes without

clustering. Thus, the main theme emerged. Before deciding on the final version of the superior theme and subordinate themes, the compatibility of the possible themes that emerged with the main idea is given by the participants was reviewed.

2.4 RESEARCHER'S PERSPECTIVE

The researcher is a student in the clinical psychology master's program at Istanbul Bilgi University. The researcher worked with adults in the Psychological Counselling Center of İstanbul Bilgi University for 1 year. While she continued her meetings face to face for half of the year, she had to use online platforms for psychotherapy sessions due to the pandemic in the other half.

With the pandemic, many therapists had to move their sessions to online platforms. The researcher, one of the therapists who brought it to the online platform, felt that she was getting more difficult and began to investigate the reasons for this. The researcher lives with her family in an apartment. She has turned a corner of the living room into an area where she can have sessions. As the time she spent in the hall and her sessions increased, as a solution to her difficulties, she wore a different slipper when she was in the hall and went out. After using the room alone for a while, she had to share it with another member of the family as an office. While the other individual uses the daytime hours, the researcher uses the evening hours. During the pandemic, she conducted her sessions online via Zoom and Skype. Since March 20, she has always held sessions in the same space (hall of the house).

Some of her interests are belonging, multiple selves, self-construction, the effect of the unconscious or the unknown.

Since the researcher adopts the dynamic and existential school, it is important to consider the impact of these two schools while preparing the research questions. Theoretical and practical researches were left for later in order to avoid any bias on the subject while preparing the questions and then conducting the interviews, remaining faithful to the phenomenology, which can be considered as one of the most important terms of existentialism. However, considering the nature of the researcher, which is impossible to completely isolate herself, it is important

not to ignore the subjectivity of the researcher in the preparation process of the research questions. The researcher, like the participants, became a therapist and had to move the sessions he started face-to-face to the online platform. While preparing the questions, the researcher took this view into consideration while preparing the questions, thinking that experiential questions would be better in learning the participants' experiences in-depth, rather than mental questions and the retrospective answers given to them.

During the interviews, the researcher encountered more diverse experiences than she expected. While she recorded many experiences similar to her own, she also recorded experiences that did not overlap at all. While the experiences of the participants were similar among themselves, there were also experiences unique enough to be specific to that person. During the interviews, some of the participants had more limited spatial possibilities than the researcher. Listening to these impossibilities and the participants' efforts to continue the therapy process despite all these impossibilities aroused mixed feelings in the researcher.

Despite the experiential differences in the interviews of those who chose to participate in such a study, the tone of the interviews was similar. The participants talked about the satisfaction that comes from talking about the subject even when there is uncertainty and uncertainty. While the interviews started with the difficulties brought by the transition to a new medium, the negativities and the challenges, they ended with adaptation, getting used to and hopeful wishes that they could be together again.

The researcher tried to analyze the reasons for the difficulty of the sessions by addressing several different issues. The first of these took place on a concrete plane. Physical or outer changes are that not being able to go to the office, checking the internet connection, etc. The second was on a more relational plane. Psychological or inner changes are that not being able to meet with clients, which may hinder therapeutic alliance etc. It can be mentioned that the more the inner and outer spaces are tried to be separated to understand the loss experience, the more they intertwine with each other. In a sense, while the number of places went up to

two in other words two different places are present, it went down to zero in other words online medium cannot allow the meeting with client.

2.5. TRUSTWORTHINESS

In terms of method, IPA gives importance to reliability and validity in qualitative research. Several methods were used in this study to increase reliability and validity: triangulation of the data, peer scrutiny/inquiry and negative case analysis.

While extracting the themes and codes for the research, with triangulation of data method, it did not stick to a single source and helped enrich the content of the themes (Anney, 2014). The purpose of triangulation is to obtain confirmatory evidence by helping the researcher reduce bias. Deciding the final version of the themes from field notes took the coding process into account. Triangulation of data method gives the opportunity to compare the field notes taken by the researcher in detail with the emerging themes. The triangulation method used in this research is data triangulation, which uses different data sources or research tools to improve the quality of incoming data.

Peer scrutiny/inquiry method was also helpful in reinforcing the arguments for this study by asking questions and commenting on emerging codes and themes (Anney, 2014). The fact that someone other than the researcher looking at the same data and asking questions helped to approach the themes from a more objective perspective, as well as the personal motivation of the researcher while creating the codes and themes.

The negative case analysis method was also applied to the data analysis. Negative case analysis is when the data that emerges from the questioning conflict with the expectations of the researcher (Bitsch, 2005 as cited in Anney, 2014). Reporting negative cases increases the credibility of the study because it explains the discrepancy emerging from the data that may provide an alternative explanation.

Looking at the participants' spatial experience, some participants stated that they experienced loss in a more intertwined way. Since this experience as a therapist is important in terms of the research subject, this experience was scanned with the

negative case analysis method. It was revealed that this complex lost space experience was expressed by therapists who continued their personal therapy, and it was determined that this experience was related to the times when the therapists were also clients in the same space. Therefore, it can be said that some of the complex place loss in the research is affected by whether the therapists continue the therapy or not.

CHAPTER III

3. RESULTS

Interpretative Phenomenological Analysis method was used to analyze participants' discourses and to determine outstanding themes. As a result of the analysis, only one superordinate theme emerged under the name of Complexity of Space Loss: From the room to the link. In order to look at this superordinate theme in a more detailed and descriptive way, the superordinate theme is divided into three subordinate themes (see Table 3.1.). These subordinate themes are named as "need of stability and movement", "duality of intimacy" and "conducting therapy at home or at the office". Need of stability and movement and conducting therapy at home or at the office subordinate themes are also organized by dividing them into further subordinate themes. The subordinate themes of the need of stability and movement subordinate theme are named as "new ground need to be located with" and "revitalization of the therapy process" and the subordinate themes of conducting therapy at home or at the office are named as "role confusion" and "place attachment" and "face to face vs online space". In the following sections, all the themes obtained from the interviews will be explained in detail with examples.

Table 3.1.

Theme and Subordinate Themes of the Study

Theme	Main Subordinate Themes	Subordinate Themes
Complexity of Place Loss: From the Room to the Link	Need of Stability and Movement	With Words
		With Dreams
	Duality of Intimacy	With Body
		With Wi-Fi
		Revitalization of the Therapy Process
Conducting therapy at Home or in the Office	Role Confusion	
	Place Attachment	
	Face to Face vs Online Spaces	

3.1 COMPLEXITY OF PLACE LOSS: FROM THE ROOM TO THE LINK

According to this theme, there are two types of spatial changes. These changes are a change made within the concrete space (therapy room) or a complete change of the setting and a change from a concrete three-dimensional space (therapy room) to a two-dimensional digital space. However, these changes have been interpreted as the experience of loss by therapists. This theme states that the change of place comes with the experience of loss. This loss implies both the client's and the therapist's loss of physical space. It also implies the loss of abstract space between them, such as the loss of relational space between therapists and clients that come with the actual physical space loss. This shows that the experience of space loss is not only limited to a concrete loss of physical space, but also a relational and personal loss. According to the experience of space loss, it cannot be clearly distinguished whether the lost space is concrete, relational, or personal. That is why therapists' loss experiences show that therapy room was not just a physical space: Therapy room is a meaningful place which they have an emotional, personal ties for them.

In this section, the therapists' complex experience of loss of place will be interpreted with three main subordinate themes and these three subordinate themes also divided into five additional subordinate themes. The main subordinate themes to be addressed are the need for stability and movement, the duality of intimacy, and conducting therapy at home or in the office.

3.1.1. Need of Stability and Movement

Need of stability and movement was the first topic that the participants talked about. This basic subordinate theme addresses the movement and the need for stability that comes with a spatial change, in other words, the loss of the old place or the therapist client unit not being in the same physical environment. It basically covers the contradictory feelings brought about by the felt loss of the therapy room. While the participants were talking about the session process in the new place, the need for both stability and movement came to the front. In other words, importance of these needs increased. According to the statements of the participants, motion and stability manifest themselves as a relational/interactional

space as well as a physical place. This sub-theme was also divided into two. While the first one includes more about what the therapist will do under the given conditions in the new place, the second includes the therapist's view of the client's change in the therapy process.

3.1.1.1. New Ground Need to be Located with. This subordinate theme covers how psychotherapists reconstruct their lost places physically, relationally or online, and achieve the concrete and abstract stability in this construction process. Purple stated the reconstruction process by saying that “I'm in a room of my house. Let me also say that I am always in this position right now. Whatever you see behind me right now, I always sit in this position. ... I always have a meeting in the same place in order to maintain a little bit of stability as if we were in the office.” New methods used by therapists to compensate for the loss of ground provided by the psychotherapy office are mentioned. All participants talked about the difficulties they experienced on the online medium while communicating the things they did not have to think about when they were with the client in the office room. They mentioned that what they could provide in a more subtle way, even non-verbally, was conveyed in more concrete ways in the new place. They mentioned that since it is difficult to provide a subtle transmission in the online environment, they use more concrete tools to make sure that what is intended to be transmitted is transmitted. The need for new ground will be examined under four sub-titles by considering the duality of mobility and stability.

3.1.1.1.1 With Words. Psychotherapists stated that the biggest loss and change was neither only physical nor only relational while performing sessions in their new places, both at home and online. Loss is both physical and relational. The stability provided by the therapy room / office space shows itself as words by shifting in the online space. In order to give this constancy, psychotherapists stated that they used more words and talked more than they used to in office space. In the process of making sense of the session by psychotherapists, it has become important to have more concrete words.

My mind immediately goes to concrete. I don't know if this is a correct connotation when I say encounter, but I can get more notes and I realized

that I got more notes. It is not clear what I am doing here (online space) if I take less notes. I have a notebook in front of me and there are sessions where I write everything that comes out of the mouth, because it is not clear (Green).

Another participant described the function of words in online space as replacing simple actions in the office space:

In art therapy, we want to witness the creative processes of the clients, we want to see that flow, for example, we look at which paint the client is taking. For example, if I was with the client, and he was having difficulty with a paint, I could present another paint by pushing lightly in front of them, but I have to make that push much more verbal. Therefore, I use verbal instruction much more when I suggest physical things. I started to say in art therapy something like could you put your camera down there, where your paper is (Blue).

One participant stated that while in the same place with the client, she could respond with her body without needing to speak, but words replaced nonverbal communication in the online space:

The biggest difference is the high use of verbal strategies for me personally. Having to verbalize the things I have told through the body ... I ask more, for example, I could see that the client was shaking their hands in the past, but now, I cannot see it, I try to understand it by asking how the rest of your body reacts. I am asking more questions. I have become a more talkative therapist in online sessions than before. I try to give my words to offer clients what normally the place holds or offer for them. That feeling was very important, I cannot fully provide it online. That is why I use words. Whatever that place makes me feel or what I want the client to feel, I try to convey that inclusiveness with words (Red).

3.1.1.1.2 With Dreams. In this subordinate theme, psychotherapists stated that the subject of dreams come up more often in online sessions. While the online space, which is free from the perception of concrete space and time, will normally

create a loss, dreams have become a subject that is studied without difficulty in online sessions due to the fact that dreams are also timeless and spaceless:

Bringing dreams to an online session is much more valuable than bringing them to a face-to-face session because it is unconscious. Here is the material to work with, a free space, let's travel to the land of dreams, let's travel together. Desires, hope, whatever we have, let's go, I mean, space and time are not important, we see our image somehow, we hear our voices... Whatever is behind me or wherever I am I do not care (Purple).

In addition, according to one participant, the loss of place and not being able to meet with the client in the same space was in an uncertain position due to the pandemic. However, she stated that dreams can be studied because dreams do not need a physical space:

A face-to-face therapy may not preserve its former vigor, or it may take 5 years for it to regain its former vigor. Even if the pandemic ends immediately, online therapies can be settled. These are all part of evolution. If our mentalities ... the world, humanity will change, indeed there will be a change in relational modeling, if these will be our new ways of life, that is, our spiritualities will change. The working structure of our mind will change, but the only place I trust is dreams. I think those dreams will probably stay somewhere (Purple).

3.1.1.1.3. With Body. The loss of embracing function provided by the therapy room caused a change in the perception and use of body along with words and dreams. Also, these bodily changes were related to the need for privacy and security provided by the room:

How can I convey the sense of a room in this virtual space? Here, using headphones symbolically... With these symbols I can make this feel. For example, I started to explain things with hand and arm movements on the upper part of my body as much as I do not normally use. Let the client not only see my head, but also see other body parts (Blue).

Participants mentioned that the self-vision feature, which is a feature added with the transition to the online space, affects the session, just as a loss of body-related information affects the session:

Actually, when I say tiredness, I am saying it because it comes to my mind. I do not see myself in the session, there is no mirror in my room. But seeing what I look like ... My eyes do not go there (the zoom screen), now I'm looking at you, but as I move my hands, I see something moving there. For example, I can turn it off at the end of the zoom, for example, I will turn it off now and I will be more comfortable. But it is not closed on skype or something like that... More information is coming in, I think I focused more on my body than usual... I noticed seeing myself. Yes, maybe I can summarize the fatigue that I get as more emotional and sensory stimulation. My sensory and bodily stimulation is more (Green).

The loss of the integrative effect in the office room was experienced as a loss of bodily integrity in the session, due to the transition to the virtual space:

What happens in my body, what kind of resonance in my inner world... For clients, not only to see their face, but to see their whole body: how they move, what they do, I think it is actually very important. In an analytical or dynamic study, the things that are not spoken about are not interpreted, but you know something happens when you see something. What is apparent also has a meaning, you can see it when someone is on the couch, so the analyst is sitting in such a place that if they turns their head, they can see that person (Red).

Preserving the relational space in the virtual space has manifested itself in the therapists' movement with their concrete bodies. Also, the loss of bodily movement brings with it the complete loss of the psychotherapist's presence in the virtual space for the clients:

... I really had difficulties at first, it was difficult. How does it look like I'm listening steadily without moving? They think I am frozen or something, I think I should drink water at least so that they can understand, I am alive

and present. I saw that it brought brand new issues and it caught my attention. New issues came here... (Green).

Blue, describing the important effects of the loss of concrete data from body, mentioned that she used words that would not be needed in the face-to-face session in the virtual session, as stated below and above previously.

I started completely online with 80% of clients, so we have never met face to face. As an example, we were working with one of my clients the other day about body perception, and there was such a joke there: I never saw you, I said, I do not know you physically. We laughed and they approved, they said yes, and I said tell me about yourself. I felt such an effect, for example, I felt very intensely there. Physically, yes, we are not in the same room. I do not know how tall this person is, how they always sits. Here is the upper body and even the upper part of the upper body left to us (Blue).

Blue also mentioned that even if the concrete data coming from the whole body is seen only from the chest and above in the online space, the detail of the incoming data increases.

I focus on the client's face, I focus on the way they moves their hair, and here I focus on their relation to the background. I focus on the movement of the edge of your lip but reading from the whole body seems like reading with a little more data (Blue).

3.1.1.1.4. With Wi-Fi. The compensation of the lost relational space of the physical therapy room was made through Wi-Fi, which is another tangible factor in online sessions. Internet connection and Wi-Fi (Wireless Fidelity) symbolizes the relationship between therapist and the client according to the participants:

I was comfortable at that point because if the internet connection is broken, something got stuck there, that is, something to do with the connection/relationship was broken. This has a relational meaning. It was something that I was very used to thinking about, that is, going to the data there (online/wifi) (Red).

Sometimes the internet goes off when the client says something very important. So, these are really parts of the very unconscious, I think. It

seems to me that even the technological tools we have are not independent from our huge unconsciousness, in other words, there are two technological devices in the middle that are exposed to the relationship between the two. After all, the PC you use and the one I use (Purple).

3.1.1.2. Revitalization of the Therapy Process. In this section, the changes in the agenda, framework, etc. in the session brought by meeting on the new ground are mentioned. The obscurity of the new space revived the transference and countertransference to it and the therapist and the process rules in that area, so these changes were reflected in the session as well.:

In fact, I noticed instantly that everyone accelerated their association, both for me and for the client. Seeing something different behind me excited them. The movement of my background probably enlivened me too. It didn't worry me, it got me moving. When I saw the vitality there, it aroused the other party's curiosity about: where I am and what I am doing. Well, let them be curious, there is no harm in that. I have nothing to deal with, especially so that it doesn't come. But I preferred not to draw attention to myself and take up any more space by constantly playing with my background. That's why I prefer to stay still (Green).

Even if the therapy agenda is fixed, whether the client comes to therapy or not, and how they cope with the framework and rules have also changed:

I saw that one client is driving thier car... They is doing a session while driving. At first I tried to understand what was happening, so I didn't say anything about what's going on or something. Then I realized that this patient is someone who has a lot of difficulty in verbalizing. All of a sudden, the sessions became active sessions. The movement continued, and I said how these sessions were moving, saying that there are movements instead of words (Red).

Meetings in the online space, which replaces the experience of meeting in the same room, revitalized the session and the therapeutic process. Even if it is not optimum for psychotherapists who express the anxiety and worry of having sessions in the online space, feelings of anxiety and the concerns can be described as a movement:

But there is a risk as well: We can only see part of the clients' bodies. It is as if we became virtual identities. We do not know how close this virtual identity is to their reality, we do not know, there are also other issues with it. For example, in more paranoid clients, being seen on camera by someone else started to express concerns. Whether the interview is recorded, do they record me ... Whether or not online therapy triggers something in everybody. Whatever triggers it, I think it gives a good idea about that person (Red).

According to Red normally the therapist and the client had time and space to study these issues related to the transition and loss of place. In addition to the experience leading to a feeling of loss, the sudden experience of this loss caused a revival in the therapists' feelings:

With the transition process of someone who migrated to online, the pandemic is actually very different because you know the exact migration time or the exact time of the transition of psychotherapy sessions 6 months before. Of course, my analyst told me 6 months ago, we worked, it was our decision to continue online. If I wanted to, I could continue elsewhere. But I did not choose such a thing. My analyst was here for 6 months. They came every month for the next 2 years then, and this was a work that spanned a very long period of time, where I saw them from time to time (Red).

When the unexpected place change was perceived only concretely by the client, it was difficult for Purple to study that loss:

When it was unprepared, of course, people could not find a place; people really do not have a place in their own home. There were those who did it on the bench. It is very difficult for people to make room for themselves because they think they are out of place. For example, the client confronts this and deals with this incongruity with a very concrete reality. Of course, it was a bit more difficult to work on it, when it happened all of a sudden (Purple).

The therapists thought about what could or could not replace this lost place, and Red reminded herself that she is not omnipotent as a therapist:

Okay, we are not omnipotent, after all, I do not make them lose this place willingly. Or there is a space I can open, and I do not refuse to open them... Obligation and preference ... Now the thing comes to my mind as if this process put my adaptation skills to the forefront. As if it makes me see how well I will adapt (Red).

3.1.2. Duality of Intimacy

This subordinate theme suggests that the distance between the client and the therapist brought about by the loss of concrete place has both a facilitating and a complicating effect in the sessions conducted online. Duality of intimacy simply encompasses therapists' complex feelings about both increasing and decreasing intimacy. When switching from face-to-face sessions to the online environment, the therapist-client duo sees each other's certain bodily parts (eg, the face) more closely. However, despite being so close, they are not actually that close because they are in two different places. This close but distant stance attracted the attention of the participants in terms of the issues that came to the agenda during the session. Participants describe this process of transition to the online platform as both close but distant and distant but close, referring to the confusion brought by proximity. Red stated that it is easier for clients to express negative feelings in an online session because they are not in the same space with their therapist and because being with their therapist in the same space makes them feel closer to their own therapist in the face-to-face sessions:

When working with the same person, we went online from the session in the office. It is really a loss. You have to work for that loss. Also, I have observed something similar in this pandemic in a very interesting way. Things that were feared to be expressed in a certain proximity or that required being anxious began to emerge. There is more destructive anger, very interestingly, but there is something that the pandemic also brings. This is something I see not only there but also in my other patients. In other words, in those who migrated before the pandemic, that anger that cannot be spoken at once is spoken because that anger is destructive and when it comes out, its concern is to kill you in that proximity. But since there is a

certain distance in between, this anger can come suddenly. This was something I observed very clearly. The second issue is traumas. For example, sexual harassment and sexual traumas come to the front much more. Of course, this occasionally creates anxiety for the therapist, at least for me. Although our job is promises, I know that physically being in the same place gives the patients a little more inclusive feeling. You know, both from my own experience and as a therapist. Naturally, I think the biggest loss in online sessions is the loss of some containment in terms of therapy, the patient has to contain himself a little bit (Red).

Stating that more destructive emotions emerge with distance, Red stated that looking from the opposite perspective, oceanic feelings will be revealed with the closeness provided by the experience of meeting with the client in a same physical space:

So, I think that meeting at that place has a different meaning. If you ask me, starting completely online is not the way I would prefer. But as I said, there were external conditions (Covid-19) and now I have to start online when someone new comes. But you know, in the first sessions, this is what Bion says: the meeting of two people in the first session evokes oceanic feelings in many people... Such as two people colliding with each other. In fact, you have many feelings, and most of them are unconscious. So, I think it is important to experience these feelings when you are meeting because you are close... Experience them first then to reflect on and make sense of the experience (Red).

Blue mentioned that it is more difficult to connect with clients due to the distance in the online space:

With regard to my contact with the client, there was a question mark on how it will be, in other words, how will this process be. I have experienced this before with the first few clients. It will come to the same place as another therapeutic process, but it must be about establishing that bond again. And there is probably something more general, but not something about the first time I did it: it is easier to catch some details when face to face because we

are close. Connecting things is easier. It was easier for me to keep in a relationship, I guess... Working here (online and at home) takes a little more effort (Blue).

Blue also mentioned that when the distance is shorter, as in face-to-face sessions, it is easier to attune with the client.

I am a person who deeply believes that being in the same room physically has a very different energy, especially in psychotherapy and education. Being in the same room made a lot of difference in order to be able to follow the whole group, or to be able to feel and notice the client instantly in psychotherapy, and sometimes even to be able to notice things that he did not say verbally (Blue).

Red mentioned about the effects of transference and countertransference in the session, emphasizing the distance between the client and the therapist with the loss of physical space:

There is also a lot of data loss. When you are in the same room with someone, that person has an odor and temperature because two people are in the same room. There is a breath in the room, a lot of things that can be perceived by 5 senses are happening. I can only see and hear partially right now. I think it's a huge loss regarding the senses. So, there is a good side to it about the closeness that comes with being together at the same time. Of course, at a certain distance, you also think of some things in things you have not thought of before. When you are in the same room, with that intimacy or because there is too much data, that data can get confusing. We are at a certain distance in the online space and that data is not available, so some things can be seen more easily. But I think it is very valuable to have other data as well. The thing is very interesting: since my patients do not see me completely, whether I have gained weight, am I okay or not... there is a lot about it from time to time. I am married so they ask questions like is the child coming? Most clients saw me fatter in their dreams, as there were also fantasies, such as I will leave them and go to another child. There are those who see it as losing weight, it is obvious not to be able to see the

bottom of that body's waist. I hear things in a lot of people's dreams, they see me behind the glass or something, it is very meaningful because I'm behind the screen glass. Because such losses affect the inner world of a person, I say loss. I think more than one thing is lost at that point (Red).

3.1.3. Conducting therapy at Home or in the Office

This subordinate theme includes what it means for therapists to have online and face-to-face sessions in their own office environment. It also includes the meaning for therapists doing online sessions in their own home environment.

Therefore, we are now visiting our patients' homes, and they are also guests in our house. There is such a dynamic. As I was sitting in the office (for an online session), I did not really care what appeared behind me. It did not matter because what I was thinking about there is such dynamics, such as whether it is close to my battery or the internet is running. It's already my office environment. For example, what appears behind me does not give me anything special. The things seen in the back are my office supplies. However, in my house ... now I live as 5 people with my mother and father, even with my brother. This is a summer house, a small place. This is the only room where I can have a quiet and secure session for myself right now, without my daughter coming near me. And I am in a place like a closed balcony after all (Purple).

3.1.3.1. Role Confusion. When the participants moved the therapy environment to their own homes, they mentioned that they had more difficulty in taking or taking on the role of therapist in terms of the position they were in and the roles they assumed, compared to face-to-face sessions. The reason why the participants are more challenging than the sessions they do online in their own office environment is the other roles brought by the home environment. The participants stated that they had a role confusion about having sessions outside of the office spaces. This role confusion first manifested itself in moving from office to home. Over time, the therapists aimed to reduce the confusion of roles by redesigning the place where they had sessions in the home to their own offices as much as possible. Thus, later on, the role confusion also manifested itself in the

change of the non-office space. In order to avoid this role confusion, the participants found the solution to do the online sessions in a fixed room. In the selection of this room, it was chosen considering the place where the therapist role can be adopted the fastest and the possibility of being divided by other roles is the least. Red, who chose to do the session in the lounge, mentioned that she had previously given training on therapists, etc. there. On the other hand, Purple who did the session on the closed balcony mentioned that she had a small child, and she was worried about the sessions being interrupted and that she chose the balcony, which is the place that the child would have the most difficulty in reaching, for the session.

According to the participants, having sessions in the office made it easier for the therapists to enter and exit their therapist role. Yellow stated that the transition between roles is linked to the transitional area between places:

So, a lot of public transportation etc. Switching to online therapy has destroyed my transition area, but I also don't get traffic for hours. I also think that even if I want to return to both offices, I will have a hard time. Because the advantages of online: for example, I wore a blouse that I wore during the sessions while talking to you now, but I wear a pair of tracksuits and socks because you can't see it. There are such facilitating aspects of having sessions online. If I have time between sessions, I can watch a series of episodes, I can cook, hang the clothes, and play with the cats. There are also advantages to being able to do everything at the same time at home.....Those early months were when I was very tired and it was very difficult to cope: it was very tiring to have analysis at home. It was very difficult for me to lose the transition areas, to lose that room. The fact that all the sessions were at home was also very tiring for me, and you know, after all, difficult sessions can end, but when you are at the office, maybe you leave your room and have a coffee at the office. Even on days when I want to leave the office as soon as possible, I close the office and lock it. Maybe I left that difficult session in the office on the way because even the walk on the way to that house is a transitional area. In fact, this way, I was able to protect my own spirituality and get away from there, leaving the

client and the difficulty of that session there. But in the first months it was very difficult for me at home. In the office, I don't leave the room immediately after the session, I complete my notes etc. unless I have an urgent need. But in the online session I want to leave the room immediately (Yellow).

A place they have determined in their home environment is now seen as an office space for the participants. Green agreed and said that she did not want to mix the places. Mixing places means mixing roles:

I took a break from my sessions, went to the summer house to meet my need for vacation, but I did not say that I should do this session while I'm here. I did not want to intertwine the places thoroughly; it is also important to me. Everything changed its meaning because it is an instant change (Green).

Another participant mentioned that even though changing the place does not have a direct effect on the session, as a result of her relationship with the place, she was affected and indirectly reflected on the session:

I am in a family house there, so I have a partner, my mother's house. My mother also came and went from time to time. My feeling there was more about myself than the sessions. I mean, that is my house, my mother's house, but not my own home, after all, this is my own place where I was married. So yes of course I lived in that house in the past in my childhood. But now this has become my home. I had a feeling there like this: I thought I would feel more distant since I was in a different place. So the time I spent there is not very long, only about 2 weeks. I know a lot of people have spent the whole winter in their summer house. I did not prefer such a thing. I wanted to return to my workplace where I was used to. That's why we returned in September. It seemed a little farther away. Also, different self of a person emerges in different houses and cities. Here, of course, I have my own personal life with my partner and my friends. The job and the profession are more important... ... Job and profession are not in the foreground for me when I go there. I have never worked there until now. When I was a student at the university, I was going there for summer vacation to have fun, laugh

or see my relatives. It is a place where I say let me see my friends, where I have a swim, where there are more enjoyable things, and maybe because it is a slightly more protective environment, it is a place where I feel more childish (Red).

Blue mentioned that having sessions at home also reflects the role of the therapist in the home:

For me, I guess it may be a little more difficult to gather my focus because maybe I have to emphasize the thing that comes to mind right now: I'm at home. I am at home and I have a family life below: my partner is here I have 2 dogs. I am a mother of 2 dogs, I have no human children. On the one hand, their bark is heard. For example, Let's say the dog is barking; I normally don't care that much about a dog sound coming from the street when I'm in the session room, in my office. But when I started working online for the first time, I asked my partner to be at home and I said that I'm upstairs, please don't go out of here. Don't even go out to buy anything, you stay downstairs and please take care of the dogs, so I don't think about them. Because otherwise, one has to constantly think if someone come home or knock on the door. Anything can happen like somebody can knock on the door. So, it's a very strange feeling to be at your home because psychotherapy is a place where you are much more neutral (Blue).

When online space is included in the mixing of spaces in addition to the office space and home space, Yellow conveyed how the confusion of roles occurs through the space complexity:

... It seemed as if everyone was coming in through this door and sitting in my house, not online. Although of course those borders and the frame are preserved, there is a period when I feel as if they are coming to my house. Both my therapist and my clients come to my home. Actually, we are not in one place right now. We are actually in one place: you are at home and I am at home. I am in a separate room, we are not in the same room as yours, but there were some parts I mentioned as if we were in the same room. ...Sometimes I correct my partner, it is not my room, this is the study room.

There is also something happening there where the walls (borders) are a little mixed up. Before that room was the study room of the house, now it has turned into a place my partner called "your room". In a sense, this place is actually like a small office room. Recently, my background has changed. We changed the shape of the room as well (Yellow).

3.1.3.2. Place Attachment. When the therapy setting changes, the participants' reactions change according to the characteristics of the old and new place. If the therapist used to have no control over the old place – as in the case of shared offices - and now have some control over the new place, this change is experienced positively. When they gain the control, which they did not have before, in the new place, they talked about their feeling of belonging to that place more.

...In other words, in shared rooms, you have to get together as soon as the session is over and make room for the next one in that room. The room is rented by the hour, after all. You know, let me sit for a little more for a little while, continue to take my note for half an hour, think about it, maybe stretch my foot out, there is no area in this room such as having a coffee or reading something at that point. The session ends, you collect the items and leave. ... If you look, we actually set up an office as if we were building a house. It was a very exciting process for us because we did everything ourselves. When there was no patient in the office, it was very exciting to arrange around until midnight, to burn palo salto or to say what would be better if we bought here. In every corner of the office, from the chairs to the smallest decorative items, we created the office both by consulting each other and with such excitement. That is why when someone asks me something about the office in daily life, I describe it as if I was such a child (Yellow).

Feeling the responsibility over the place and being able to decide whether they wanted provided sense of place attachment:

This office is the one I feel most belonging to because its contract is on my behalf. The room belongs to me and nobody else uses it. I have a sofa in the office since I moved. So, I decorated the whole room myself, along with bringing my old belongings (Red).

The feeling of belonging to the place in a sense caused the therapist to feel like a host and receiving the incoming clients as guests:

Because having one's own office space, that is, my own office space, was something that made me feel very good. There are my books, my seat of choice ... I feel like hosting clients, I think of them as guests. So it was very good for me to create a place where they will feel good and comfortable and I can make them feel that embracing attitude (Blue).

When therapists do not feel belonging to the place, the investment of therapists in things such as events, changes, situations, etc. in that place has to decrease because they feel obliged to keep up with the given environment:

...But as I said, it is very uncomfortable, and I couldn't own the place very much because I couldn't leave my personal belongings and couldn't decorate it. For example, the secretary in my office was like my right hand and I had something with them, and I had a special dialogue. I explained what psychotherapy is and what it means to contact the client. But since I was not the person to whom the secretary in the other office was affiliated, I had no such dialogue with them. I never had an opportunity to explain the work or introduce it or train them to act like my own school, and that made me feel more alien. I felt like the other in the office and I already kept the process short there, too (Blue).

When a client brings an agenda to the room, it gives therapists an uncomfortable feeling because of the diminished sense of belongingness when the accessories in the room are not selected by themselves:

So, here is the feeling of being comfortable with objects in the space ... There is a trinket in a room that is not mine, and that trinket has connotations that do not feel good to me. Now wouldn't we normally prefer something in our own room, something that has a connotation that ultimately feels good also when we look at us? I mean, if the thing I am looking at doesn't make me feel good, it may not make my patient feel good either ... It happened to me in a place where I was reluctantly doing a session (Purple).

The therapists mentioned that they experienced a sense of loss in the transition from their former office space to online space. Blue explained this feeling by their little control over the online space:

How can I say, there were some difficulties in the transition process; should I use Zoom or something else. What features does it have? Once, it was necessary to learn Zoom well. Especially if I am going to use it for trainings. Then, for example, my school life started, in September, it went online, and we use Teams there. I had to learn it well, so I started to understand that they actually build these apps to make them feel like real life as possible, but you need to know their features very well in order to make them feel like real life to the client. ...I got support to be comfortable in the virtual world. To use Teams comfortably, trainings were given by the school, and I joined them. I think the trainings I participated in, and the videos and the tutorials were influential in Zoom. With a little bit of practice, one probably, learns and improves oneself (Blue).

In addition, Blue also stated that the sense of belongingness to the online space may increase as the dominance of the online space increases:

One possibility is that our muscles have not worked enough about this yet and since I have not gained experience ... I mean, I have been doing therapy in the same place for many years. I have been practicing face-to-face therapy for 10 years, but I have been practicing it online for 1 year. It may have had an effect, so it is a muscle that develops as it does. ... I am much more comfortable with online space today compared to the day I first started. I am comfortable with technology, online therapy, that is, I feel much more comfortable because I am really working. I had some greeting routines that I created myself, my goodbye routines, here are my closing sentences, etc. Online versions of them are now available (Blue).

If there is a familiarity with the transition from physical space to online space, a sense of belongingness to the place where online sessions are conducted, knowing the boundaries of online setting are among the factors that facilitate online sessions. Yellow mentioned that she had a preliminary knowledge of what kind of agendas

the clients could bring into the online environment because she has had this experience before.

These online experiences were advantageous for me because my friends who did not have online experience before Covid ran and carried their clients to the office during the first opening in June. In that sense, it is compared a little more in itself. ... I actually have experience of online frameworks (for therapy), I know them, I know the limits of what I will do if the connection is broken, etc. But I remember that I was very inexperienced as if I had no experience at all (Yellow).

3.1.3.3. Face to face vs Online Space. Here again, there are more general and/or peripheral problems faced by therapists in moving from the therapy room in the office setting, to the home environment and online space. These problems are directly related to whether the place is online or not. This subordinate theme deals with the technical issues that need to be reorganized with transition happens:

Payments are coming online, now there are things that change and there may be disruptions. Some of them do not happen at all, of course, the vast majority of these are related to the matters of the client. But in my experience, there is also a thing happening there, that money is not as concrete as it used to be in the room... So there may be some setbacks. ...Regarding the timing, I remembered about one of my clients. They were saying, "We are at home, can we have the sessions on Sunday? When I said that I was not working, they were angry because it was quarantine time and they said something like "Aren't you already at home, why don't you see me on Sunday?". Maybe there is something where that boundary is a little lost (Yellow).

Alongside the frame related problems, Green mentioned that privacy is increased in the online as the camera sees less of an angle compared to the therapy room:

I had the opportunity to play with these kinds of things when I was with clients, I had a hard time staying with them. It has increased my privacy here, so before only my mind was hidden in the room, now my space is also hidden, and there is a stuff that I massage on my head between sessions. I

mean, these were all secret things in the room. This is out of the need to freshen up from time to time. All my transitional objects are actually in the middle of the room. I have access to my transition objects (Green).

The therapists' seeing themselves due to the fact that the session setting, in other words, the meeting place with the client is transferred to the virtual space, is interpreted as a concrete, bodily experience as mentioned previously in the “with body” section. At the same time, Blue mentioned that seeing himself on the screen during the session opens up a different field of experience.

Around 80% of the therapists talked by looking at themselves. This is something very different than face-to-face space for example. Unless you have a mirror in front of you while you're face to face, you don't have a chance to see yourself. Therefore, you can focus on the other person much more, you are more in their presence and you can follow them. But online, you inevitably see yourself; now, for example, when I click the speaker view on the right, I see you big and myself small, but still I catch myself. I don't feel completely comfortable when I turn myself off because I want to continue to see myself somehow. Is it a different human perception or a need or a curiosity? I mean I have a chance to see what the client sees when they looks in front of them, but at least it feels like I would follow them on the one hand, but normally there is no such thing while talking face to face, of course (Blue).

CHAPTER IV

4. DISCUSSION

The main purpose of this research was to examine how the change in settings for therapy affect psychotherapists' experience. In this context, the psychotherapists' transition between two spaces (from office to virtual) and the transformation of three-dimensional space (change of current office space) were investigated. In the light of the discourse of the participants, one superordinate theme could be identified: the complex loss from the room to link. Besides this single superordinate theme, three main subordinate themes emerged. These were the need of stability and movement, duality of intimacy, and conducting therapy at home or in the office. In this chapter, this superordinate theme and all subordinate themes will firstly be discussed in the context of the literature. Later, participant experiences, which are made sense of by the literature, will be used to create a basis for discussion for clinical implications. Strengths and limits of the study will be stated. Finally, suggestions will be presented by stating the points to be taken into consideration for future research to be carried out in the context of this subject.

4.1. DISCUSSION OF THE THEMES

4.1.1. Complexity of Place Loss: From the Room to the Link

Experts in the field of environmental psychology could not come together on a common ground on what methodology they should approach for the commitment to the place. Relph (1976) defined the three components of place in terms of place and placelessness. These are physical environment, activities and meanings. Similarly, Canter (1977) creates a transactional model for place and states that place consists of the relationship between activities, concepts and physical characteristics. To fully understand the meaning of a place, all three of these complements need to be considered. The meaning of place is formed in social context and relations, it is established and in addition to these, it is related to the economic and cultural environment. All these enable people to construct a sense of place and subjective spatial identity. Considering these components of the place, the complex loss experience felt by the participants seems more meaningful. The

ever-changing aspect of the loss they feel, in other words, the transition of their experiences from the physical to the relational dimension can be explained by the loss of place when considered together with the components of the place, because the participants both lost their physical environment (therapy rooms) and the meaning they gave to that environment was incomplete because there was no access to the physical environment.

Since the meaning of the place is not only physical or relational, the feeling of loss experienced is also complex. Individuals may lose their own place with mobility such as divorce, old age, natural or technological disaster or forced resettlement (Scannell and Gifford, 2014). Sometimes the value of a place can be visibly revealed when the most valued places are threatened or lost. People with more place attachment may have more personal difficulties in relocating or losing that place. Searching for similar qualities in the new environment or bringing familiar objects from old environments to new ones is effective in adapting to the new environment and reducing the sense of loss of the old environment. The symbolic representations of the place seem to be important in reducing the effects of displacement. In addition, Scannell and Gifford (2014) mention the negative components of place attachment as the shadow side of place attachment. Even though place attachment is good for personal well-being, one's place attachments can offer ambivalent feelings and experiences. Home memories can be an example of this dichotomy. One's memories of home can be good and/or bad (Scannell and Gifford, 2014; Relph, 1975). The experience of conducting the therapy at participants' homes may have been increased the complexity because they have their own unique experiences and memories in their home. These memories and experiences also include the ones in which they have different roles. Role confusion is another factor that may have been boosted the complexity of the experience. In this sense participants who have an attachment to their offices stated personal difficulties about relocating in the new place (their home) or losing their offices.

As existential approach suggests human experience is almost impossible to divide into different realms such as physical, relational or personal. In the light of this approach the feeling of loss participants experience is a complex one. When

participants experience the loss, it is neither the physical space loss (therapy room) nor the relation between them and their clients but both of them.

4.1.1.1. Need of Stability and Movement. According to Altman (1975), privacy is the selective control of a person over his own attainment. In addition to being central and regulatory, this control process is conceptualized under three headings. These are the privacy boundary process, the privacy optimization process, and the culture-dependent multi-faceted process of privacy. Privacy has an important place in interpersonal interaction, and it functions to define and regulate the boundary of interaction. When talking about privacy theories, physical space is considered as a necessary element. Privacy is a process related to the distribution of individual or shared experience, and physical space regulates the flow of privacy in this process. The organization of spaces affects the dissemination, storage, concentration, location and separation of privacy information. The dialogue in the therapy room may vary depending on the arrangement of the walls and interior of the room. Altman's (1975) privacy theory may be related to Goffman's (1959) terms of the frontstage and the backstage.

The need for participants to create a new physical background of their therapy in their own home is important for them to control leaked out information about themselves. The change in the client's background is not as significant as the change in the therapist's. In the session that the therapist conducted in a face-to-face, the part of their identity other than the therapist role could not be seen. In other words, the therapist was controlling the information that would be given to the client and the confidential information about themselves through the therapy office. However, although online therapy does not require a place, there must be a physical place where the therapist will conduct online therapy. This place has become the therapists' own homes due to the pandemic. During online sessions, the screen shows some feature of their home as a background. Therefore, therapists preferred to conduct therapy using the same background in order to control the information that would leak out about themselves. Changes in this background mean a change in the interactional space. Interactional space change also changes the backstage control of therapists, because in online therapy, a part of the therapist's backstage

comes to the frontstage. It can be said that they developed the strategy of always having sessions in the same place in order to protect their social/environmental role or their therapist identity.

On the one hand, therapists try to protect the part outside of their therapist identity from the session or the client, on the other hand, they try to prevent the leakage of information in the session to the outside (household), in other words, to protect the confidentiality of the client. One factor that therapists consider when choosing a space for an online session is where other individuals in the house will be during the session and what they will do. Again, this is an effort to provide privacy in the therapist-client relationship. Both the therapist's home privacy continues, and the client's privacy remains limited to that room. To put it another way, the therapist can distinguish between their role in the home and the therapist role by keeping the place where they conduct therapy in their home (at least not changing their background as much as possible). In addition, therapists protecting the boundaries of virtual space with their words (concrete) can be considered as compensation for the lost privacy. It can be said that the walls in the office room are replaced by words in the virtual space.

The containment that they were able to provide in a subtle way in face-to-face therapy sessions became more visible, verbal and concrete in the online environment and they tried to create containment with strategies such as words and body movement. In addition to these strategies, a second link has been added to client therapist bond: Wi-Fi. While the therapist-client relationship may remain at a more subtle and questionable level in face-to-face sessions, due to the need for concreteness arising from the abstract nature of the online environment, the online relationship has begun to be interpreted and referred to over something concrete (Wi-Fi). An interruption in Wi-Fi can also represent a breakdown in the therapist-client relationship or refer to feelings of not being understood. The last strategy is dream interpretation, which does not require time and space because its nature, even in face-to-face studies. Since the abstractness of the online space is similar to the face-to-face dream work practice, dream work is more preferred by therapists.

4.1.1.2. Duality of Intimacy. Winsel et al. (1980) drew attention to two features of human spatial behavior. The first of these is the individual's ability to convey their identity to the space by making arrangements on the physical environment according to their own beliefs, values and personality traits. The second is that social interaction can be regulated by transmitting the identity to the space through space and object control.

According to Sommer (1969), personal space is a space that surrounds one's body with invisible boundaries and where unwanted things are not allowed in, and this area basically has two main functions: communication function and protective function. Patterson (1975) further emphasizes that personal space is interpersonal rather than individual. Personal space is a form of communication according to Hall (1963). This form of communication is also distance based, which is connected to the senses. Personal space determines the quality, quantity and interpersonal distance of the relationship established. In communication in virtual space, individuals cannot reach physical proximity, but Wilson et al., (2008) showed that various situational and individual factors are also effective, regardless of distance, by dealing with perceived closeness. When the proxy is working in a virtual environment, studies have shown that as the frequency of communication in the virtual environment increases, people's envisioning the other person's appearance and workspace also increases. Thus, communication in the virtual environment can also create a sense of personal connection. (Wilson et al., 2008) In addition, as communication increases, there is a sense of common ground and identification with the person speaking in the virtual space. Building common ground Wilson et al. (2008) it means communicating frequently in virtual space, while for Levitt (1988) it is necessary to have a shared physical area. When we look at the research history, it is very meaningful that there is such a difference.

The importance of sense of closeness can be clearly seen when we look at the therapists' descriptions of their relationships with their clients. Therapists have also placed their relationship with their clients in a spatial context, and with the loss of physical space, they are confused about the distance between them and the client.

The personal space in face-to-face sessions in the therapy room has changed with the transition to online, thus creating duality. Since the interactional space created in the face-to-face environment needs to change with the transition to online, it has revealed dualistic feelings about the closeness between the therapist and the client and the concept of personal space in the online environment. Discord, which includes aggression, which the client hesitates to tell because of the fear of harming the therapist during face-to-face sessions, has come to the fore in online sessions. This may be due to the fact that the client and the therapist are not in the same environment. Since they are not in the same place, in other words, the bodies are not together, the client cannot invade the therapist's personal space and cannot harm the therapist. While the therapy is online, the client and the therapist can look at each other more closely through the screen, while the distance felt both changes the content of the therapy process and causes ambivalent feelings about the current position. Also, the relationship was re-established in a virtual environment, thus reviving the therapy process, and allowing it to be experienced at a different distance.

4.1.1.3. Conducting therapy at Home or in the Office. Brown and Perkins (2003) defined place attachment as a positive relationship between the physical and social environment that contributes to the identity of individuals, as well as brings psychological benefits.

Lalli (1992) defines place as a scene of intense human experience and argues that it directly affects and shapes the life of the individual. Just as the individual establishes a relationship with objects, they also relates to the place they lives in (Bilgin, 1994). People are connected to the place, which is a ground on which the individual forms their identity. The place called home not only contributes to the formation of identity, but also helps the continuity and stability of the identity. Korpela (1989), on the other hand, defined place identity as the psychological structure that emerges through one's ability to control the environment and argues that environmental practices create and strengthen a sense of self and explain it to others.

The place identity referred to here can also be mapped to the therapist identity and role. Along with the loss of the place, the therapist identity associated with that place is also associated with the feeling of loss. Role confusion manifests itself at this point. Because the place identity in the home is different from the office, which causes role confusion. At the same time, the therapists' attempts to make the new therapeutic setting at home look like their office as much as possible can be interpreted in order to eliminate the confusion by separating the roles and identities.

Place identity is different from place attachment, although it is related to it (Scannell and Gifford, 2014). Place identity means incorporating a place into one's own self-concept. As a result, the person gives a sense of self-esteem and competence. Hence, one can know who they are and where they are. For example, people studying at x university call themselves x university students. In order for therapists to include their therapist self in their identity, they need a therapy office or a space where they can do therapy. When this therapy area chosen by the therapists to create their therapist identity is changed to a place where another place identity exists, it seems very meaningful for the person to feel identity/role confusion specific to that place.

Here, the participants' experiences can be thought of as a three-legged table, with the role confusion place attachment and online therapy being conducted in their own homes. The role confusion experienced by the participants can be explained by the fact that the frontstage/backstage boundaries at the therapy offices are different from those in their own homes. It is natural for them to experience role confusion at home, since their roles in the home are different from the office environment, as well as their feelings, experiences and memories of their own home. With the therapist role in the office entering the house, they remained together with more than one role in the same space. This takes us to the second and third legs of the table. With the loss of their offices, which they felt attached to, the place identity/therapist role felt there was mixed with the place identity of their own home. Each place may or may not have a different role, but the important part here is that there is no longer a transitional area between the places. The attachment to

two different places is very natural, but the need and attachment for the inter-place transition has become very difficult to obtain in the new setting. That is why, experiencing different roles in one place is also related to the absence of a transitional area. Therefore, feeling confused about the roles participants have normal because normally, the therapist's home is the backstage and their office is the frontstage where they present their "therapist" selves. With the onset of the Covid-19, therapists' place related roles need to change.

4.2. CLINICAL IMPLICATIONS OF THE PRESENT STUDY

In this study, there are several issues related to the therapists' attribution of meanings to the therapy room in the context of the physical-virtual/digital transition of therapy space and to the therapy process with this transition. Both the participants' discourses and the literature review showed that place is often overlooked. Attributions related to the importance of place and difficulties that come with the change and loss of place will be indicated and possible solutions and interventions to these difficulties will be suggested with the support of the relevant literature.

According to Gerald (2011), therapy offices remain the repository of patients 'and therapists' own inner worlds. The longer you stay in a place, the more belonging there is, and it is experienced as a home. Even when entering an empty space, people bring patterns from their own past. Traces of interaction with the environment in the past can be seen in these patterns. Gerald (2011) emphasized the importance of individual-space interaction by saying that settlement comes to us to settle. The office that is designed as homelike, on the other hand, is an important place for the clients and the relationship established. Even when he is most indifferent to what the physical environment represents, an analyst carries traces of himself in the room he has arranged and placed.

It is essential to have a sense of belongingness, security and privacy in therapy spaces that are home-like work areas (Gerald, 2011). In addition, the therapy space has the function of being a shelter where the horror and pain that will emerge in the unconscious and threatening are spoken and given the opportunity to

define oneself. This function of the therapy space is essential not only for clients but also for psychotherapists because the therapy room is their office, which can counteract the feeling of strangeness in an uninviting world after leaving home. The first experience of the client's therapy/analysis is usually when the psychotherapist enters the inner refuge of the office.

Jung (1963) used the term *temenos* to mean a sense of security and continuous encirclement or containment, which comes from a sacred and protected space in Greek. *Temenos* is used to describe the therapeutic setting and emotional atmosphere of the therapy room. This shows that the treatment is not only related to the relationship or the place, but to both (as cited in Gerald, 2011).

Abramovitch (1977) examined the dilemmas posed by changing the therapy room. Such changes are experienced by the patient and the analyst as a loss of containment provided by the therapeutic environment. This disruption, which comes with spatial change, can threaten the therapy process. This is the loss of *temenos*. The complex loss experienced by the participants can in a way be called the loss of *temenos*. Volkan (1984) emphasizes that the emotional atmosphere created in the physical space should be taken into consideration for this loss, because in this area there is “the expectation anxiety” about losing the *temenos* and the main concern that the movement will harm the analysis (as cited in Abramovitch, 1977). Abramovic states that *temenos* can be acquired by the therapist's adherence to orthodox methods of framework.

In the transition from face-to-face to online therapy, there are parts where the experiences are unique as well as common. The experience of this transition as loss by the therapist is closely related to the loss of the old place and the relationship with the new place. Whether this transition is mandatory can also affect the feelings about the transition. Since the transition from face-to-face to online is mandatory and instant in the pandemic, it may have triggered a greater sense of loss regarding the therapy setting. According to the results of this research, the choice of a new venue for online therapy was chosen in a way that would not reveal the therapists' own personal/hidden areas during therapy on the background and that allowed them to manipulate their own background on the screen. Choosing a place other than the

therapy setting, or where you have a role other than therapist, seems much more likely to experience role confusion. In order to prevent this, therapists do online therapy in the same place, make their new spaces look like therapy offices, in other words, try to gain control of the space they are in. The experience of loss makes it easier to adapt to the given situations by being pushed into the background over time during the pandemic period that has been affected by the world.

4.3. STRENGTHS AND LIMITATIONS OF THE PRESENT STUDY

It is thought that this study will make an important contribution to the literature since it is one of the few studies that examines the place change in terms of the therapist experience of the psychotherapists and their interpretation of its effect on the therapy process. The of transition from face-to-face therapy to online therapy is preferred by the therapists and clients due to the client's inability to go to the therapist's office or for other reasons such as the therapist or the client's moving, the client going's on vacation and their health conditions not allowing them. In the case of the present study, because of the Covid-19 pandemic, such spatial changes had to be experienced by therapists, clients and the therapist-client unit. While the experience of doing therapy in a place other than the office space affects almost all therapists, there is little work done in this area. This study, which tries to understand this exact space change experience from the therapists' point of view It is thought that these semi-structured interviews with therapists who bring at least one client face-to-face to the online space can help therapists in naming the things experienced in the place change. For this reason, this study is believed to be meaningful in terms of understanding the importance and function of the place for therapists and the therapy process, using a qualitative approach to examine the experience of transition from face to face therapeutic setting to online and the experiences that may arise in its absence.

This study has several limitations. First, the aim of this study was to try to understand psychotherapists' personal experiences of change of place rather than generalizing the emerging themes. In addition, while the semi-structured interviews were held, the interviews were conducted online as the restrictions imposed due to

the pandemic process continued. Put another way, the participants had to talk about this experience online while continuing the experience of not being able to meet clients in a physical environment. Although the call for research participation was shared more than once in various professional media, the number of participants could not reach the target. While eight participants were targeted, five participants returned, and it is thought that the reason for this is that the experience of place loss is still continuing. While the participants reflected on this lost experience with their therapist-in-the-office identities, the same identity could not be found in their home office spaces. The results of these interviews may vary in terms of whether the participants have an on-going experience of loss or not and whether the interviews are conducted face-to-face or not.

Another limitation of this study is that it focuses on the space change experience of therapists who only do individual psychotherapy in a long-term or open-ended form. Therefore, different findings can be obtained when looking at the experience of place change of therapists working in different schools and/or the experience of psychotherapists working with children, couples and families.

Regarding the sample size, in Smith, Flowers and Larkin's (2009) stated that $n = 3$ as the default size for an undergraduate or Masters-level IPA study. Although three participants are sufficient for master's theses, it is aimed to interview eight people in this study. However, five participants agreed to volunteer for the study. The difficulty in finding participants can be explained by the ongoing trauma. At the same time, the participant may have passed the feeling that only the negative part will be kept in the foreground, by referring to the experience of loss of space in the call text, by looking at the experience unilaterally. Since the participant candidates who experienced the loss of the place in the context of the Covid-19 may have been exposed to the word and experience of loss too much, they may have left the impression that this research was a loss work. This situation made the participant candidates feel overwhelming.

Finally, this study is closely related to the researcher's point of view (see Personal reflection). Qualitative research methods attach importance to the perspective and interpretation of the researcher, but different researchers can make

different interpretations by looking at the same data. Since the researcher adopts a psychodynamic and existential perspective, this research has been created based on these insights. Even if the researcher tries to prevent her impact on the data via trustworthiness steps, it is important to keep in mind that interpretations cannot be separated from researcher's point of view.

For future studies, if the therapists' experience with the therapy space is to be studied, it is recommended to consider that the interviews are held at the therapists' own offices. At the time of this research, the therapists could not return to their office spaces yet, and they participated in the research from their new place (home). At the same time, they continued to do therapy in the virtual space while they were physically present in the home space. The fact that the loss of place, defined by the participants, continued while the research was in progress, may have affected the research results as well as being very valuable for this research. Therefore, a study to be conducted after the therapists return to the therapy rooms will complement this study.

In addition, this study showed that each therapist's online therapy experience was unique. When psychotherapists were asked about online therapy and face-to-face therapy processes, the therapists' experience included many different variations. This research only dealt with the part that moved from the face-to-face therapy process to the online therapy process. In future studies, the relationship between therapeutic processes that start completely online and those of the therapist conducting sessions at home can be looked at.

4.4. CONCLUSION

The aim of this study was to deeply examine the experience of change in the therapy space (therapy room) of therapists whose orientation is long-term, open-ended therapy in terms of dynamic and existential concepts. The environmental change that occurred was the loss of the meeting with the client in the same physical space to an online space.

This research has examined the therapists' experiences with their own office environments, the experience of transition from the face-to-face therapeutic setting

to the digital one, and finally, how the loss that comes with this transition is impact on the therapy process. Just as in the existential perspective, how we divide the experience itself into physical, personal, relational and spiritual gives us intellectual information, but if a part of the experience is missing, when the therapists' therapy room experience is tried to be analyzed by dividing it into sections, although it provides intellectual information, it disintegrates the experience itself and cannot cover the whole. Place is alive just like Dasein and redesigned in interaction. In this sense, the frustration that therapists felt about conducting therapy at home during the pandemic disappeared over time, and it became easier for them to conduct therapy in the new setting as the place that used to have a different meaning now has a different meaning for them.

From past to present, mental health professionals have kept space as an item within the framework of therapy (Faimberg, 2014). This study aimed to open a new discussion area on how to find the losses caused by the loss of physical space in virtual space in which had emerged with the development of technology and the pandemic. The space is made as a part of the therapy framework and many things about it are taken into the background as a guarantee. Heidegger's (1927/1962) concept of being-in-the-world suggests that being first exists in a physical world. The therapy room is also the place where the client and the therapist first find themselves. Therefore, by looking at the loss of this physical space, inferences can be made about the importance of space for therapists and the therapeutic process. While the integrity of the space speaks of a relational space, it also refers to a physicality, personality and spirituality in that space. When it comes to the therapy room, the lived space experience also includes the shared physical space.

Finally, during the data collection process, all of the participants stated that the interviews opened up a different window of experience for them. While continuing to do therapy in virtual space, they also added that it is important to contextualize their own experiences with this study, which explores the experience of space change. These expressions state that the space creates an experience of loss that loses its most difficult strength in the therapeutic framework, but also affects the whole process when it loses. It is hoped that this thesis will help therapists who

have had this type of experience to make sense of their own experiences by understanding the meaning of changing space experience and its counterpart in the therapeutic process and will enable further research.

REFERENCES

- Abram, J. (1997). *The language of Winnicott: A dictionary and guide to understanding his work*. Jason Aronson.
- Abramovitch, H. (1997). Temenos lost: Reflections on moving. *Journal of Analytical Psychology*, 42(4), 569-584.
- Aktürk, H. (2020). Yeni koronavirüs hastalığı pandemisi döneminde online yaşam ve psikolojik etkileri. Ankara Üniversitesi Sağlık Bilimler Enstitüsü, Ankara, 1-25.
- Altman, I. (1975). The environment and social behavior: privacy, personal space, territory, and crowding.
- Altman, I. (1976). A conceptual analysis. *Environment and behavior*, 8(1), 7-29.
- Anney, V. N. (2014). Ensuring the quality of the findings of qualitative research: Looking at trustworthiness criteria.
- Anthony, K. H., & Watkins, N. J. (2002). Exploring pathology: Relationships between clinical and environmental psychology. In R. B. Bechtel & A. Churchman (Eds.), *Handbook of environmental psychology* (pp. 129-146). New York: John Wiley.
- Backhaus, K. L. (2008). *Client and therapist perspectives on the importance of the physical environment of the therapy room: A mixed methods study* (Doctoral dissertation).
- Bilgin, N. (1994). Sosyal bilimlerin kavşağında kimlik sorunu. Ege Yayıncılık.
- Binswanger, L. (1946). The existential analysis school of thought, trans. E. Angel. *Existence: A New Dimension in Psychiatry and Psychology*, 191-213.
- Bion, W. R. (1962). The psycho-analytic study of thinking. *International journal of psycho-analysis*, 43, 306-310.
- Boldrini, T., Schiano Lomoriello, A., Del Corno, F., Lingiardi, V., & Salcuni, S. (2020). Psychotherapy during COVID-19: How the clinical practice of Italian psychotherapists changed during the pandemic. *Frontiers in psychology*, 11, 2716.
<https://doi.org/10.3389/fpsyg.2020.591170>
- Brown, B., Perkins, D. D., & Brown, G. (2003). Place attachment in a revitalizing

- neighborhood: Individual and block levels of analysis. *Journal of environmental psychology*, 23(3), 259-271.
- Buber, M. (1923). I and Thou. Trans. W. Kaufmann. Edinburgh: T&T Clark.
- Canter, D. (1997). The facets of place. In *Toward the integration of theory, methods, research, and utilization* (pp. 109-147). Springer, Boston, MA.
- Dede, A. (2018). Olağanüstü durumlarda farklılaşan mekan ve mekan kavrayışının sorgulanması (Master Tezi).
- Cho, C. H., Laine, M., Roberts, R. W., & Rodrigue, M. (2018). The frontstage and backstage of corporate sustainability reporting: Evidence from the Arctic National Wildlife Refuge Bill. *Journal of Business Ethics*, 152(3), 865-886.
- De Stefani, E., Gazin, A. D., & Ticca, A. C. (2012). Space in social interaction. An introduction. *Bulletin VALS-ASLA*, 96, 1-14.
- Faimberg, H. (2015). Winnicott'ta Baba İşlevi: Psikanalitik Çerçeve. *Turkish Annual of Psychanal. Int.*, 7, 179-192.
- Feijt, M., de Kort, Y., Bongers, I., Bierbooms, J., Westerink, J., & IJsselsteijn, W. (2020). Mental health care goes online: Practitioners' experiences of providing mental health care during the COVID-19 pandemic. *Cyberpsychology, Behavior, and Social Networking*, 23(12), 860-864.
- Ferruta, 2014 Ferruta, A. (2014). The Analytic Setting and Space for the other. *Italian Psychoanalytic Annual*, 8, 97-110.
- Fraser, J. S., & Solovey, A. D. (2007). *Second-order change in psychotherapy: The golden thread that unifies effective treatments*. American Psychological Association.
- Gerald, M. (2011). The psychoanalytic office: Past, present, and future. *Psychoanalytic Psychology*, 28(3), 435.
- Göregenli, M. (2013). *Çevre psikolojisi: insan-mekan ilişkileri*. İstanbul Bilgi Üniversitesi Yayınları.
- Hall, E. T. (1963). A system for the notation of proxemic behavior. *American anthropologist*, 65(5), 1003-1026.
- Hall, E. T. (1966). *The hidden dimension* (Vol. 609). Garden City, NY: Doubleday.
- Hall, E. T. (1974). *Handbook for proxemic research*. Amer Anthropological Assn.

- Heidegger, M. (1962) *Being and Time*. Trans. J. Macquarrie and E. S. Robinson. Oxford: Blackwell (Original work published 1927).
- Ittelson, W. H. (1973). *Environment and cognition*. Seminar Press.
- James, D. C. (1984). Bion's "containing" and Winnicott's "holding" in the context of the group matrix. *International Journal of Group Psychotherapy*, 34(2), 201-213.
- Jung (1963) Jung, C. G. (1963). *Essays on a Science of Mythology* (Vol. 22). Princeton University Press.
- Korpela, K. M. (1989). Place-identity as a product of environmental self-regulation. *Journal of Environmental psychology*, 9(3), 241-256.
- Lalli, M. (1992). Urban-related identity: Theory, measurement, and empirical findings. *Journal of environmental psychology*, 12(4), 285-303.
- Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative research in psychology*, 3(2), 102-120.
- Ledesma, D. A. S., & Fernandez, K. T. G. (2021). 'If I am not well, I can't do sessions well': An analysis of the narratives of Filipino Therapists during the COVID-19 Pandemic. *Counselling and Psychotherapy Research*.
<https://doi.org/10.1002/CAPR.12442>
- Levitt (1988) Levitt, B., & March, J. G. (1988). Organizational learning. *Annual review of sociology*, 14(1), 319-338.
- Low, S. M., & Altman, I. (1992). Place attachment. In *Place attachment* (pp. 1-12). Springer, Boston, MA.
- Markowitz, J. C., Milrod, B., Heckman, T. G., Bergman, M., Amsalem, D., Zalman, H., & Neria, Y. (2021). Psychotherapy at a distance. *American Journal of Psychiatry*, 178(3), 240-246.
<https://doi.org/10.1176/appi.ajp.2020.20050557>
- May, R. (1983). Myths and culture: their death and transformation. *Cross Currents*, 33(1), 1-7.
- McBeath, A. G., Du Plock, S., & Bager-Charleson, S. (2020). The challenges and experiences of psychotherapists working remotely during the coronavirus*

- pandemic. *Counselling and Psychotherapy Research*, 20(3), 394-405.
<https://doi.org/10.1002/CAPR.12326>
- Merleau-Ponty, M. (1964). *The primacy of perception: And other essays on phenomenological psychology, the philosophy of art, history, and politics*. Northwestern University Press.
- Messina, I., & Loffler-Stastka, H. (2021). Psychotherapists' perception of their clinical skills and in-session feelings in live therapy versus online therapy during the COVID-19 pandemic: a pilot study. *Research in Psychotherapy: Psychopathology, Process, and Outcome*, 24(1).
- Miller, H. (1995). The presentation of self in electronic life: Goffman on the Internet. In *Embodied knowledge and virtual space conference* (Vol. 9, pp. 1-8).
- Mitchell, E. (2020). "Much more than second best": Therapists' experiences of videoconferencing psychotherapy. *European Journal for Qualitative Research in Psychotherapy*, 10, 121-135.
- Mondada, L. (2013). Interactional space and the study of embodied talk-in-interaction. In *Space in language and linguistics* (pp. 247-275). de Gruyter.
- Norberg-Schulz, C. (1980). *Genius Loci: Towards a Phenomenology of Architecture*. New York: Rizzoli.
- Ogden, T. H. (1996). Reconsidering three aspects of psychoanalytic technique. *International Journal of Psycho-Analysis*, 77, 883-899.
- Ornstein, S. (1986). Organizational symbols: A study of their meanings and influences on perceived psychological climate. *Organizational Behavior and Human Decision Processes*, 38(2), 207-229.
- Patterson, M. L. (1975). Personal space: Time to burst the bubble. *Man-Environment Systems*, 5(2), 67.
- Praglin, L. (2006). The nature of the "in-between" in DW Winnicott's concept of transitional space and in Martin Buber's *das Zwischenmenschliche*. *J. Stud. Interpers. Process.*, 2, 81-89.
- Proshansky, H. M. (1976). Environmental psychology and the real world. *American Psychologist*, 31(4), 303.

- Proshansky, H. M., Ittelson, W. H., & Rivlin, L. G. (1976). *Environmental psychology: People and their physical settings*. Holt.
- Proshansky (1978) Proshansky, H. M. (1978). The city and self-identity. *Environment and behavior*, 10(2), 147-169.
- Relph, E. (1976). *Place and placelessness* (Vol. 67). London: Pion.
- Relph, E. (1985). Geographical experiences and being-in-the-world: The phenomenological origins of geography. In *Dwelling, place and environment* (pp. 15-31). Springer, Dordrecht.
<https://doi.org/10.1007/978-94-010-9251-7>
- Riley (1992) Riley, R. B. (1992). Attachment to the ordinary landscape. In *Place attachment* (pp. 13-35). Springer, Boston, MA.
- Scannell, L., & Gifford, R. (2014). The psychology of place attachment. *Environmental psychology: Principles and practice* (5th ed., pp. 272-300). WA: Optimal books.
- Sime, 1986 Sime, J. D. (1986). Creating places or designing spaces? *Journal of Environmental Psychology*, 6(1), 49-63.
- Simpson, S. (2009). Psychotherapy via videoconferencing: A review. *British Journal of Guidance & Counselling*, 37(3), 271-286.
[doi:10.1080/03069880902957007](https://doi.org/10.1080/03069880902957007)
- Situmorang, D. D. B. (2020). Online/Cyber Counseling Services in the COVID-19 Outbreak: Are They Really New? *Journal of Pastoral Care & Counseling*, 74(3), 166–174.
<https://doi.org/10.1177/1542305020948170>
- Smith, J. A. (2003). *Qualitative psychology: A practical guide to research methods*. Sage Publications, Inc.
- Sommer, R. (1969). Personal Space. *The Behavioral Basis of Design*.
- Sommer, R. (2002). Personal space in a digital age. *Handbook of environmental psychology* (pp. 647-660). John Wiley & Sons, Inc.
- Thompson-de Benoit, A., & Kramer, U. (2020). Work with emotions in remote psychotherapy in the time of Covid-19: a clinical experience. *Counselling Psychology Quarterly*, 1-9.

<https://doi.org/10.1080/09515070.2020.1770696>

- Tuan, Y. F. (1975). Place: an experiential perspective. *Geographical review*, 151-165.
- Wilson, J. M., Boyer O'Leary, M., Metiu, A., & Jett, Q. R. (2008). Perceived proximity in virtual work: Explaining the paradox of far-but-close. *Organization studies*, 29(7), 979-1002.
- van Deurzen-Smith, E. (1997). *Everyday Mysteries: Existential Dimensions of Psychotherapy* London: Routledge.
- Van Deurzen, E. (2012). *Existential counselling & psychotherapy in practice*. Sage (original work published 1988).
- von Uexküll, J. (1921). *Umwelt und Innenwelt der Tiere* (Berlin: J. Springer).
- Winnicott, D. W. (1953), Psychosis and child care. *Brit. J. Med. Psychol.*, 26; Reprinted in *Through Pediatrics to Psychoanalysis: Collected Papers*. London: Tavistock & Hogarth
- Winnicott, D. W. (1960). The theory of the parent-infant relationship. *International Journal of Psycho-Analysis*, 41, 585-595.
- Winnicott, D. W. (2018). *The maturational processes and the facilitating environment: Studies in the theory of emotional development*. Routledge. (Original work published 1965)

APPENDICES

Appendix 1. The Informed Consent Form

ÇEVİRİMİÇİ BİLGİLENDİRME & ONAM FORMU

Sayın Katılımcı,

Bu araştırma Rumeysa Oral tarafından yürütülmekte olup, terapistlerin mekân algısının nasıl olduğu, değişimlerden nasıl etkilendiği, mekân ve mekânsal değişikliklerin terapi sürecini nasıl etkilediği sorularını cevaplamayı amaçlamaktadır. Bu çalışmaya katılmak tamamen gönüllülük esasına dayanmaktadır. Görüşmenin tahmini 45 dk - 1 saat aralığında sürmesi planlanmaktadır. Katılımınızla ilgili herhangi bir risk öngörülmemektedir, ancak bir sebep belirtmeksizin görüşmeyi durdurma veya herhangi bir zamanda araştırmadan ayrılma hakkına sahipsiniz. Bu çalışmadan elde edilecek bilgiler tamamen araştırma amacı ile kullanılacak olup kişisel bilgileriniz gizli tutulacaktır. Verileriniz yayın amacı ile kullanılabilir. Eğer araştırmanın amacı ile ilgili verilen bu bilgiler dışında şimdi veya sonra daha fazla bilgiye ihtiyaç duyarsanız rumeysa.oral@hotmail.com mail adresi üzerinden iletişime geçebilirsiniz.

Görüşme Kuralları

- Görüşme sırasında ses kaydı araştırmacı tarafından alınacaktır.
- Görüşme kaydı yazıya dökülecektir.
- Verilerinize araştırma yürütücüleri ve araştırma asistanlarının erişimi olacaktır.
- Kimliğiniz anonimleştirilecektir.
- Görüşmede ortaya çıkan temalarla ilgili sizin geri bildirimleriniz istenebilir.
- Görüşme kaydı yazıya döküldüğünde imha edilecek, anonim transkriptler 5 yıl saklanacaktır.

Katılımcı Hak ve Yükümlülükleri

- Bu projede gönüllü olarak yer alıyorum. Katılmak zorunda olmadığımı anlıyorum ve görüşmeyi istediğim zaman durdurabilirim;
- Online görüşmelerde ses veya görüntü kaydı almayacağım.
- Görüşme kaydı veya ondan alıntılar yukarıda açıklandığı gibi kullanılabilir;
- Yukarıdaki bilgilendirmeyi okudum;
- Sorularımı sorabildim ve gelecekte sorularım için araştırmacı ile temasa geçmekte özgür olduğumu anlıyorum.

Bu formun size iletildiği e-postaya cevaben “Ekte gönderilen Çevrimiçi Bilgilendirme ve Onay Formunu okudum ve formda belirtilen hak ve sorumlulukları göz önünde bulundurarak görüşmeye katılmayı kabul ediyorum” cümlesini yazmanız gerekmektedir.

Appendix 2. The Open Call Letter

Herkese Merhabalar;

Umarım herkes iyidir. İstanbul Bilgi Üniversitesi Klinik Psikoloji Yüksek Lisans Programı'nda Dr. Öğr. Üyesi Yudum Söylemez danışmanlığında, "Terapistlerin danışanlarla aynı mekanda buluşabilme deneyiminin kaybı" nı merak eden nitel bir tez çalışması yürütmekteyim.

Eğer;

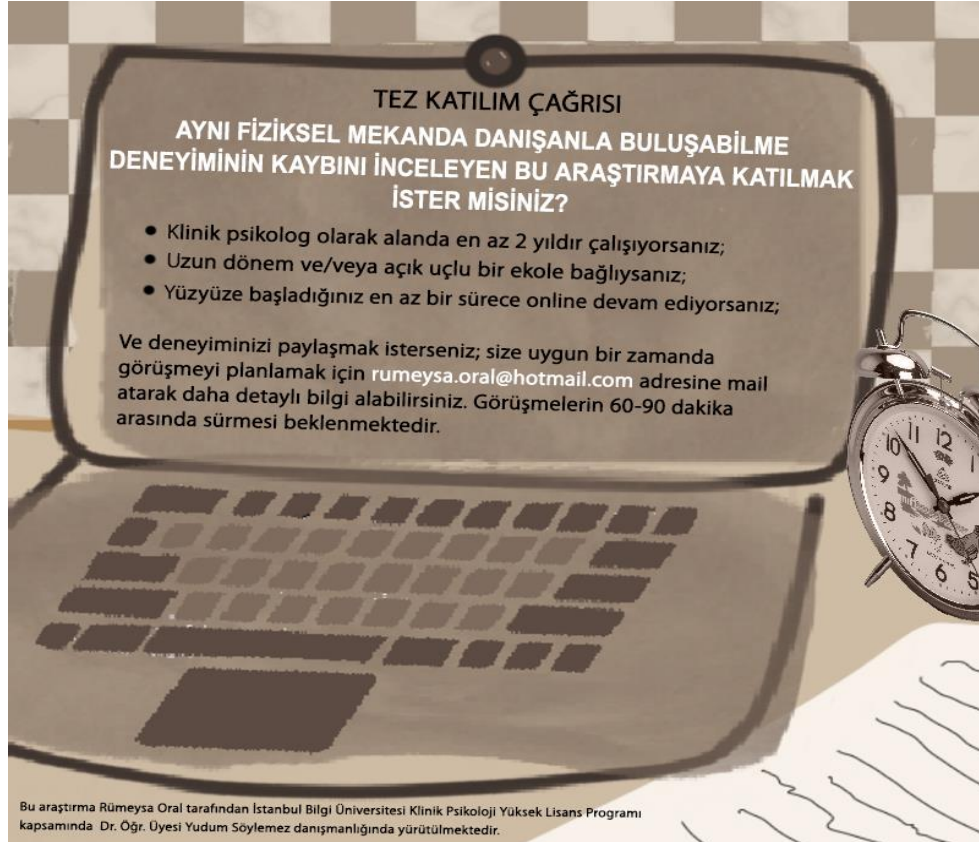
- Klinik psikolog olarak alanda en az 2 yıldır çalışıyorsanız,
- Uzun dönem ve/veya açık uçlu bir ekole bağlıysanız,
- Yüz yüze başladığınız en az bir sürece online olarak devam ediyorsanız,

Ve deneyiminizi paylaşmak isterseniz görüşmeyi oluşturmak ve/veya daha detaylı bilgi almak için rumeysa.oral@hotmail.com mail adresinden bana ulaşabilirsiniz.

Araştırmayla ilgilenebilecek kişilerle de bu maili paylaşırsanız çok sevinirim.

Şimdiden, desteğiniz ve vaktiniz için teşekkür ederim.

Rümeysa Oral



Appendix 3. The Interview Questions

0. Demografikler ve a. Kendinizden bahseder misiniz?

b. Ofisinizden bahseder misiniz?

1. Şu anda terapiyi nasıl yapıyorsunuz? (Yüz yüze mi online mı?) (zaten onlinea geçmiş ve devam ediyorsa bu soruyu sormaya gerek yok)

- Nerede / hangi mekanda yapıyorsunuz?

2. (Yüzyüze yaptığınız) Seans odanızı seçme ve yerleştirme süreciniz nasıldı?

- Verdiği cevaba göre önemini sorabilirsin. Mekansal açıdan nelere önem vermiş oraları açtırabilirsin (ışık alsın dediye nasıl bir önemi var gibi.)
- Danışana dair neler geçti aklından düzenleme yaparken? (Ne kadarı danışan ile ilgiliydi?)

3A. Daha önce, yüzyüze görüştüğü birisiyle, dış koşullar nedeniyle (taşınma gibi) online medyuma geçmek zorunda kalmış mı?

Fiziksel mekan değiştiren danışan ise;

- Nerede, nasıl yapmış online görüşmeyi?
- Sürece dair, danışanla aynı mekanda buluşabilme konusunda neler deneyimlemiş?
- Süreçte neler değişmiş?

Fiziksel mekan değiştiren terapist ise;

- Yukarıdaki maddelere ek olarak taşınma, yeni ofis bulma, yerleştirme süreç ve deneyimini anlattır.
- Neler farklı gelmiş? Fiziksel olarak? Sürece dair?

3B. 13 Mart haftası ilk vaka açıklandı. Siz bu süreci nasıl deneyimlediniz?

- Danışanlarla bu süreci nasıl yönettiniz?
- Danışanlarının durumuna göre hangi önlemleri alıp almadığı sorulabilir.

4. Online seansları nerede yapacağınızı nasıl seçtiniz? / Karar verdiniz?

Hep aynı yerde yapıyorsa;

- Yüz yüze aynı yerde yapmak ile online aynı yerde yapmak arasındaki farklardan bahsedebilir misiniz?

Yapmıyorsa;

- Yapamamak nasıl bir deneyim? Eksik hissettiği şeyler var mı varsa neler?
- Mekan değişiklikleri nasıl gerçekleşiyor? (Danışandan danışana mı farklı mekanlar veya aynı danışanda farklı mekanlar?)
- Bu değişik mekanlar içsel ve dışsal terapi sürecinde nasıl bir yeri var?

5. İlk online seansınız (mekânsal açıdan) nasıldı biraz anlatır mısınız?

- Mekansal değişiklik size nasıl yansıdı? / Sizdeki etkileri neler?
- Terapi ilişkisine etkileri nasıl oldu?
- Ofis / terapi odası ile şu anda terapi yaptığınız mekan (ev) kıyasladığımızda ne gibi değişiklikler fark ettiniz? (ya da çoklu mekanlarda bu deneyim nasıl değişti?)
- Fiziksel (dışsal) neler deneyimlediniz?
 - Teknik aksaklık, donma sorunu vs gelirse yüz yüze terapide bunun karşılığı ve deneyimi neydi sor.
- Yeni terapi mekanında (ev gibi fiziksel medyumlar ve online medyumlar) terapi mekanında karşılaşmayacağınız içsel neler deneyimlediniz?

Appendix 4. Ethical Approval by The Ethics Committee

ETHICS BOARD APPROVAL

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