



Near and far: Representation of online psychotherapy in a group of clients

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Abstract

The research was designed to explore the perspective of digital natives (DN) when confronted with online psychological counselling and video conference psychotherapy (VCP). 30 interviews were conducted, distinguishing those with experience only in offline settings, those with experience in mixed settings (offline/online) and those with no experience of psychological interventions. The narratives were analysed through cluster analysis and a subsequent correspondence analysis. The results underline the importance of the physical co-presence and the organisational aspects of the setting as facilitating factors of the clinical process but do not allow the specific characterisation of the DNs. The representations collected regarding online

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psychological counselling/VCP seem in fact to have been influenced more by the emotional correlates of the pandemic period than by the characteristics of remote psychological work.

Keywords: Videoconferencing psychotherapy (VCP), online setting, digital natives, pandemic.

Introduction

Background

The use of distance relationships mediated by technological tools (telephone, email, etc.) is certainly not new for psychology and psychotherapy (Baer *et al.*, 1995; Carlino, 2011; Reed *et al.*, 2000) However, there is no doubt that the spread of SARS-CoV-2 has given a sudden boost to telepsychology (Sammons *et al.*, 2020) in the sense of the provision of psychological services through telecommunications technologies. The need to suspend face-to-face activities due to the risk of contagion has in fact led the majority of psychologists and psychotherapists to resort to techno-mediated distance relationships to avoid a treatment blackout. So-called video conference psychotherapy (VCP) based on the use of video-calling software (e.g., Skype, WhatsApp) or video-conferencing services (e.g. Webex, Zoom) has become widespread.

Although some countries do not yet have an adequate availability of the internet and network-connected devices (Singh & Sagar, 2022), in many areas of the world broadband and optical fibre allow the transmission of large quantities of data, thus facilitating efficient video calling and video conferencing. There is therefore the possibility, even in the psychological field, of overcoming the space-time constraints intrinsic to face-to-face relationships.

From a descriptive point of view, the characteristics attributed to VCP derive, in fact, from the design of networks, devices and apps. The user-friendly approach with which these products are developed also shapes VCP, not surprise singly described as a fast, convenient, simple and flexible method (Morozet *et al.*, 2020; Schuster *et al.*, 2020; Stoll *et al.*, 2020).

VCP is also recognised as being more economical. The fact that the clinician does not have to bear the burden of a study in which to welcome clients and that the latter do not have to physically go to them entails a reduction in costs for both (Morland *et al.*, 2015). Moreover, technological development has facilitated the creation of companies specialising in VCPs (e.g., Betterhelp, ReGain, Serenis, Unobravo), of which the main strengths are convenience, customisation and cost-effectiveness.

While for VCP, the characteristics of Information and Communication Technologies (ICT) constitute both advantages and critical aspects. The loss of information relating to some sensory channels (e.g. smell), the impossibility of developing bodily interactions and the narrowing of the visual field linked to webcams are just some of the limitations of remote work. Although in some cases they may seem merely practical issues, in reality technology significantly affects the characteristics of the clinical relationship and the “presence” of the therapist, in the sense of attention, immersion, emotional involvement, rêverie and willingness to be involved in enactment (Geller & Greenber, 2012). In online relationships, for example, the therapist’s greater fatigue and distractibility is known, along with their propensity to exclude events that occur in the client’s personal environment from the resignification processes (Pennella & Bignami, 2021; Russell, 2015; Weinberg, 2021). Even the advantage of the ease of access to the relationship allowed by ICT can turn into an unpleasant ease of exit: in fact, one click is enough to abandon the interview and, in some cases, the therapy. Counselling and VCP are in fact not exempt from ghosting, which can moreover be done not only by the client but also by the clinician (Farber *et al.*, 2022). After all, the fact of being able to start psychotherapy easily and the feeling of being able to easily share intimate issues (Suler, 2004) does not necessarily make the relationship solid and stable over time (Aboujaoude *et al.*, 2021; Frittgen & Haltaufderheide, 2022).

There is no doubt that the technology underlying the long-distance relationship induces changes in the nature of borders and spaces but also in the way in which one is present in the relationship (Simpson *et al.*, 2020). It is evident that in VCP the customer has greater control of the situation; they can influence the quality and quantity of the shared information, for example, by changing the camera angle, the visibility

of the surrounding objects and also the background or the brightness of the environment, all this without considering a series of incidental factors (e.g. line interruptions, poor webcam quality) which can sometimes significantly characterise the therapist-client interaction. Basically, the qualities that we tend to attribute to VCP, as well as its limits, are the expression of the technology that allows for a synchronous long-distance relationship.

Aim

The research we present arose from some different observations:

1. Despite the large number of research studies in the sector, most of them have explored online psychological counselling and VCP from the point of view of the clinician, paying attention to some elements deemed relevant (e.g., setting, working alliance) (Bekes *et al.*, 2021; McDonald *et al.*, 2020; Pennella & Spaccarotella, 2021). Less explored is the perspective with which clients experience the techno-mediated distance clinical relationship.
2. Some studies (Giordano *et al.*, 2022) show that in the pandemic period clients developed and/or maintained positive clinical relationships thanks to VCP.
3. The perception of the utility of VCP in the therapeutic field is evidently influenced by numerous factors. Among these we consider the habit of using devices which makes the techno-mediated distance relationship very familiar.
4. For this reason, our research questions aim to address whether “digital natives”, in particular the so-called “Millennials” and “Generation Z” born between 1987 and 2000 (Botteri & Cremonesi, 2019), approach telepsychology in general and VCP in particular, with an attitude that is influenced by their familiarity with the digital technologies they normally employ to mediate their social interactions (Twenge, 2017).

Method

The current study adopts a qualitative method aimed at detecting the content and structure of texts collected by means of in-depth interviews. All the people interviewed participated on a voluntary basis, they were recruited with a snowball technique and expressed interest in the topic.

The research received the approval of the Ethics Committee of the Department of Dynamic and Clinical Psychology and Health Studies, Faculty of Medicine and Psychology, Sapienza, Rome.

The group of interviewees

Between July and October 2021, 30 people were interviewed, divided into three numerically homogeneous groups: (a) people with previous experience of offline counselling and/or psychotherapy, (b) people with previous experience of counselling and/or psychotherapy both offline and online and (c) people with no experience of counselling and/or psychotherapy. The subdivision was carried out in the expectation that the presence/absence of experiences of psychological interventions could affect the narratives proposed by the interviewees. Table 1 shows the demographic characteristics of the three groups which, as can be seen, are substantially similar.

Exclusion criteria

In order to reduce the possibility that the interviewees had “professional” knowledge and skills in techno-mediated communication, students or graduates in psychology, medicine, communication sciences, information technology and pedagogy were excluded.

Table 1. The demographic characteristics of the interviewees: group a, b, c

group a: people with previous experience of offline counselling and/or psychotherapy

<i>N</i>	<i>Gender</i>	<i>Age</i>	<i>Instruction</i>
1	F	21	High school diploma
2	F	22	High school diploma
3	F	22	Degree
4	F	24	High school diploma
5	F	24	High school diploma
6	F	26	Degree
7	F	27	Degree
8	F	27	Degree
9	M	28	High school diploma
10	M	29	High school diploma
N	8/2		6/4

group b: people with previous experience of counselling and/or psychotherapy both offline and online

<i>N</i>	<i>Gender</i>	<i>Age</i>	<i>Instruction</i>
1	F	21	High school diploma
2	F	25	Degree
3	F	25	Degree
4	F	30	Degree
5	F	30	High school diploma
6	F	32	High school diploma
7	F	34	Degree
8	M	24	High school diploma
9	M	24	High school diploma
10	M	32	Degree
N	7/3		5/5

group c: people with no experience of counselling and/or psychotherapy

<i>N</i>	<i>Gender</i>	<i>Age</i>	<i>Instruction</i>
1	F	19	High school diploma
2	F	22	High school diploma
3	F	24	High school diploma
4	F	25	Degree
5	F	27	Degree
6	F	27	High school diploma
7	F	28	Degree
8	F	28	Degree
9	M	22	High school diploma
10	M	28	High school diploma
N	8/2		6/4

Legenda: The tables show the demographic characteristics of the three groups interviewed. In each table, the last row indicates the number of F and M and the number with High school diploma or Degree.

The open interview

An open interview was used as a survey tool with the aim of offering the interviewee the greatest possible freedom to associate their own discourse with the question posed by the researcher. In fact, the interview proposed a single question aimed at providing a sort of frame to the text presented by the interviewees: it can be considered a generative narrative question (Flick, 1998). The interviewer resorted to further prompting (“echo responses”) only in cases where the interviewee’s silence could suggest an early interruption of the response. The estimated time for the interview was about 20 minutes. The question was the following:

We are conducting research into how people picture themselves based on their ideas and experiences with online counselling and psychotherapy services. We therefore ask for your willingness to participate in this research by answering a single question. The interview will last about 20 minutes, and we ask you to use the entire time to talk about your opinions and experiences. We ask for your consent to record the interview because the text will then be analysed using a computer programme. The information you provide us will be collected anonymously and analysed in aggregate form in compliance with the law on privacy. If you agree we can start.

Think about your ideas and experiences with online counselling and psychotherapy services.

Theoretical Framework

In analysing the narratives collected we assume the integration of a socio-constructivist perspective, which considers “reality” as a discursive product, the result of the meanings attributed to events by those who share a specific context, and a psychoanalytic perspective (Matte Blanco, 1975) which makes it possible to enhance the double logic (cognitive/conscious and affective/unconscious) that characterizes the functioning of the individual and social mind. In this direction, Carli and Paniccia (2002) write that the social bond (culture) is based on the sharing of the unconscious, generalizing and affective symbolizations of those who belong to the same context and it is this bond that orients the behaviour, including verbal behaviour, of the single subject.

We can therefore assume that the question the interviewees were asked is a sign that the respondents interpreted, expressing a semantic content (verbal behaviour) but that the latter finds meaning in an affective, generalizing and latent (unconscious) space (Salvatore & Cordella, 2022). For this reason, in agreement with Mossi & Salvatore (2011), Venuleo *et al.* (2020), we will distinguish the semantic plane (meaning) attributed to the clusters, from the semiotic plane (symbolic) expressed by the factors.

Procedures

The interviews were audio-recorded, fully transcribed and combined into a single corpus subjected to text analysis using the T-Lab tool. Specifically, a thematic analysis of elementary contexts was carried out, using cluster analysis and a correspondences analysis (Lancia, 2004).

The introduction of the corpus to the tool starts an automatic phase, which serves, among other things, to establish the list of words used in the corpus and the segmentation of the text in elementary contexts (EC). At the end of this phase, we examine the statistical indices that allow us to detect the analysability of the text. Table 2 shows the indices that allow us to ascertain the analysability of the text. In our case, the latter presents 6075 Types (words different from each other), of which 3028 Hapax (words that occur only once) and 69220 Tokens (total number of words found in the corpus). On the basis of these data it is possible to consider two indices: the Type/Tokens ratio (which is considered adequate for a value lower than 0.2; ours is 0.088) and the Hapax/Types ratio which must be around 50%: ours is 0.498 (Bolasco, 1999; Greco, 2016).

Subsequently, the terms present in the word list are selected, excluding empty words (adverbs, pronouns, etc.), and the terms are traced back to their root. The following are excluded:

- words that refer to the dimensions of space and time because we are interested in exploring the generalizing, affective dimensions;
- the words present in the stimulus question;
- the words that belong to the high frequency range since they are

taken for granted in the context of the subject dealt with (Bolasco, 1999).

At this point a “thematic analysis of the ECs” can be carried out, through the software thanks to a cluster analysis and a correspondence analysis (Cordella *et al.*, 2014).

Table 2. Characteristics of the text

<i>Indices</i>	<i>Values</i>
Texts	30
Types	6,075
Tokens	69,220
Hapax	3,028
Type/Tokens	0.088
Hapax/Types	0.498

Legend: The table shows the different indices and the values assumed for the corpus in question.

Results

The analysis brought out three factors and four clusters.

The factors

With respect to the first factor in its negative pole, *psychologist* (the co-occurring lemmas of factors and clusters will be shown in italics) appears as the first term. We are therefore inclined to think of the following lemmas as inherent to this professional figure. In this sense, the verbs *to understand*, *to need*, *to help* and *to see* seem to attribute to the psychologist, on the one hand, the task of understanding the *patient's problems* (psychological/emotional, i.e., his/her mental space) and, on the other, of providing *support of* such issues in the form of an *easy message*, which does not involve special efforts.

Table 3. The co-occurring words of the three factors

Factor 1			
Inside			
Negative pole		Positive pole	
Mental Space		Material Space	
<i>Lemma</i>	<i>Contribution</i>	<i>Lemma</i>	<i>Contribution</i>
Psychologist	5.71	Home	5.97
Understand	4.85	Go out	2.28
Need	4.68	Study	1.82
Help	3.01	Real	1.60
See	2.92	Take	1.48
Problems	0.95	Environment	1.03
Patient	0.91	Room	1.02
Support	0.83	Getused to	1.02
Message	0.82	Place	0.99
Easy	0.78	Time	0.98

Factor 2			
Technology			
Negative pole		Positive pole	
Concrete Results		Comfortable	
<i>Lemma</i>	<i>Contribution</i>	<i>Lemma</i>	<i>Contribution</i>
Therapist	3.11	Work	3.28
Physics	2.09	Feel	2.06
Path	1.66	Comfortable	1.71
Face	1.42	Write	0.99
Need	1.12	From home	0.95
Tool	0.89	Ask	0.87
Wants	0.68	Return	0.85
Important	0.66	Lad	0.80
Human	0.64	Site	0.74
Present	0.61	Pleasure	0.72

Factor3			
The long-distance relationship			
Negative pole		Positive pole	
Satisfaction		Wariness	
<i>Lemma</i>	<i>Contribution</i>	<i>Lemma</i>	<i>Contribution</i>
Find	3.61	Therapy	11.52
Be able to	3.17	Begin	4.64
Screen	2.43	Experience	3.30
Relationship	1.99	Therapy online	1.52
Distance	1.65	Render	1.36
Use	1.34	Memory	1.19
Direct	1.21	Watch	1.19
Encounter	1.13	Re-watch	0.60
Repeat	0.97	Speak	0.48
Possible	0.82	Wait	0.47

Regarding the positive pole, the term *home* assumes importance. It can be noted that some of the following lemmas (*environment, room, place*) seem to reinforce the concreteness of this term. The home, therefore, is understood as a material space that surrounds and welcomes, the place in which one's activities are carried out (*to go out, studying, taking*) and which is therefore connoted as the *real* but is also an environment from which one wants *to go out*. In fact, it is the situation created by the spread of SARS-CoV-2 and the consequent lockdowns that have exhausted the sphere of reality at home, facilitating requests for help anchored, however, within one's own home.

In a nutshell, this factor refers to something that is "inside", an "inside" which contrasts a physical space (domestic environment) and a mental space. The first factor therefore offers us a just a position that speaks of an "inside-mental" (understanding of oneself and one's difficulties) and of an "inside-material" (living environment), both places that must be seen and understood.

Turning now to the second factor, in its negative pole, the term *therapist* takes on importance, followed by the lemma *physics*. Therefore, the idea of a concrete, effective *tool* seems basically to emerge, the *need* and the *want to face a path* that allows one to achieve tangible results. In the positive pole, the lemma that provides the greatest contribution is *work*, followed by *to feel* and *comfortable*, an activity therefore that puts one at ease and is perceived as not disturbing. Working *from home* thus not feeling the obligation and the "inconvenience" of going out in order to be able to carry out one's duties. Being online allows one to work comfortably, without discomfort and harassment. It is therefore a factor that deals with technology, on the one hand, for concrete results, and on the other hand, for comfort; we could say it is related to "smart" methods.

Finally, with respect to the third factor, the lemmas of the negative pole with the greatest contribution are *find* and *be able to*. The first refers to a successful action, the second refers to the idea of being able to achieve one's goal. Next are terms like *screen, relationship* and *distance*. We are therefore led to think that the achievement of the goal (*relationship*) we are talking about takes place through a *distance* mediated by the *screen*. ICT has therefore made it *possible* to develop a *direct encounter* with the other person while keeping those involved

at a *distance*. In other words, what seems to emerge is the idea of being able to *repeat* (to replicate) online what happens offline.

Compared to the positive pole, the lemma making the greatest contribution is *therapy*. Next in terms of contribution are the lemmas *begin* and *experience*. We are therefore inclined to think that the reference is to starting an *online therapy* in which it is crucial to *watch* and to *speak*. However, it is an experience based on *rendering*, both because it restores an aspect of offline therapy and because it refers to the importance of the image. However, online therapy also seems to evoke *memory* and with it the possible comparison with other (offline) relationships. One can therefore *watch* and *re-watch* the online experience, adopting a position of prudent and circumspect *waiting*.

Unlike the previous ones, in which the therapist is referred to, the focus of this factor is therapy understood as an interpersonal experience: that is, attention is shifted from the subject to the process. This factor therefore refers to the idea of a long-distance relationship, in which, on the one hand, the discovery and satisfaction of being able to have an online meeting are expressed, and on the other, an attitude of wariness towards an experience that still needs to be carefully examined and evaluated (*watch* and *re-watch*).

The clusters

In analysing the meaning of the clusters, we took into account both the co-occurrence of the words and the elementary contexts (EC) from which they originate. This choice, in some cases, was also useful for broadening the meaning attributed.

Table 4. The co-occurring words that characterise the four clusters

Clusters	1	2	3	4
	<i>Comparison and migration</i>	<i>Easy access</i>	<i>A virtue of necessity</i>	<i>Survive at home</i>
Therapy		Understand	Be able to	Home
Start		Psychologist	Find	Work
Experience		Need	Screen	Comfortable
Path		Help	Relationship	Study
Online therapy		Problems	Physicist	So out
Face		Easy	Distance	From home
Therapist		See	Direct	Room
Watch		Ask	Need	Take
Remember		Internet	Encounter	Real
Re-watch			Behaviour	Place
Difference			Service	Day
			See	Depression
			Image	Mother

Cluster 1: Comparison and migration

This cluster mainly sees the contribution of interviewees with experience of offline psychotherapy or with mixed settings (offline and online) (group “a” and “b”). The terms focus on the *therapy experience* and on starting an *online therapy*. The terms *watch* and *re-watch*, but also *remember* and *difference*, lead us to think that we are dealing with a group called (forced) to evaluate/*face* a change of setting and the consequent change in the relationship with the clinician. Attention therefore goes to the differences between offline and online. However, the attitude is attentive and open towards the techno-mediated distance relationship whose advantages (comfort) are appreciated. The cluster is in fact placed in the quadrant “Inside-material”/“Technology-comfortable”/“Relationship-satisfaction”.

Considering the ECs (Tab. 4), the conviction first of all emerges that the VCP can safeguard the continuity of the therapeutic relationship, not only in exceptional situations such as the pandemic, in which the migration from offline to online has been essential, but also in more ordinary situations, such as work transfers. Basically, especially those who have experience with face-to-face psychotherapy,

experience VCP as a *last resort* to avoid breaking up the relationship with the therapist (Tab. 4: verbalization 1, 5).

However, reading the ECs of Cluster 1, specifically raises the question of the comparison between the materiality and immateriality of the encounter. The actions (getting dressed, going out, taking the car, etc.) necessary to go to the clinician's office, for example, create a space-time in which to reflect on what happened or on the topics one intends to raise. In other words, the idea emerges that the "doing" – prior to and following the interview – facilitates the development of a thought and is therefore an integral part of the interview/therapeutic process. The materiality supporting the encounter reinforces the tendency to symbolise it as a special space-time in which something special happens (Tab. 4: verbalization 7, 11).

Table 5. Some of the ECs associated with the first cluster

Case No	Verbalization
1	"it is an extra possibility and above all, in my opinion, it allows you to continue along a path with the same person who has already arrived at a certain point, it just doesn't create this, this strong detachment"
5	"the positive side of still being able to continue despite the fact that perhaps for work or family reasons one is not in the same city as one's therapist and it is certainly an advantage not to have to interrupt the course and perhaps it can also be good for those who live a somewhat hectic life"
7	"It's a ritual, it's not just the therapy, it's also the thought of the therapy, it is also the space of the therapy, which I think helps one to enter a certain modality. This is my place, this is my space, now I don't have to, I'm here, and I don't have to think about anything else, I have no other distractions, I have nothing"
9	"Doing it online you have an appointment at three, maybe until five to three you stay in bed watching a TV series, I don't know, maybe you've been like this for a while and then spend that hour over there, close the connection, you know, and you stay in bed anyway"
11	"In a room where when I entered the room the whole outside world was truly transfigured and it was a totally different experience to everyday life"

On the other hand, in the VCP the boundary between conversation and daily activities appears more blurred, and the impoverishment, if

not annihilation, of the actions in support of the encounter also seems to reduce the “specialness” of the encounter. In essence, Cluster 1 expresses the experience of an online experience more easily incorporated into the daily routine and therefore in some way more easily reduced to the level of what is familiar (usual) (Tab. 4: verbalization 9).

Cluster 2: Easy access

This cluster mainly includes the contributions of those who have no experience of psychological counselling and/or psychotherapy (group “c”). On the one hand, the socially shared – even somewhat obvious – representation of the psychologist as a helping profession oriented towards providing their clients with support and understanding seems to emerge and, on the other, there is the tendency to transfer the characteristics associated with apps (e.g., WhatsApp, Skype) to videoconferencing in psychotherapy. Basically, if you *need to understand your problems, asking for help* from a psychologist is normal, and doing it via the *internet* makes it even more accessible and *easier*. On the other hand, videoconferencing can easily be associated with forms of social relationships (think of social networks such as Instagram and Facebook) based on *seeing* and being seen.

We also notice that it is precisely this cluster closest to common sense, indicating the reasons for turning to a psychologist, that is related to problems rather than pathology. This may signal a vision of psychology close to people’s daily lives, a vision that may be facilitated by the pandemic itself and the VCP.

The cluster is located in the quadrant “Inside-mental”/“Technology-concrete”/“Relationship-satisfaction”, confirming a group in which the absence of direct experience activates shared social representations in which psychotherapy is oriented towards providing tangible solutions to people’s inner problems and in which technological innovation has an obvious positive connotation. In this direction, the ECs underline the convenience of being online, which does not oblige one to leave one’s familiar spaces (*comfort zone*) and which allows one to interpose a screen between oneself and the other person.

Table 6. Some of the ECs associated with the second cluster

Case No	Verbalization
8	“Through a screen, it could make people open up more easily because it’s like you’re talking to, somehow, a voice in your head”
10	“Let’s say so with less, with less shyness. This actually does a lot. Now, for example, I’m in a room familiar to me without vacuously wondering where to sit, where to put my things”
21	“I find it like a kind of hiding, but also protecting yourself, in the end. Protect yourself from what the other person might think”

Cluster 3: A virtue of necessity

This cluster includes both those who have experience of counselling and/or offline psychotherapy (group “a”) and those who have used mixed settings (group “b”). The lemmas of this cluster suggest that these are people who *are able* to (or think they can) *find*, thanks to the *screen*, what they *need*: the *relationship* with the psychologist. Driven by *necessity*, remote *encounters* are therefore considered possible. In other words, in order to find a concrete solution to one’s needs, one also accepts a *service* anchored to the *image*. The cluster is positioned in the “Inside-material”/“Technology-Concrete”/“Relationship-Wariness” quadrant, confirming the group’s propensity to cautiously welcome the techno-mediated distance relationship as a concrete solution to a specific problem.

An experience that emerges from the statements (EC) that fall into this group is the sense of constraint associated with the VCP. In most cases, the transition from offline to online was in fact imposed by the pandemic. We therefore think that the VCP has absorbed some of the emotions elicited by the health emergency and the consequent limitations on individual freedoms. The loss of human contact, physical and emotional distance and coldness thus become important aspects of the way this cluster experiences the VCP (Tab. 6: verbalization 16, 23). On the other hand, however, it is recognised that techno-mediated communication has also protected the ability to relate socially in general and psychotherapy in particular. The “virtues” attributed to the VCP are grafted onto this conviction, in particular the freedom and

flexibility that this modality can offer (Tab. 6: verbalization 3). In this cluster therefore the idea emerges that VCP is in fact consistent with the current socio-cultural and health scenario and is thus an expression of an increasingly ICT-oriented reality.

Table 7. Some of the ECs associated with the third cluster

Case No	Verbalization
3	“Very useful above all because we live in a society in which we are now very distant from each other, we travel, etc., we spend periods abroad, I think it is important to have 100% psychological support”
16	“When we went online, I really couldn’t see his physical reactions. That is, yes I saw his face, but there are a whole part of gestures, movements that I didn’t see, and then it seemed to me as if there was a, that is, a greater distance, obviously because you are not in the same place and therefore it took a while to adjust to this”
23	“Distances can be bridged with computers, but, really, they are not an effective solution to what I think is the need of the patient, with whom in my opinion the psychologist also needs a little, I don’t know, physical contact”

Cluster 4: Surviving at home

Contributions to this cluster were made by all subgroups. It is characterised both by terms that refer to actions (*studying, going out, taking*), which therefore evoke dynamism and movement, and terms (*home, from home, room, place*), which suggest, on the contrary, fixity and being static. Essentially, a tension emerges in the cluster between the commitment to do, which implies “coming out of one’s shell”, and the seduction of a caring comfort (*mother*). This tension constantly threatens to consume (encapsulate) the action within a *place*, a *room*, a *day*, thus it condemns one to a passive *depression*. The cluster is placed in the “Inside-Mental”/“Technology-Comfortable”/“Relationship-Wariness” quadrant, in an area where the interior/interiority is characterised by comfort but also by an intrinsic prudence.

The ECs belonging to Cluster 4 confirm the ambivalence experienced towards domestic environments. The pandemic has in fact reinforced the tendency to symbolise the home as a safe and secure place,

but it has also brought activities (educational, work, etc.) unrelated to this into the home (Tab. 7: verbalization 22, 10). This mixture has certainly offered some advantages, but it has also had negative effects. The boundaries (and distinctions) between one context and another, between one activity and another have become, for example, more blurred, influencing – as we have already noted – also the clinical relationship. Basically, the benefits of remote working are intertwined with the reduction of the risk associated with contact (confrontation) with strangers, but they have also overlapped and confused activities and contexts (Tab. 7: verbalization 13).

In the case of VCP, the techno-mediated distance relationship has facilitated the inclination of some to escape the extraneousness of the clinical situation by remaining within an environment experienced as safe and reassuring. On the other hand, permeability has not only characterised the boundaries between the home and external reality, but has also involved internal boundaries (spaces and family relationships). Domestic environments have therefore become “crowded” and “noisy”, losing the tranquillity and privacy that was associated with them. In this cluster, therefore, a conflict emerges between staying at home, avoiding confrontation with the extraneousness of the clinical situation but having to cope with the intrusion of an inquisitive family member, and facing the “other”, acquiring independence and autonomy, but losing in terms of safety and control.

Table 8. Some of the ECs associated with the fourth cluster

Case No	Verbalization
10	“Even if you go there, most of the time it remains a foreign place, let’s say not in my routine. I can be, feel at ease in a room, I can’t feel at ease instead in the same way in a, in a studio”
13	“You know, I didn’t want my mother to listen to what I was saying, so yes, I had to manage the space at home for a moment, but in the end I created this space for myself and it went well anyway. So yes, a little less privacy”
22	“Actually, it is much more practical because we now know that doing things from home, perhaps meetings and lessons, allow you to do many other things in the meantime, and indeed there are people who do not see the place, the house, like a hostile environment but instead are accommodating in their own home”

Discussion

Considering what emerges from the research, it seems useful to return to the intention with which the study was launched: to explore the perspective of clients, in particular of “Millennials” and “Generation Z” with regard to psychological interventions carried out remotely. It seems to us that our objective has only been partially achieved and we believe this is due to the period (July/October 2021) in which the interviews were conducted. Its proximity to the most critical phases of the SARS-CoV-2 pandemic (remember that the first reopening after the lockdowns took place only in April 2021) in fact influenced the narrations collected, directing the considerations towards “the need/opportunity” of online contact rather than towards the “choice/non-choice” of this relationship modality.

What has been said appears to be found in all clusters, except in Cluster 2. In fact, in the latter, the lack of direct experience of psychological interventions, particularly offline, has led to the transfer to VCP – rather automatically – of the characteristics usually attributed to apps and network services, thus connoting this setting as substantially “normal”. In the absence of specific experiences, there is a tendency to apply to VCP what is observed in other social situations (think of work meetings or online teaching), thus taking for granted not only the feasibility and usefulness of the psychological intervention remotely but also its substantial overlap with that provided offline.

On the other hand, the ease of use of techno-mediated communications can lead the client to believe that VCP, simply because it takes place online, can be just as easy. In other words, it is possible that a halo effect is implemented, that is, that the “ease” of the medium (video call and/or videoconference) is transferred to the process (psychotherapy), concealing the commitment and participation that psychotherapy in any case requires, even if carried out via video conference. The risk is that the VCP can satisfy the desire for relationships, but also the need for security and control by diluting, even canceling, the extraneousness of the encounter. After all, the environments in which you find yourself are your own, clothing can be informal, access and exit from the interview simple and immediate. In this perspective, VCP can collude with the client’s resistance and with their propensity to remove that uncanny element that

psychotherapy, paradoxically, is instead called to elicit and understand.

In the other clusters, we feel able to state that the narratives collected, rather than discussing the proposed theme, express the need to protect the social relationality that characterised the pandemic period, motivating the use of online as a response to the spread of SARS-CoV-2. We therefore believe that the experiences and attitudes of DNs towards ICT applied to psychological counselling and psychotherapy have been assimilated to the pandemic context. However, it should be added that the small number of interviewees (30) inevitably qualifies our research as exploratory with respect to a theme that we consider complex.

However, it seems interesting to note that the interviewees confirmed some reflections on the setting proposed by the therapists (cf. Russell, 2015). More specifically, in the comparison between offline and online settings, many ECs underline the importance of the actions needed to go to the psychologist's office. In fact, preparations, transfers and organisation of the day develop a "space-time" prior to and following the meeting which structures a ritual surrounding and supports the clinical intervention. The interviewees therefore point out the usefulness of a clearing house in which to start reflecting on oneself and on the counselling/psychotherapy. In essence, the usefulness of gradually transitioning between the two different mindsets is underlined and consequently, the value that a set of material activities (e.g., taking the bus, going back home, etc.), although not strictly part of the counselling setting, can assume and, in fact, contribute to its functionality.

From this angle, it is useful to note that current electronic devices (smartphones, tablets, notebooks, etc.) make it possible to carry out different activities at the same time and to switch quickly from one to another: in fact, being able to multitask today is a cultural request aimed at both devices and people (for example: following a lesson, responding to a chat, etc. at the same time). The objective is obviously the improvement of productivity through a reduction of the so-called "dead times". In this sense, multitasking can be very convenient, as can VCP. In both cases, however, we observe a reduction, if not a cancellation, precisely of those interstitial spaces that people

use as places in which to germinate thought. Therefore, the fact of being able to access a counselling/psychotherapy interview with a quick and convenient switch risks hindering the very process that should be optimised. And it is on this being “comfortable” that we believe we can develop a further reflection. In fact, we could say that a comfortable modality does not seem to promote that change of perspective, that is, that widening of categories that clinical intervention intends instead to favour. On the other hand, however, it does not seem to us that this aspect only concerns DNs. Rather, it indicates more generally the issue of the motivation with which an online clinical intervention is approached.

Conclusions

The present work started with the aim of exploring whether familiarity with devices, specific to DNs, could positively influence the perception of online psychological services. The research question was not confirmed. Rather, it clearly emerges that perception is influenced by the element that the narrator assumes as a dimension of normality.

In this direction, if one has no experience of offline psychological services, it is assumed that VCP has the same positive characteristics as found in smart working or online training. If, on the contrary, one does have experience of offline psychological counselling, the proposed narrative highlights the difficulties encountered in VCP, while emphasising that it represented an opportunity during the pandemic.

Finally, it appears relevant that the comfortable/easy qualification attributed to the online psychological service is taken for granted by the inexperienced group, while it assumes a clear problematic nature for those who have experience of face-to-face counselling, taking on the value of a possible obstacle to the work required.

Our research, of an exploratory nature, is based around a small set of interviews which prevents generalisations for DNs and customers intended as a more general group. Nevertheless, we believe our work brought to the surface a pattern that is worth further analysis: the association of comfortable/easy to online counselling. This association could be further studied so as to verify its actual presence and, if so,

to explore how the VCP, more and more widespread, can collude with the patient's propensity not to get involved in the intervention. In other words, the association of comfortable/easy to online counselling, if confirmed, could signal an image of the psychological performance that connotes it as magical, bearer of immediate solutions to needs, rather than as a path that requires commitment and time. "Because" as Grasso (2022) states when dealing with this topic, "in reality, being in a relationship is uncomfortable". On this, as well as on the links between VCP and dimensions of our current "interreality" (Riva, 2014), we believe further research and reflections are necessary.

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