“IT’S NOT JUST ME ON A VIDEO CALL WITH SOMEONE…”

Students’ experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19: An Interpretative Phenomenological Analysis

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By

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DECLARATION

I, Nicole Tahnee Keet, declare that this research title is a result of my own work, except where otherwise stated. I have given the full acknowledgement of the sources referred to in the text. This study has not been submitted before for any degree or examination at any university.

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ABSTRACT

The aim of this study is to explore university students' experience of a forced transition from face-to-face therapy to online therapy during COVID-19. This pandemic was unexpected and affected all areas of life, including the closure of universities, which left therapists and clients alike unsure of how to navigate these unchartered territories. Although there is a considerable amount of international research on experiences of online therapy, there is little research on a forced transition to online therapy because of COVID-19 and even less within the South African context.

A sample of six participants between the ages of 20 and 30 years old were selected through purposive and convenience sampling. Semi-structured interviews were conducted, and interpretative Phenomenological Analysis (IPA) was utilised to ascertain how participants make sense of their worlds in relation to the transition to online therapy. The analysis provided three main superordinate themes, which are supported by subordinate themes. The superordinate themes are: 1) Online therapy as authentic and continuous, where the participants experienced the comfort and convenience of online therapy, the continuity of care and the anonymity of online therapy. 2) Online therapy as disruptive and invasive, where participants experienced issues with privacy, an intrusive environment, technological challenges, lack of body language and therapy feeling more disposable. 3) Getting used to online therapy with some help from the therapist, where participants felt an adjustment period was necessary as well as transparency and containment from the therapist to help with the transition.

These findings support some existing South African literature; however, it also engages with findings unique to this study, that will hopefully be used for further exploration. The study ends with recommendations for training therapists on using online therapy.

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"Research is formalised curiosity. It is poking and prying with a purpose."

– Zora Neale Hurston

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CHAPTER 1: INTRODUCTION

1.1 Contextualising the study

This chapter contextualises the present study by situating the reader in the South African context during COVID-19. Further, it narrows the context to the province and town the study takes place in, as well as the specific university the participants attended. This allows the reader to get a more holistic view of the place, setting and cohort used for this study.

1.1.1 The South African context and the start of COVID-19

On March 11, 2020, the World Health Organisation declared Coronavirus Disease 2019 (COVID-19) as a pandemic. The President of South Africa, Cyril Ramaphosa, announced a national state of disaster and implemented a strict national lockdown on March 27th, 2020 (Ramaphosa, 2020). In addition to this being a public health emergency, COVID-19 has affected mental health worldwide (Brooks et al., 2020). The uncertainty of the pandemic and significant changes to daily lives were felt by all South Africans. Only essential workers were permitted to leave their residences to go to work; others had to stay indoors except on the rare occasions that they needed to seek medical attention, buy groceries, or get medication (Sekyere et al., 2020). The social distancing policy suspended religious gatherings, all types of schooling, and social-cultural functions and inhibition of direct interpersonal interactions (Sekyere et al., 2020).

To situate the current study, South Africa, according to the most recent census in 2011, has a population of about 59 million people of diverse origins, cultures, languages, and religions (Statistics South Africa, 2020). Approximately 55.5% of the population is living in poverty at the national upper poverty line, while 25% are experiencing food poverty (World Bank: Poverty & Equity Brief, 2020). High levels of income polarization are expressed in very high levels of chronic poverty, a few high-income earners, and a relatively small middle class (World Bank: Poverty & Equity Brief, 2020).

A 2009 estimate shows that the burden of mental health concerns in South Africa is relatively high compared to other countries (Herman et al., 2009). In 2019, the South African Depression and Anxiety Group (SADAG) released statistics that showed one in six South Africans suffer from

anxiety, depression, or substance-use problems (SADAG, 2020). Furthermore, South Africa has a high population of those living with HIV, and SACAP (2019) reported that more than 40% of individuals living with HIV have a diagnosable mental disorder. This high prevalence of mental health issues within the cohort living with HIV, may be due to HIV-related stigma, the direct disease burden, or the impact of an HIV diagnosis on quality of life and relationships (Earnshaw et al., 2013).

In addition, a study done by UCT's Department of Psychiatry and Mental Health indicated that in low income and informal settlements, one in three women suffer from postnatal depression and 41% of pregnant women are depressed - which is three times higher than in developed countries (SACAP, 2019). Additionally, SACAP (2019) suggested that South Africans could suffer from post-traumatic stress disorder if crime and motor-vehicle accidents are taken into consideration.

With the abovementioned context, Sekyere et al. (2020) highlighted a challenge in South Africa during COVID-19 which relates to the rural, peri-urban, or informal dwellings where closely located shacks and the absence of clearly laid out infrastructure made social distancing impossible with many families having to share small living spaces (Sekyere et al., 2020). This context is important for this study as it depicts a context where more than half the population are living in poverty, coupled with a clear mental health burden, resulting in limited access to most resources. Therefore, when put into perspective, access to mental health care in these areas is challenging, and this was made even more so during the height of COVID-19.

When looking at the data, it can be concluded that there is a mental health crisis in South Africa; yet, despite the acute need, South Africa's mental healthcare resources are wholly unequipped to handle the burden placed on them (SACAP, 2020). Similarly, in South Africa most universities have student counselling services staffed by therapists who try to meet the psychological needs of the students who consult them (Bantjes et al., 2017). However, these services are often oversubscribed, which forces administrators to restrict the amount of support each student can access (Bantjes et al., 2017). This results in many students not being able to access adequate care to support their ongoing psychological health.

During the height of COVID-19, as governments began to lock down globally, mental health became a topic of conversation throughout the various sectors of society as individuals had to start adapting to the ‘new normal’ which entailed living under significant restrictions to prevent the spread of the virus. Specifically, student mental health during COVID-19 has been a concern internationally, with the increased stress of online learning, with students having to return home and the unpredictability of the academic year (Grubic et al.,2020).

The American Psychological Association (2020) says that psychotherapy is a way to help people with a broad variety of mental illnesses and emotional difficulties. Subsequently, psychotherapy can help eliminate or control troubling symptoms, so a person can function better and can increase their overall well-being (APA, 2020). Therapy is typically once a week and conducted face-to-face, in the therapist’s office, where the trust and relationship between client and therapist is essential to working together effectively (APA, 2020). Research has shown that most people who receive psychotherapy experience symptom relief and an overall increase in wellbeing (APA, 2020).

So, with life as we knew it coming to a standstill, so did the practice of face-to-face psychotherapy at private practices, community centres and at university counselling centres alike; psychotherapy was moved online to accommodate social distancing. This involuntary mass transition to online therapy drastically changed the intervention landscape for therapists and clients (Békés, 2021). Following restrictions imposed to manage the COVID-19 pandemic, many therapists had to move their practice online, regardless of their previous attitudes and concerns about online therapy (Békés, 2021). Therefore, both clients and therapists had to learn to adjust to this relatively new platform quite quickly.

The role and possibilities of telepsychology have been largely unexplored in the South African context (Norris, Swartz, & Tomlinson, 2013; Thupayagale-Tshweneagae et al.,2014) as resources are limited and access to an online platform, for the majority, has at times been futile. Consequently, telepsychology does not feature in the training and internship programmes of student and intern psychologists in South Africa (Colbow, 2013). Thus, the lack of training opportunities has meant that psychologists have had to upskill themselves during the COVID-19

pandemic, by learning new skills of applying therapeutic modalities via technological platforms (Taylor et al., 2020) which have left both clients and therapists navigating unchartered territories.

1.1.2 Makhanda, Eastern Cape

This research study takes place in a small town in the Eastern Cape called Makhanda (formally known as Grahamstown). There are approximately 140,000 people that live in the town and according to the 2011 census, 78.9% described themselves as Black African, 11.3% as Coloured and 8.4% as White (Makanda Municipality, 2017). Since 1994, there has been an influx of Black people from the former Ciskei Xhosa homeland, thus 72.2% of the population is Xhosa speaking, while 13.7% speak Afrikaans and 10.8% speak English (Makanda Municipality, 2017).

Makhanda inhabits some of the oldest schools and it is the seat of Rhodes University, as well as other prominent nationally acclaimed primary and high schools. Rhodes University is 118 years old, established in 1904 and has a well-established reputation for academic excellence (Municipalities of South Africa, 2020).

1.1.3 Rhodes University context

Rhodes University is a small university located in semi-rural Eastern Cape, with just over 8000 students attending the university, with some 4100 living in the University residences (Rhodes University, 2017). Students come from all over Southern Africa, including Botswana, Lesotho, and Malawi, to name a few (Rhodes University, 2017). Additionally, it has been said that Rhodes University could be described as the most 'South African' university as not only does it draw on students in the surrounding African countries, but it draws students from all provinces of South Africa. Rhodes has students from rural and urban settings, from private and government high schools, and from families at every economic level (Rhodes University, 2017).

Once the South African government shutdown the country, the universities still had pressure and responsibility to provide classes and teaching to the students, as evident from the trending hashtag #SaveTheAcademicYear (Rhodes University: Communications, 2020). Rhodes University stated that they had done research into remote learning before the pandemic started and because of this they felt they were confident they could transition to remote learning (Rhodes Communications, 2020). The Rhodes University team quickly jumped to ensure there were enough Zoom licences,

enough laptops and enough technical equipment so that the academic year could continue and access to online platforms could be reached (Rhodes University: Communications, 2020).

However, this transition was not without its challenges, as they had not prepared for a total closure of campus with everyone online, so they needed to know which students had laptops and access to the internet. The university issued a survey to all students to get an indication of what the device and internet needs were, and they admit that another challenge was to analyse which students should get the laptops (Rhodes University: Communications, 2020).

These resources were beneficial to those students who did not have access to working laptops or Wi-Fi connection. Access to online learning with laptops and internet connection enabled students to continue their academic schedule, as well as attend workshops and counselling sessions online.

To assist students with their mental health, Rhodes University has a Wellness Section which comprises of the Student Counselling Centre, the Health Care Centre, HIV Office, and the Career Centre (Rhodes University: Psychology Clinic, 2022). During lockdown the Student Counselling Centre, as well as the Psychology Clinic availed themselves on Zoom for online psychotherapy. Students and staff thus received emails informing them of these online Zoom sessions available from the Student Counselling Centre and Psychology Clinic, where student psychologists, intern psychologists and registered psychologists were providing support to the student and staff population (Rhodes University: Counselling Centre, 2019; Rhodes University: Psychology Clinic, 2022). Additionally, psychologists in Makhanda in private practice, also made themselves available for online psychotherapy with the Rhodes student population.

In addition, with students being 'tech-savvy' and the age group of the population most active on social media (Wells, 2021), the use of social media platforms such as Instagram and Facebook were utilised where the Wellness Centre posted weekly workshops, mental health tips daily and contact information for the Student Counselling Centre was available on both of those platforms. (Rhodes University: Counselling Centre, 2019). It is in this rapidly changing therapeutic context, in response to COVID 19, that the study was conducted.

1.2 Personal motivation for the study

COVID-19 was an unexpected pandemic which affected everyone, in all spheres of life. Therefore, there were several different ways I felt connected to this study and ways that I could relate. Firstly, I could understand first-hand the implications of being a university student during the pandemic as I was in my first year of Masters in 2020, when the pandemic started. We had to transition to an online platform for lectures and client work quite quickly, where 'online therapy' was not part of our syllabus, therefore, this was a new, unchartered space to be in, where most of the time we learnt as time went on.

Secondly, during my first year of Masters, the clients I saw were mostly online, however, near the end of 2020, I was able to see clients face-to-face with strict protocols put in place. Additionally, during my internship in 2021 - at the Rhodes Counselling Centre - the majority of the client's I saw were Rhodes University students using the Zoom online platform. So, I have an understanding of how online therapy works, from the perspective of the therapist, as well as dealing with client's challenges and positive aspects of the online environment.

Thirdly, I also attended my own psychotherapy, and experienced transitioning from face-to-face therapy to online therapy during COVID-19. Therefore, I have the experience of being a therapist online, as well as being a client online receiving counselling.

Thus, it situates me in the perfect position for this study, however, I am aware that with all these factors connecting me to this study, I may have my own biases and preferences of being an online therapist during lockdown as well as receiving my own therapy in both spaces. I will therefore use the reflexivity section in this study to reflect on these as they arose during this study. Being trained as a therapist assisted me in this regard as I am consciously aware of the boundaries between my own opinion and preferences and the autonomy of others' opinions and experiences. This understanding helped me remain objective and curious about my participants' experiences and their subsequent meaning making of this transition.

Furthermore, after being both a student and a therapist during COVID-19, I felt that more research should be done in the South African context, as many of my student clients struggled with access to online therapy. Access to various resources were limited as many were mainly based in informal

settlements which added extra challenges; this will be highlighted in this study. Finally, I am honoured to give a voice to participants' experiences during an unprecedented time globally, as well as shed light on how COVID-19 has impacted South African students. It is hoped that being able to provide the experience from the participant's perspective, may help university counselling centres improve their online therapy through findings in this current study.

1.3 Structure of the thesis

Chapter two provides a review of the relevant literature pertaining to students' mental health, both internationally and nationally before and during COVID-19, as well as literature about online therapy before and during COVID-19. Further, it examines the limited literature relating to South African university students' use of online therapy during COVID-19 and delivers a rationale for this study.

Chapter Three presents the research question and research design. This is followed by a detailed account of the methodology in which IPA as a method will be described. The methodology also explains how the process of sampling was undertaken, how participants were recruited and the demographic details of the participants. Subsequently, in the section pertaining to data collection, the semi-structured interview is discussed. The analytic procedure is then laid out, explaining how the results were deduced. Issues pertaining to trustworthiness in relation to IPA are presented. Finally, ethical considerations including informed consent, confidentiality, anonymity, and maleficence in relation to this study are discussed.

In chapter four, a comprehensive examination of the findings obtained through themed analysis of the transcripts is presented. The experiences of the participants are categorized according to superordinate and subordinate themes, with the use of verbatim quotes.

Conclusively, chapter five discusses the findings of this current study in relation to literature already reviewed in chapter two. The implications for practice and limitations of the current study are considered and suggestions for further research are provided.

CHAPTER 2: LITERATURE REVIEW

This chapter will review theoretical and empirical literature based on the topic of the research as well as present information with the current context in mind. The review will be structured as follows: international literature on the global North and global South trends will be explored with regards to student mental health before COVID-19, as well as during COVID-19. The review will then focus on literature and studies conducted in a South African context.

Furthermore, international literature will be reviewed on the use of online therapy before COVID-19 and the transition to online therapy during COVID-19. Additionally, South African literature will be explicitly focused on with regards to online therapy in the South African context, pre-COVID-19, as well as literature on how students felt about online therapy during COVID-19. Subsequently, after the literature review, a rationale for this study will be discussed highlighting gaps in the present literature.

2.1 Global North trends

2.1.1 Students' mental health globally before COVID-19

The World Health Organisation (WHO, 2020, para. 1) defines mental health as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

Mental illness can affect anyone; however, certain population groups are more vulnerable to the onset of mental illness than others (Keyes, 2002). It is suggested that university students are three times more likely to develop mental health challenges than the general population (Auerbach et al., 2016). Additionally, Mertens et al. (2020) agrees that university students are a vulnerable group as they face a variety of stressors such as challenging coursework, time pressures, challenging interpersonal relationships with peers/lecturers, peer pressure and study-life imbalances.

Furthermore, there is evidence that suggests that a burden on mental health is placed on students once they start university and although the research says it declines as the years progress through their studies, it does not return to pre-university levels (Macaskill, 2013). In addition, the

likelihood of experiencing common psychological problems such as depression and anxiety increases throughout adolescence and reaches a peak in early adulthood around the age of 25, which furthermore, make university students a particularly susceptible population (Kessler et al., 2007).

Thus, in addition to academic related stress, these students may have to face adult-like responsibilities without having grasped the skills or having developed the cognitive maturity of adulthood (Pedrelli et al., 2015). Thus, many university students may experience the persistence, exacerbation, or first onset of mental health and substance use problems while possibly receiving no or inadequate treatment (Pedrelli et al., 2015). For example, in a survey of 274 institutions, 88% of counselling centres reported an increase in severe psychological problems over the previous five years including learning disabilities, self-injury incidents, eating disorders, substance use, and sexual assault (Pedrelli et al., 2015). Thus, there is an increased demand for counselling and specialised services. However, the increase in demand has not always corresponded with an increase in therapists.

Recent studies indicate an increase and severity of mental health problems in university students around the world in the last decade (Auerbach et al., 2018; Lipson et al., 2019). Some researchers refer to these trends as an emerging 'mental health crisis' in higher education (Kadison and DiGeronimo, 2004; Evans et al., 2018). Two prominent studies first documented the emerging, trends in the mental health concerns of students in the United States. Over ten years ago, Benton et al. (2003) gathered and analysed client records throughout a 13-year period. The authors concluded that most of the student problem areas had increased significantly over time, often doubling, or tripling in frequency. For example, they noted dramatic increases in the frequency of major depression, anxiety, personality disorders, and suicidality (Benton, et al., 2003). In addition, utilization data from the University of California, Berkeley provide a typical example of such increases. In 2004, approximately 9% of enrolled students sought individual counselling from the campus counselling centre. Ten years later, that percentage had grown to 16% (Prince, 2015).

Additionally, the American College Health Association (2014) for example, reported that nationwide, 37.4% of college students in the United States reported feeling overwhelming anxiety

within the past 12 months; approximately one-third reported feeling so depressed that it was difficult to function; and 9% reported having attempted suicide at some point in their lifetime.

Even though this cohort experiences mental health concerns, most university students are not receiving treatment or support (Lipson et al., 2019). Though universities continue to grow, there is concern that the services available to provide support to students are not developing at a similar rate and that mental health disorders far exceeds the resources of most counselling centres and institutions (Auerbach et al., 2016; Davy et al., 2012). This has led to placing limitations on services such as shorter session limits, long waitlists for service, and greater numbers of referrals to off-campus mental health providers in surrounding communities (Gallagher, 2013).

2.1.2 Students' mental health globally during COVID-19

Following the outbreak of the COVID-19 pandemic, many governments worldwide introduced a lockdown to contain it. This entailed closing most non-essential businesses and venues, and ordering people to stay at home. In most countries this included educational institutions (Hirsch 2020; Crawford et al., 2020). As the above literature suggests, university students are already a vulnerable cohort under normal circumstances, so during the COVID-19 pandemic, this stress was amplified by various environmental changes and increased personal stressors.

Meeter et al. (2020) surveyed 15,291 students at a university in the Netherlands where they were abruptly forced to close their doors and move lectures and academic activities to an online environment. He found that students had to adapt in a short amount of time to a drastically different environment which resulted in more anxiety and less motivation to complete academic work (Meeter et al., 2020). In addition, Grubic and Johri (2020) echo similar sentiments from a Canadian literature review, which spoke to students experiencing low motivation to do academic work and heightened worry about the academic year.

As universities closed, so did the universities' counselling centres, where due to social distancing face-to-face therapy was prohibited. This disruption in mental health care to students was undesirable as it increased the risk of symptom exacerbation and relapse (Brooks et al., 2020). Additionally, the disruption in mental health care worsened students' pre-existing mental health

issues due to the academic year being disrupted, social contact being restricted, a loss of routine as well as health-related fear (Grubic et al., 2020).

In April 2020, an American survey was conducted on 2,086 university students, the majority said that COVID-19 had affected their mental health negatively, with a fifth stating their mental health had significantly worsened (Brown & Kafka, 2020). Since the COVID-19 outbreak, a few studies emerged describing higher levels of anxiety and increased risk perception among university students (Kecojevic et al., 2020; Grubic et al., 2020) indicating that mental health issues can significantly impair students' academic success and social interactions affecting their future career and personal opportunities (Kecojevic et al., 2020).

A year later, in 2021, an Office for National Statistics (ONS) in the United Kingdom conducted a survey that reported that 1 in 5 adults experienced depression in the last year - which was double that found before the COVID-19 pandemic (Chen & Lucock, 2022). Furthermore, the ONS also reported that younger adults and women within the age range of 16-29 years were more likely to experience depressive symptoms - this is the typical age range of university students (Chen & Lucock, 2022).

2.2 Global South trends

2.2.1 Student mental health before COVID-19

While student mental health is a priority in university settings of high-income countries (HIC), with counselling services regularly available at campuses, this is not always the case in the low- and middle-income countries (LMICs) (Dessauvagie et al., 2021). For example, in low- and middle-income countries (LMICs) of South-eastern Asia, resources for mental health are limited and counselling services are not regularly established at universities (Dessauvagie et al., 2021).

The prevalence of mental health problems among university students in Association of South-east Asian Nations (ASEAN) countries was high, with depression and anxiety being the most prominent problem (Dessauvagie et al., 2021). There seems to be a joint experience between the global North and South students' mental health, where the transition to adulthood and stressful academic life affects all students. However, the Global North have more resources to cope with the issue than the Global South do.

Research suggests greater somatization of mental distress in LMICs particularly in people of a lower income or social status within a community (Pendense, 2019). It is theorized that this variation in the presentation of symptoms might be the result of stigma around expressing any kind of distress that could potentially be viewed as mental illness (Pendense, 2019). Living in a community that is resource-limited can also have a significant impact on mental health, especially those living in poverty. Discrete technologies and mobile applications that connect people to care in safe ways may help diffuse some of the impact of stigma on help seeking, as has been seen in several studies of mobile mental health applications (Pendense, 2019).

A low likelihood of seeking therapy was found by Kamimura et al. (2018) who compared perceptions of mental health between Vietnamese and US students. Stigma, social context, and cultural competence of the therapist were identified as important determinants of seeking help (Kamimura et al., 2018). Recent data from the United States showed increasing rates of students seeking support, however, data from other parts of the world showed a different picture. The WHO World Mental Health Surveys reported that that only 16% of students suffering from a 12-month mental disorder received minimal treatment (Auerbach et al., 2016), with significantly higher treatment rates in high income countries (23.1%), compared with upper middle income (11.4%) and lower middle-income and low-income countries (6.7%). Low treatment rates in LMICs are not only due to low rates of seeking help, but they also reflect the non-availability accessible student friendly services (Auerbach et al., 2016).

2.2.2 Student mental health during COVID-19

Numerous studies above have examined the mental health impacts of the pandemic, predominantly in high-income countries. The few studies from low/middle-income countries (LMICs) have primarily relied on convenience samples and internet-based surveys, (Cao et al., 2020; Islam et al., 2020; Naser et al., 2020) which are unlikely to reach the rural poor. However, one study investigated the effect of immediate lockdown orders on women's mental health and experiences of intimate partner violence using a phone survey in rural Bangladesh (Hamadani et al., 2020). They found that there was an increase in intimate partner violence where 55% of women in rural areas and 48.7% in urban areas report having experienced physical or sexual violence from their husband (Hamadani et al., 2020).

The University of Oxford released an article that described an internationally recognised research programme, Young Lives, that studies childhood poverty and transitions to adulthood since 2001 (Porter et al., 2022). The recent study published in 2022 was aimed at how COVID-19 has impacted these marginalized young people in specific developing countries (Porter et al., 2022). This ongoing 20-year study follows the lives of 12 000 young people in Ethiopia, India, Peru, and Vietnam (Porter et al., 2022). During COVID-19, the project continued to reach the young people (now aged 20 and 27) by phoning during the pandemic. In the latest survey, researchers interviewed more than 9000 young people between October and December 2021 about the pandemic and how it has impacted them (Porter et al.,2022).

The research indicated worryingly high levels of mental health issues over the course of the pandemic. In Peru 30% of the young people described experiencing anxiety and depression, compared to 18% pre-pandemic (Porter et al., 2022). Similarly, in Vietnam, the number of young people experiencing symptoms of depression had doubled by 2021, compared to the previous year (Porter et al., 2022).

Young Lives students recounted a significant decline in the quality of education. Just under half of all Young Lives 19- to 20-year-old students reported that the quality of their learning had declined compared to before the pandemic (Porter et al., 2022). Continued school closures, a persistent digital divide and low effectiveness of remote learning widened educational inequalities and increased dropout (Porter et al., 2022). In Peru, one in five 19- to 20-year-old students dropped out of education for reasons other than completing their course. Similarly, in Vietnam, 22% of 19- to 20-year-old students with no internet access had dropped out of education, compared to only 3% among those with internet access (Porter et al., 2022).

2.3 South African trends:

2.3.1 Students' mental health in South Africa before COVID-19

South Africa's tumultuous past has resulted in social and economic inequality which democracy has long been trying to rectify. Having access to higher education has been a key driving force for the development of democracies in Africa (Eloff & Graham, 2020). In South Africa, universities have been critical partners in addressing societal inequality, overcoming the consequences of

apartheid, and seeking the well-being of individuals, families, and broader communities by providing educational opportunities for the youth (Eloff & Graham, 2020).

However, less than 1 in 10 Black men have attended university, compared to 3 out of 10 white men (Warah, 2021). Unemployment rates among Black youth are the highest of any group; 45.3% of Black youth aged between 15 and 34 do not have a job (Warah, 2021).

Bantjes et al. (2016) says that university students in South Africa typically negotiate numerous difficult transitions, including entering young adulthood, changes in family and peer relationships, leaving home, entering a new peer context, increased opportunities for substance misuse, and an increase in academic pressure. The stress of dealing with these transitions may contribute to poor psychological functioning and precipitate suicidal ideation even in the absence of psychopathology (Bantjes et al., 2016).

Similarly, social surveys conducted by SADAG reported that university students in South Africa have the largest proportion of mental health disorders across all the age groups and that the predominant mental health issues include depression, anxiety, and suicidal ideations (SADAG, 2020). Additionally, a survey study in 2016 revealed that 24.5% of a large sample of South African students experienced some type of suicidal ideation in the prior two weeks before the survey was administered (Bantjes et al., 2016). Bantjes and colleagues found that this prevalence is much higher than the 9.1% prevalence reported for the general population in the country and higher than the 6.3% prevalence of suicidal ideation reported among college students in the United States (Bantjes et al., 2016).

Further, there is data from a 2020 South African survey study conducted across two large universities reporting that in 2019,"20,8% of first-year students had clinically significant problems with anxiety, and 13,6% had problems with depression, 30,6% had thoughts of suicide, while 16,6% had made a suicide plan, and 2,4% attempted suicide" (Bantjes et al., 2019, p. 2).

These mental health problems have a range of adverse effects including impaired social functioning, academic failure, and suicide - these rates are much higher than those typically found in the country's general population (Bantjes et al., 2019). However, while these rates of

psychological distress among students are high, treatment rates are low in South Africa, with only 20-30% of students receiving treatment (Bantjes et al., 2019).

In an article written by Sawahel (2020), he quotes Lochandra Naidoo, president of the South African Federation for Mental Health who says, "Universities have a huge role to play in protecting students and their staff as mental health is currently poorly serviced in Africa and associated with much stigma, which may exacerbate the burden of disease by preventing people from seeking help" (Sawahel, 2020, p. 2).

2.3.2 Student mental-health in South Africa during COVID-19

The University of Cape Town did a survey of 3 800 students and almost three-quarters of them mentioned mental health issues such as depression and anxiety as their greatest challenge during the COVID-19 lockdown period (Silbert & Mzozoyana, 2021). These challenges included finding a quiet space at home to study, having uninterrupted time in between caring for children or other family members, and technology and internet access issues (Krige, 2020). These interruptions and obligations interfere with students' responsibilities to their own academic performance and subsequently to their future.

Furthermore, interrupted electricity supply due to financial constraints, cable theft or unreliable power supplies, with some areas suffering intermittent power cuts even before load-shedding resumed countrywide, have had a huge effect on students' academics and well-being (Krige, 2020). Therefore, students must negotiate academics with their external environment, which is often out of their control.

Considering existing evidence that students' experiences during the pandemic could influence mental health and emotional wellbeing, Visser and Law-van Wyk (2021) explored these indicators among students at a South African university, using a survey design, after 3 months of pandemic induced lockdown. The findings suggested that students reported difficulties in coping with psychological challenges during the lockdown: 45.6% and 35.0% reported subjective experiences of anxiety and depression, respectively (Visser & Law-van Wyk, 2021).

Visser and Law-van Wyk (2021) further reported that their female participants had serious feelings of distress being in the early years of their studies and staying in informal settlements where there

were limited resources and safety concerns. Additionally, respondents experienced other challenges such as overcrowding, lack of infrastructure to support online learning, which resulted in more emotional difficulties (Visser & Law-van Wyk, 2021).

These contextual factors were a concern during the lockdown period, namely access to data and the increase gender-based violence (GBV) (Visser & Law-van Wyk, 2021). According to Roy (2022), a national counselling hotline in South Africa called Lifeline documented a 500% increase in the number of GBV calls in the 2 months after the lockdown began. In 2019-2020, there was an average increase of 146 sexual offences and 116 rape cases per day (Roy, 2022). Furthermore, 8,700 cases of GBV were reported from March 26, 2020, when the lockdown began, to April 3, 2020 (Sekyere et al., 2020).

2.3.3 Summarising remarks

The above literature demonstrated that students are a vulnerable cohort when it comes to mental health challenges and that the university transition causes a variety of life and academic stressors. Even though this population needs efficient counselling services, most of them are not receiving support, as there is a shortage of counselling resources. This 'mental health crisis' is not unique to a specific context, as both the global North and South demonstrated, student mental health challenges are globally pervasive. However, the global North have far more resources to support their students than that of the global South.

During COVID-19 in South Africa, there was an increase in anxiety, depression, suicidality, and substance use disorders in the university population, as well as gender-based violence. Also, as the above literature stated, there is far more stigma in LMIC's when it comes to receiving support for mental health disorders than in HIC's. As literature suggests, university students have the largest population of mental health disorders, with high psychological distress, however, with low treatment rates. Furthermore, with students having to move everything online, there were other challenges, such as overcrowded dwellings, family responsibilities, as well as the lack of technology and internet connection.

The following section will discuss the use of online therapy before COVID-19 and the transition to online therapy during COVID-19. Additionally, the experience of online therapy in South Africa will be explored.

2.4 Online therapy

2.4.1 The use of online therapy before COVID-19

Online therapy, or teletherapy is any remote therapy that uses technology to help the therapist and client communicate. An example of this is using videoconferencing for individuals, couples, or group therapy (Hitly et al., 2013).

Research conducted before the pandemic indicates that technology-delivered psychological interventions, particularly those conducted telephonically and online, have thrived in recent years (Kraus et al., 2010; Richards & Viganó, 2013). Several factors have inspired the growth in online counselling: increase in technological developments; establishment of online counselling training programmes for practitioners; and the development of ethical guidelines for online counselling by professional bodies (Barak et al., 2009).

The medium of counselling has been suggested to carry different levels of attributed stigma (Quach & Hall, 2013; Vogel et al., 2007). According to research conducted by Mallen et al. (2011) online counselling bridges the gap between service users and service providers by decreasing the shame and stigma associated with attending traditional, in-person psychotherapy. The stigma attributed to having a mental illness as well as actively seeking professional support may inhibit the decision to seek therapy by students with various cultural backgrounds (Mallen et al., 2011).

The efficacy of online counselling has been extensively compared with that of in-person counselling (Andrews et al., 2011; Cook & Doyle, 2002), primarily from the perspective of the therapeutic alliance, which is considered the central component of successful therapy. Research investigating differences in therapeutic alliances via online, telephone and in-person therapy has yielded varying results. For example, Day and Schneider (2002) found no significant differences in therapeutic alliance when comparing cognitive behavioural therapy (CBT) delivered in-person or via videoconferencing or two-way audio and found that therapeutic alliance could be achieved regardless of the platform or method used for the therapeutic interaction.

Moreover, King et al. (2006) indicated that telephone counselling is associated with better counselling outcomes, higher session impact and a stronger therapeutic alliance than online counselling, as there tends to be less distraction and more anonymity. Research also suggests that online counselling is as effective as in-person counselling for treating disorders such as anxiety and depression (Andrews et al., 2011; Wagner et al., 2014). Further, Watts et al. (2020) found that clients with generalised anxiety disorder in cognitive behavioural therapy via videoconferencing reported a better working alliance than clients in face-to-face psychotherapy.

However, other studies have found that a lack of emotional connection in the online therapeutic setting is primarily attributed to the lack of physical proximity (Robson & Robson, 1998). Furthermore, technological difficulties such as network failure and delayed video or speech affect the communication process in online therapy, causing frustration and anxiety for both the therapist and client (Rochlen et al., 2004).

In a longitudinal quantitative study in Canada, Urness, Wass and Gordon (2006) utilised surveys to determine client satisfaction with online therapy compared to those undergoing face-to-face therapy. This resulted in 93% of telepsychology clients saying they felt they could present the same information virtually as they could in person, 96% were pleased with their sessions and 85% felt comfortable in their capacity to talk openly, this was like the clients who had in-person therapy. However, they reflected slightly lower levels of satisfaction regarding feeling supported and encouraged than in-person clients did (Urness, Wass and Gordon, 2006).

In another study, Thompson (2016) interestingly stated that the research results were divided between therapist and client; where the client participants gave positive feedback of their online therapy, whereas the therapist respondents were much more mixed in their feedback as they were worried about the possible negative effects on the therapeutic relationship (Thompson, 2016). The above suggests clients may be more flexible and adaptable to an online forum than therapists are, and that therapists may be more biased to a structure they are accustomed to.

Simpson et al. (2020) stated that many studies have reported that clients find online therapy less confronting than in-person, thus facilitating disclosure of difficult experiences and expression of difficult feelings - especially for those clients who struggle with anxiety and agoraphobia, for

example (Simpson et al., 2020). Further, client-rated online psychotherapy alliance has been shown to be further enhanced for those matched with therapists who are confident working with technology for psychotherapy (Simpson et al., 2020).

A randomised controlled study by Nelson, Barnard, and Cain (2003) compared face-to-face therapy and video therapy for depression and found a significant reduction in depressive symptomatology in the technology-based modality. Reynolds et al. (2013) refer to the 'online calming hypothesis', claiming that many therapists and clients experience the online environment as more comfortable and less threatening than the in-person setting, as shown by evidence that therapists and clients experience lower arousal levels in online therapy.

Similarly, in a recent study conducted by Simpson et al. (2020), it was demonstrated that in online psychotherapy some clients perceive sitting in front of the screen in their own familiar environment as more engaging and less confrontational. Furthermore, there is evidence that suggests that for some client groups, e.g., those with anxious-avoidant personality structure, for whom in-person contact is overwhelming, remote psychotherapy yields better results than in-person treatment (Simpson et al., 2020).

Other findings suggest that technology could have a detrimental effect on the therapeutic alliance with some psychologists stating that clients may not perceive the therapist as warm, empathetic, and as present as in person (Sperandeo, 2021). Further, there is a concern that micro-expressions will not be as visible online, and that online therapy lacks the intimacy required between the client and the therapist (Sperandeo, 2021).

Another concern that was highlighted by Simpson et al. (2020) was whether privacy could be respected and maintained online, as this could clearly compromise the therapeutic space and therapeutic intervention. Further, Russell (2021) argues that telepsychology could give therapists unwanted access to their clients' private spaces, where clients' struggle to protect therapeutic boundaries and vice versa (Russell, 2021).

Further, Werbart et al. (2022) describe difficulties of the online environment when it comes to the boundaries between therapy and conventional life. There does not seem to be a break in the therapeutic process as there would be in face-to-face therapy, which leaves clients overwhelmed

by their feelings. Similarly, Werbart et al. (2022) say that participants in their study found that their routine such as driving or walking to therapy, allowed them to process and reflect. Online therapy does not allow for these rituals to naturally take place.

2.4.2 COVID-19 and the transition to online psychotherapy

The COVID-19 pandemic forced both clients and therapists, regardless of their training, certification, and experience, to switch from in-person therapy to online therapy (Mental Health America, 2021). This quick and rapid transition happened almost overnight. This unanticipated change, and the fast adaptations it required, inevitably came with some significant challenges. However, at the same time, it also opened avenues toward a more sustainable and broadly accepted online mental health care system (Feijt, 2020).

In a pilot study conducted in Israel on the abrupt transition from face-to-face to online treatment for eating disorders during COVID-19, most participants did not report any adverse effect of their online care (Lewis et al., 2021). However, half said they would not recommend online treatment to family or friends, and this was understood as clients seeing remote online treatment to be a situation-specific necessity rather than a choice (Lewis et al., 2021). Interestingly, what did come from this study was the therapeutic alliance was highlighted as important and a positive asset towards the transition online (Lewis et al., 2021).

Additionally, Werbart et al. (2022) reported that even though most participants viewed the transition positively, some participants expressed dissatisfaction with the process, experiencing online therapy as less effective than regular psychotherapy. They also commented that they felt uninteresting and replaceable to their therapist, as they felt they did not have their therapist's full attention (Werbart et al., 2022).

While psychotherapists acknowledge the importance of attachment and loss (and, therefore, of transition), many therapists as well as clients are not so comfortable with the transitions that accompany change and especially forced change (Tudor, 2021). Interestingly, Marris (1974) as cited in Tudor (2021), speaks about how with any type of transition, there is loss and therefore grief. By acknowledging and understanding this grief - within the context of the pandemic - it can help with processing the transition, both personally and socially. Further, Werbart et al. (2022)

argue that the pandemic has brought a ‘shared trauma’ between all people, including psychologists and clients. These uncertainties can be used in a therapeutic way with therapists being transparent and sharing these fears and anxieties.

Werbart et al. (2022) also found that their participants struggled to make use of their body language and felt that in some instances emotions were lost in in communication during online therapy. Moreover, as technology creates more distance, Werbart et al. (2022) found that their participants battled with being able to convey their feelings fully, and found they were intellectualising more and avoiding emotions, as they felt it was easier to do so on this platform.

In traditional, face-to-face, in-person psychotherapy, the therapist generally controls and frames the therapeutic environment and their clinical hospitality in the clinical space (Tudor, 2021). In online psychotherapy, the therapist retains control of the therapeutic environment through hosting the meeting (choosing the online platform, arranging a waiting room, holding the timeframe, and terminating the meeting) but does not have any control over the client’s environment which includes privacy, internet connection or where clients choose to have their session (Tudor, 2021).

In a yearlong study, conducted by therapists at The Family Institute at North-western University, in the United States, clients rated their experience of moving from face-to-face therapy to online psychotherapy pre-COVID and during COVID-19 (Burgoyne & Cohn, 2020). This study suggested that there was good client and therapist satisfaction with 86% of clients agreeing or strongly agreeing that online psychotherapy provides good quality care. However, it was not necessarily preferred (Burgoyne & Cohn, 2020).

Although these clients remarked that online psychotherapy ‘feels’ different, they remained engaged. In fact, their data indicated that their existing clients increased the number of sessions they had and involved additional family members in the therapy. While this may be attributable to the crisis at hand, it also implies the therapeutic alliance was not threatened (Burgoyne & Cohn, 2020).

2.4.3 COVID-19 and the experience of online therapy in South Africa

During lockdown, the Health Professions Council of South Africa (HPCSA) advised that therapy be moved online to keep the therapeutic process going and to provide services to those who needed

it during this time (HPCSA, 2020). Therefore, therapy that had been provided via campus services and private practices had to move online.

Mzileni (2020) points out that South African townships do not have the basic infrastructure that students need to function and that most households are not beneficial to an online medium, as they are small, do not have access to Wi-Fi, lack privacy and are close in proximity to others. Although Mzileni is referring to the education predicament during COVID-19 and universities having to move online, one can draw parallels about conducting psychotherapy online and the similar problems that would arise with technology and a 'safe space' for clients to attend therapy online. Also, with the majority of South Africa's population living in poverty, it would be presumptuous to assume all have devices and data/internet to receive these therapeutic services (Mzileni, 2020).

There has been very little research done across the past decades exploring the potential of telepsychology to address mental health care needs in the South African context (Norris et al., 2013; Thupayagale-Tshweneagae et al., 2014). Online therapy is likely to be beneficial for those clients who live in remote areas, without access to therapists, as people living in remote areas have the greatest difficulty with access to medical care and mental health care with these inequalities being prevalent throughout South Africa (Migone, 2013).

Additionally, Evans (2018) argues that teletherapy services have the potential to increase accessibility, as well as reduce the stigma of seeking help. Although there are these prospects, again, there is a paucity of literature specific to the South African context relating to telepsychology. This despite the increase in free telephonic services offered by non-governmental organisations in their response to mental health care needs (Evans, 2018).

Goldschmidt et al. (2021) similarly states that during their research on psychologist's experiences of telepsychology during COVID-19, many of them spoke about issues with their clients living in informal settlements, where wireless network connections were a problem which made it difficult to connect for online sessions. Some clients also had electricity cuts due to load shedding, which made it difficult for them to charge their cell phones and laptops or access wireless network connections (Goldschmidt et al., 2021). Socio-economic differences relating to access to online services must, therefore, be considered, resulting in online mental health services being limited to

the wealthy – a criticism that has historically been levelled against the profession of psychology in South Africa (Cooper & Nicholas, 2012).

Furthermore, it is widely acknowledged that mobile data costs in South Africa are relatively high (Phokeer, Johnson, & Feamster, 2016) and continues to be more expensive than most African as well as European countries. Mobile data costs and connectivity were a notable barrier highlighted across research findings by Goldschmidt et al. (2021). This barrier was most evident with practitioners who worked in the non-governmental sector that services low-resourced and underserved populations (Goldschmidt et al., 2021).

During lockdown, many students had to return home – many of them back to their informal settlements with poor connectivity and access to resources needed for online learning and online counselling (Mzileni, 2020). However, many students have mobile phones that have connectivity to a host of social platforms or specific applications (apps). Despite the foregoing disparate psycho-socio-economic statuses, much of the student population can be reached via their smart, android phones, Ipads and tablets for technology-based interventions (Mzileni, 2020).

A recent survey study conducted in South Africa on the impact and efficacy of online counselling for UNISA students, found the accessibility and convenience of online counselling were prevalent findings. This was due to the fact that many UNISA students work full-time, therefore, they had more freedom to choose sessions that fit in with their schedule, without having to factor in transport (Wells, 2021). Furthermore, students reported their therapist was empathetic and responsive, and felt 'therapeutic safety', which seemed to transcend the face-to-face therapeutic space (Wells, 2021).

When the UNISA students were asked about marketing awareness of online counselling services, they spoke to the need for more awareness at universities, to increase their visibility and accessibility of counselling services (Wells, 2021).

However, with the client autonomy and empowerment brought on by the online platform that Wells (2020) speaks of, the COVID-19 pandemic brought about unforeseen ethical challenges in that neither psychologists nor clients were able to guarantee privacy and confidentiality. Some clients lacked private spaces due to crowded living conditions and ran the risk of others

overhearing sessions (Goldschmidt et al., 2021). These challenges highlight the impact of South Africa's socio-economic disparities on accessing private and confidential telepsychology services.

2.5 Rationale for the study

While the above literature provides some indicators regarding the experiences of online therapy, more research is needed to investigate how the forced shift from face-to-face to online therapy due to COVID 19 has impacted specifically, student clients' experiences of therapy. Furthermore, many of above studies have been largely survey-based research, so there is a need for more in-depth, qualitative research to highlight the rich experiences of those forced to transition. Again, as the literature mentioned, there is little South African based research for online therapy, specifically research that investigates the impact of the unique South African context which is largely unequal with its distribution of resources.

The available research overrepresents the developed world and therefore, additional studies from developing economies and LMIC's are needed to provide a more comprehensive picture and fair representation of the experiences of online therapy. In addition, the experience of abrupt changes in psychological settings was barely addressed until the pandemic started. Thus, little was previously known about clients' attitudes towards such a transition or the outcomes. Therefore, this study aims to explore university students' experiences of this forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19 within the South African context, specifically.

The findings of this current study are likely to inform administrators and practitioners on how to broaden and enrich available programs, adequate training processes, and how to apply appropriate findings to their university counselling centres.

2.6 Conclusion

The purpose of this chapter was to present a review of the literature available on student mental health globally, as well as locally before COVID-19 and during COVID-19. The review also reviewed literature on online therapy, both globally and nationally. Both international and national literature described university students as a vulnerable cohort needing adequate mental health support at all universities – this was not disputed in literature. However, during COVID-19, the

more developed countries could more easily shift to online therapy as they had access to the resources needed to support this type of set up. Whereas LMIC's countries, such as South Africa, where a lot of the population are living in poverty, portrays online therapy as more challenging in this setting.

As this is a developing area of research, there was a minimal number of studies to draw on at the time of this current study, especially in the South African context. Moreover, a rationale for this study was given, showing gaps in knowledge where little qualitative research has been done on students forced transition online and how this affected them and their therapy.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

This chapter outlines the research design and methodological orientation of the present study. It provides a detailed account of the methodological processes that were followed and situates them within the theoretical context using the method of Interpretative Phenomenological Analysis (IPA). IPA is an integrative hermeneutic phenomenological approach first proposed by Jonathan Smith (1996) in a paper that argued for an experiential approach in psychology that could equally converse with mainstream psychology. Smith et al. (2009) state that IPA has two primary aims: to look in detail at how someone makes sense of life experience, and to give detailed interpretation of the account to understand the experience.

Furthermore, IPA draws on an approach started by Edmund Hussel and later developed by Martin Heidegger on phenomenology which seeks to study the lived human experiences and the way things are perceived and appear to consciousness (Smith et al., 2009). Additionally, IPA employs four influential philosophers: Heidegger, Schleiermacher, Ricoeur and Gadamer to advance the thesis of hermeneutic phenomenology (Smith et al., 2009).

This chapter begins with a brief explanation of the purpose of the research, followed by an outline of the hermeneutic phenomenological worldview in which it is situated. IPA, the chosen research methodology, is then described in detail. This discussion is augmented by describing the study's approach to participant sampling and recruitment, the semi-structured interviews that were used to collect the data, and finally the steps consistent with IPA that were followed to analyse the interview texts (Smith & Osborn, 2008).

3.2 Purpose of the research

The purpose of this study was to explore the experiences of university students' forced transition to online therapy during the first year of COVID-19. It aimed to capture the personal experiences of students who experienced face-to-face psychotherapy before COVID-19 and who had to shift to online psychotherapy due to the pandemic. This study is interested in their experiences of online psychotherapy moving forward.

3.2.1 Research question

The important question asked in this study can be formulated as follows: What were Rhodes university students' experiences of a forced transition from face-to-face psychotherapy to online therapy during COVID-19?

3.2.2 Research aims and objectives

- I will explore particular students' experiences of face-to-face therapy before COVID-19 and what it was like for them when lockdown took place and they realised therapy had to transition, involuntarily, to online psychotherapy.
- Additionally, I am interested in what online therapy felt like for the participants, how they experienced and interpreted the online therapy process.
- Through exploring the above aims, I hope to add to existing knowledge of online therapy amongst the student population in South Africa. The findings are discussed in relation to training needs for psychologists in South Africa. The findings also inform what future research is needed on online therapy in South Africa which will be briefly discussed.

3.3 METHODOLOGICAL ORIENTATION

3.3.1 Nature of Qualitative Research

For this study, a qualitative research design was used, within an IPA methodology. According to Smith et al. (2008) qualitative research is a paradigm that focuses on the subjective aspects of human experience, where the main data gathered are words used by an individual to interpret or understand personal experiences related to their worldview. These results are then communicated through rich, thick, in-depth descriptions (Merriam, 2009).

Therefore, a qualitative research design was considered most appropriate to attempt to answer the research question. The aim of the study necessitated an in-depth and rich understanding of students' forced transition to online psychotherapy during COVID-19 as it was the objective to develop insight into how they understood their lived experiences through interviews. It allowed participants to think and talk about themselves in relation to others and their context. It was

paramount to explore how the South African context impacted on their transition to an online therapy platform.

Furthermore, the study at hand is exploring a relatively new phenomena – therefore it was flexible and open-ended in nature, which usually creates scope for future research and to gain more understanding of the existing problem (Hallingberg, 2018). This was helpful in this study as it allowed for a less structured approach, where if needed I could adapt to changes as the research progressed.

3.3.2 Methodological orientation: Phenomenology

Phenomenological studies are concerned with how people experience being human by looking at how they perceive their experiences (Smith et al., 2009; Willig, 2008). Additionally, it is phenomenological in the sense that it is concerned with the subjective accounts and experiences of the participants, not with objective accounts (Brocki & Wearden, 2006; Smith, 2011a). In other words, research drawing on phenomenology is concerned with examining experience in its own context, without it being influenced by prior psychological theory or a researcher's personal beliefs (Smith, 2011b).

The context is central to understanding the phenomenon under investigation because a phenomenon takes its meaning from context, "Without reference to the context of a phenomenon, there can be little clarity regarding its inherent psychological meaningfulness" (Kruger, 1979, p.148). Through creating space for someone to describe their experiences of their world and the meanings they attach to those experiences, an opportunity is provided for them to assimilate their own understanding of their experiences, but the researcher gets insight and perspective into their lives too (Smith, 2011b).

Therefore, in this study I focused my lens on what the participants said and how it was being said, as opposed to examining why a certain phenomenon exists. So, to understand the participants experience of their world as a researcher I needed to understand their context, that is, their physical environment and the people that occupy that environment with them.

3.3.3 Philosophical underpinnings: Hermeneutic phenomenology

Although grounded in phenomenology, IPA rejects the possibility of bracketing one's preconceptions when interpreting one's experience of a phenomenon. IPA follows the interpretive phenomenological approach developed by Husserl's student, Heidegger (1962). Heidegger acknowledged that our prior life history resulted in the pre-reflective structuring of our experience and thus that it was not possible to access the essential qualities of phenomena that had not been influenced by our preconceptions (Shalin, 2010).

IPA is interpretive and hermeneutic as it recognises that the researcher is central to analysis and research (Brocki & Wearden, 2006; Smith, 2017). While the researcher tries to access the participants' experiences as far as is possible, IPA acknowledges that since the researcher has an active role (Smith & Osborn, 2003) that this access is dependent on and complicated by the researcher's own personal conceptions, and that these are required in order to make sense of the participants' experiences through the process of interpretation (Brocki & Wearden, 2006; Smith & Eatough, 2016; Smith & Osborn, 2003). As a result, there is a two-stage interpretation, or double hermeneutic process (Smith, 2011; Smith & Eatough, 2016). This double hermeneutic process shows the dual role of the researcher. On the one hand, the researcher, like the participant, is drawing on shared mental or cognitive processes of meaning-making, but on the other hand, the researcher is different as they engage in second order sense making of the participants' experience (Smith & Eatough, 2016).

The hermeneutic cycle (Schmidt, 2006) is an iterative process that cycles between description and context, and between consideration of interpreter and participant. IPA recognizes that meaning making is an intersubjective process involving researcher and participant, rather than a descriptive process in which the account of the participants may be interpreted without the influence of the researcher (Pringle et. al. 2011). Therefore, as the researcher in this current study I did not only provide descriptions of participants experience but interpreted these experiences through the lens of the participants, as well as using my own deductive insights.

3.3.4 Philosophical underpinnings: Idiography

IPA is strongly idiographic since it is committed to analysing each individual case in their unique contexts in a research study sample (Smith, 2011; Smith & Eatough, 2016). Only when the researcher has examined each case, is there an endeavour to conduct a cross-case analysis (Smith, 2004) as the themes are interrogated for convergences and divergences (Smith, 2004, 2017). Researchers are required to carefully follow this idiographic approach throughout the analytic process for a detailed examination of the convergence and divergence between the participants' experiences; thus, IPA researchers concentrate on depth, rather than breadth (Pietkiewicz & Smith, 2014; Smith & Osborn, 2003).

Thus, IPA aims to produce an in-depth examination of a specific phenomenon and is not aimed at generating a theory to be generalised. Comparing multiple cases and experiences of a specific phenomenon allows for the generation of insights into possible universal patterns (Pietkiewicz & Smith, 2014). This idiographic focus was considered appropriate for the present research project, which aimed to explore students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19. IPA's emphasis on the content of individuals' consciousness was chosen to enable me to focus on students' unique lived experiences of this transition, as well as how they have subjectively made meaning, or understood these experiences.

3.3.5 Interpretative Phenomenological Analysis (IPA) in Psychology

IPA emphasizes that the participants are the experts from whom information is gathered, this is in keeping with the understanding that the essence of psychological exploration is to understand human experience (Smith & Osborn, 2003). For this study, IPA was an appropriate choice as it investigated the experience of students' shifting to online therapy during COVID-19, and it is aimed to draw on each participant's unique perspective and meaning-making processes (Howitt, 2010). It also enabled me to engage with the research question on an idiographic level, combining the participants' lived experiences with a subjective and reflective interpretative process (Reid, Flowers, & Larkin, 2005).

Hermeneutics aims "to make meaning intelligible" (Grodin, 1994, p. 20). Therefore, Grodin argues that one's "engagement with the world" and one's "understanding of the meaning of the things themselves" (1994, p.20) is always accessed through interpretation, in that one brings their own previous experiences, preconceptions and assumptions to the process of interpretation. Thus, participants will bring their past biases, presumptions, and ideas with them when talking about their experiences of the shift to online therapy and interpret these experiences. This was important for me to take note of and understand, as well as being aware of my own opinions and feelings on certain experiences.

IPA identifies the participant as a "cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state" (Smith & Osborn, 2003, p. 54). It also recognises that this is a complicated connection in that people sometimes struggle to express what they are thinking and feeling. They may not want to disclose some details, and the researcher must interpret their mental and emotional states from what they say (Smith & Eatough, 2016; Smith & Osborn, 2003). When IPA researchers refer to 'rich data' they mean that participants should have been given an opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at some length.

An advantage of IPA for the purpose of this research is the transparency of the approach as IPA encourages researchers' reflexivity throughout the research process to recognize preconceptions and experiences that might influence the study (Tomkins & Eatough, 2010).

3.4 RESEARCH DESIGN

The previous section formulated the underlying philosophy of the IPA research approach taken by this study and indicated the suitability of this approach for psychological studies concerned with understanding in detail the meaning and significance that people attribute to their experience. Further, IPA allows for a step-by-step analysis to gain insight into participants' experiences using guidelines to assist. As the fundamental concern of this study is on students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19 and the way participants related these experiences in ways that were meaningful and significant to them, IPA was an approach particularly suitable for developing insight into this concern.

3.4.1 Sampling

A distinguishing element of IPA is its dedication to a thorough interpretative account of the individual cases included and several academics are acknowledging that this can only be credibly done with a small sample (Smith & Osborn, 2008). Lyons and Coyle (2016) say that the priority of IPA is to do a detailed case-by-case analysis of individual transcripts, giving justice to each case and this takes time (Lyons & Coyle, 2016). Further, IPA tries to find a homogenous sample, therefore, purposive sampling allows the researcher to find a group that is closely defined and for whom the research question will be significant (Lyons & Coyle, 2016).

Smith and Osborn (2008) caution that although there is no recommended sample size, various factors will influence the advisability of smaller or larger samples. In this study, the selection of research participants was consistent with the principles of IPA, which requires that participants are chosen because of the insight that they offer into the phenomenon under investigation (Pietkiewicz & Smith, 2014; Willig, 2008). Smith et al. (2009) also says that students who are new to IPA should use a sample of between 4-6 participants to allow for a good, thorough interpretation of transcripts without being too overwhelmed.

The purpose of a study must inform the way in which sampling takes place and which participants are selected (Turner, 2010). For this study, the purpose was to look very specifically at Rhodes University students' experiences of transitioning to online therapy during COVID-19, which required that participants satisfied the inclusion criteria and thus were expected to share similarities in their experiences. For these reasons, purposive sampling was selected as the sampling technique (Cresswell & Clark, 2007).

The sample was taken from within Rhodes University, in Grahamstown/Makhanda. This geographical limit was chosen to sample a homogeneous group of participants who would be able to offer rich accounts of their personal experiences, whilst attending the same university. I was interested in this specific cohort's experiences and has thus limited the sampling to make the research indicative of Rhodes University's students and their transition. It was also convenient for me to use this cohort as I attended the same university, thus convenience sampling was also used.

The inclusion criteria outlined below were used to select participants for the study:

1) The participants had to be students at Rhodes University.
2) The participants must have experienced face to face psychotherapy before the COVID-19 lockdown, even if it was with a different therapist.
3) The participants must have experienced a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19.
4) The online psychologists that participants were in therapy with must practice in the Grahamstown/Makhanda area.

The above-outlined criteria resulted in a relatively homogeneous sample where participants attended the same university, had experienced face-to-face therapy, and had transitioned due to COVID-19 protocols to an online therapeutic space.

3.4.2 Methods of participant recruitment

I contacted the head of the Counselling Centre at Rhodes University and asked for permission to access the sample through the Centre (Appendix A). I specifically requested access to the 2020 Intern Psychologists who moved from face-to-face to online therapy during COVID-19, where I would not have direct contact with the clients but gain participants from the psychologists passing the request to participate in the research to their clients or previous clients (Appendix B). The participants that were interested then contacted me via email where further information about the study was provided, as well as an informed consent form. Participants then agreed to have their interviews online and to have interviews audio recorded with a digital recording instrument. The interviews were conducted in English within a two-month timeframe (from May to June 2021). Overall, 6 clients indicated their interest in the study and their willingness to participate and subsequently all 6 were included in the research study.

3.4.3 Description of participants

The 6 participants ages varied from 20-30 years old, ranging from 1st year to PHD level with diverse racial and socio-economic backgrounds. These participants had undergone face-to-face therapy before COVID-19 and experienced a forced transition online during COVID-19 due to the

social distancing protocols put in place by the government. For all participants it was the first time they had made use of online therapy. The 'under resourced area' in the table below refers to areas where participants stayed that had poor/little access to resources. More specifically, in relation to this study's online focus, had little access to technological resources such as a stable internet connection, data and WiFi.

Table 1: Description of participants

Participant	Gender	Age	Race	Faculty	Year of Study	Under Resourced Area
Mishka	Female	25	Indian	Pharmacy	4th year	Yes
Darryn	Male	20	Coloured	Science	1st year	No
Paul	Male	29	White	Humanities	Masters	No
Thembisa	Female	25	Black	Humanities	1st year PHD	Yes
Phumeza	Female	30	Black	Humanities	3rd year	Yes
Julie	Female	23	White	Humanities	Masters	No

3.5 ETHICAL CONSIDERATIONS

Ethical approval for this study was granted by the Rhodes University Ethical Standards Committee (RUESC) (See Appendix C). In applying for ethical approval, a number of ethical issues had to be considered which are outlined below.

3.5.1 Informed consent

According to Manti and Licari (2018), informed consent involves letting the participants know the aim and nature of the study, as well as the possible risks and benefits that may result from their

participation (Appendix D: Participant Information Sheet). Informed consent means the participants have volunteered participation and they are aware of their right to withdraw. The intentions of the study were explained to the participants in writing to ensure that they fully understood their participation and the fact that the interviews would be recorded, and their quotes could be used verbatim in the analysis section. After this explanation was provided, informed consent was given by participants who signed and returned the informed consent forms (Appendix E). Furthermore, during the interview process, I asked for verbal consent to record and refreshed the participants on the informed consent form and whether they would be happy to continue. There were no issues with regards to participants dropping out of the study or refusing consent.

3.5.2 Confidentiality

Confidentiality and the right to privacy for all participants was always maintained as per the commitment made in the consent form. Information that could identify participants to others was removed or changed to ensure anonymity. All non-anonymised information in the form of signed consent forms and audio recordings were collected and retained as part of the research process and kept in a secure and safe place. All data gathered was saved in the cloud and not on a personal device. I transcribed all audio tapes as soon as possible, and technical safeguards including the use of computer passwords, firewalls, antivirus software and encryption that protected the data from unauthorised individuals was utilised. Once I completed the transcription phase of the research process, the audio recordings were deleted.

In the interview, I explained to the participants that all information would be treated confidentially, and that no identifying data would be made public. The final report of the study does not contain any personally identifying information, and pseudonyms are used when referring to the participants in the study.

3.5.3 Risks and benefits of participating in research

The principles of non-maleficence and beneficence were upheld throughout this study (Beauchamp & Childress, 2011). The potential negative consequences for participants in the research were identified and the risk/benefit ratio of the consequences of the research for the participants was assessed (Wassenaar, 2006). A potential risk of the research was that participants might express anxiety or become distressed when speaking about their experiences of therapy. It was recognised

that some of the participants may still be in therapy, which would be beneficial if any problems emerged. However, where participants were no longer in therapy and became distressed during the interview, I planned to stop the interview and first contact the participants own support system - a nominated friend and/or family member for support, but, if this was not sufficient, I would refer them to a psychologist at the student counselling center or psychology clinic. In the event, no participants showed distress during the study.

Furthermore, as I was in training to become a Counselling Psychologist, I exercised my skills during the interviews to engage with the participants in a supportive, non-judgmental, and empathetic manner.

Some participants gave feedback on how much they enjoyed being part of the study and how the questions posed allowed them to be introspective and think about their experiences more intentionally. As such, the participants received some benefit from being part of this research process and no direct harm occurred because of the interviews. Furthermore, the participants were offered compensation for the data costs of the interview, however, some participants said they were happy to be part of the study and did not wish for any compensation.

3.6 DATA COLLECTION METHOD AND PROCEDURE

As discussed, the aim of IPA studies is to access the unique conscious experiences of participants. Furthermore, such studies attempt to understand and articulate how participants make meaning of the phenomenon under investigation (Willig, 2008). This research, in keeping with many IPA studies, utilised semi-structured interviews to gather information (Palmer et al., 2010; Smith & Osborn, 2008).

3.6.1 Semi-structured interviews

Semi-structured interviews utilise a very flexible interview schedule which does not dictate the process but instead acts as a guide for the interview (Smith & Osborn, 2008). The purpose of the interview is to provide participants with an opportunity to give detailed narratives of their subjective experiences, and a flexible structure facilitates this. As Smith and Osborn (2008) explain, the participants are experts who shape the conversation, in response to broad ideas of interest and a general schedule of topics introduced by the researcher. The researcher only

intervenes to keep the discussion on topic or to probe carefully when an item of interest is mentioned (Willig, 2012). Thus, the interviews are designed to give meaningful insights that a generalised public source will not be able to provide.

As Smith (2006) identifies, there are advantages to using the semi-structured interview. Not only does the flexible structure facilitate the building of trust and rapport, but it also allows exploration of any new areas of interest that may arise during the interview. This subsequently ensures that more detailed information is solicited from the participants. This was pivotal to the outcome of this study, as participants deepened their sharing of their experiences as the interview process unfolded. Further, Yardley (2000) argues that good IPA research demonstrates sensitivity to context. Therefore, the interview questions spoke to the socio-cultural context individuals found themselves in, as well remembering that I, as the researcher, must locate myself in my own socio-cultural context too. One disadvantage of semi-structured interviews is that they afford less control to the researcher, which could result in data that is more difficult to interpret (Smith, 2004).

In accordance with Smith and Osborn (2008), in-depth semi-structured interviews that make use of open-ended questions are the benchmark and most adaptable method for studies using IPA. Thus, I asked open-ended questions by using semi-structured interviews with the assistance of an interview guide. These semi-structured interviews assisted to keep the discussions focused on the goal of the study but allowed for the participants to share information about their experiences (Smith & Osborn, 2008). The interviews were conducted on the Zoom platform as this posed fewer health risks due to COVID-19.

A semi-structured interview schedule was used for all interviews (Appendix F) which lasted approximately 60 minutes on average. The aim of developing a schedule is to facilitate a comfortable interaction with the participant which will provide a detailed account of the experience under investigation. According to Smith et al (2009), questions should be prepared so that they are open and expansive; the participant should be encouraged to talk at length.

Therefore, I devised the interview schedule by following the outline made by Smith et al. (2009), where I had to look at my research questions and come up with interview questions, I felt would provide an opportunity to answer the studies questions. After some topics for conversation have

been covered, I put these topics in the most appropriate sequence, for example, this current study made use of a sequenced timeline where the participants were first asked what face-to-face therapy was like, then asked about the transition online due to COVID-19 and since the transition happened, how they have experienced online therapy. When devising the interview schedule, I made sure not to have any closed ended questions and would prompt the participants if they gave short answers, to probe more information. This is when the flexibility of semi-structured interviews is beneficial. Smith et al. (2009) recommend that the list of questions be discussed with someone else to gain feedback from them prior to the interviews; therefore, I made use of my supervisor for reflection and feedback on the interview questions.

When the interviews took place, I transcribed the audio and stored it in a password-protected folder. The interviews were conducted on Zoom, as this was easily accessible for participants during COVID-19, as well as convenient.

3.7 Data Analysis: Interpretative Phenomenological Analysis (IPA)

IPA can be described as consisting of a two-stage interpretation process, recognized as double hermeneutics. It brings together empathetic hermeneutics, which attempts to understand the world as well as the lived experiences of participants (Smith & Osborn, 2008), and questioning hermeneutics, which uses critical questions that are aimed at eliciting further information relating to the phenomena being studied (Smith & Osborn, 2008). Further, the analysis is an outcome of the double hermeneutic within IPA, thus, a product created by the participant and the analyst together as "the end result is always an account of how the analyst thinks the participant is thinking" (Smith, Flowers, & Larkin, 2009, p. 80).

Smith et al. (2009, p. 33) summarises the co-dependency of interpretation and phenomenology as articulated in IPA as follows, "Without the phenomenology, there would be nothing to interpret, without the hermeneutics, the phenomenon would not be seen."

3.8 TRANSCRIPTION STAGE

Willig (2008) sees the process of transcription as a fundamental first step in the process of analysis. Although Smith and Osborn (2008) do not officially identify it as a step in the IPA analysis process, the value of the process of transcription is clear. In this study transcribing the recorded interviews

enabled me to become familiar with the data and this immersion in the material, as well as hearing and understanding the participants better. Interviews from all six participants were transcribed by me and below are the steps that I took to analyse the information gathered.

3.8.1 Step 1: Reading and re-reading and looking for themes in individual cases

The analysis process began by immersing myself in the original data – which would be the first transcript. I read and re-read the first transcript from the first interview I conducted and listened to the recording while I read the transcript. Smith, Flowers, and Larkin (2009) say that listening to the recording helps to facilitate the analysis where the focus is on the participant.

Repeated reading of transcripts allows for the overall interview structure to develop and for the researcher to gain an understanding of how narratives can bind certain sections of an interview together (Smith, Flowers & Larkin, 2009). This reading of the transcript also facilitates an appreciation of how rapport and trust may build across an interview and highlight richer and more detailed sections, or contradictions and paradoxes (Smith, Flowers & Larkin, 2009). Each interview transcript in this study was subjected to the same analytic procedure.

3.8.2 Step 2: Initial noting

The second stage involved initial noting where the researcher maintains an open mind and notes anything of interest within the transcript, called 'free text analysis' (Smith, Flowers & Larkin, 2009). This process ensures a growing familiarity with the transcript and moreover, it begins to identify specific ways by which the participant talks about, understands, and thinks about an issue (Smith, Flowers & Larkin, 2009).

Smith, Flowers, and Larkin (2009) say that there are no rules about what is commented on, the aim is to produce a comprehensive set of notes and comments on the data. Some parts of the interview transcripts were richer than others and therefore warranted more commentary. The right-hand margin was used to make notes, paying close attention to the language, phrases, and metaphors used by participants (Smith, Flowers & Larkin, 2009) (Appendix G & H).

Notes were made on descriptive (content of what was said), linguistic (specific use of language), and conceptual (interpretative level) comments on the transcripts (Smith, Flowers & Larkin, 2009).

I went through the transcript and highlighted text which seemed important and noted some words/phrases that would help in the next step of analysis.

3.8.3 Step 3: Developing emergent themes

The third stage included reducing the exploratory notes into more overall emergent themes, which captured the complexity of the participant's account but also the interpretation of the researcher (Smith, Flowers & Larkin, 2009). In reducing the volume of detail, the researcher must also maintain the interrelationships, connections, and patterns between the exploratory notes (Smith, Flowers & Larkin, 2009).

This involves an analytic shift to working primarily with the initial notes rather than a transcript itself (Smith, Flowers, and Larkin, 2009). Smith, Flowers, and Larkin (2009) reminded me not to forget the 'I' in IPA, where each stage involves includes more of me, which is closely involved with the lived experiences of the participants, where the resulting analysis will be a product of collaborative efforts.

The main aim of turning notes into themes involves an attempt to produce a concise statement of what was important in the various comments attached to a piece of the transcript. As Smith, Flowers, and Larkin (2009) say, the original whole of the interview becomes a set of parts as one conducts the analysis. These themes are usually expressed as, "phrases which speak to the psychological essence of the piece and contain enough particularity to be grounded and enough abstraction to be conceptual" (Smith, Flowers & Larking, 2009, p.80). This is where I tried to capture what is crucial in the text but also remained influenced by the text as a whole.

The themes reflect not only the participant's words and thoughts, but also the researcher's interpretation (Smith, Flowers & Larkin, 2009). Additionally, Smith, Flowers, and Larkin (2009) say that whilst initial notes feel very loose, open, and contingent, emergent themes should feel like they have captured and reflect an understanding. In this step I was working more with my notes in the right-hand margin than with the actual transcript.

3.8.4 Step 4: Searching for connections across emergent themes

Step 4 involves the developing a chart, or a map, of how the researcher thinks the themes fit together (Smith, Flowers & Larkin, 2009). Smith, Flowers, and Larkin (2009) continue to say that

not all emergent themes must be included in this stage and that some may be removed – this also depends upon the overall research question. Simply put, this stage is about drawing together emerging themes and producing a structure which allowed me to point to all the most interesting and important aspects of the participants accounts.

I used abstraction, which is a basic form of identifying patterns between emergent themes and developing a sense of what can be called 'superordinate' themes (Smith, Flowers & Larkin, 2009). It involves putting like with like and developing a new name for the cluster. I then created a table to show the graphic representation of the structure of the emerging themes.

3.8.5 Step 5: Moving to the next case

After steps 1-4 are completed for the first transcript the researcher must move to the next participant's transcript and repeat the process again - steps 1-4 (Smith, Flowers & Larkin, 2009). Here it is important to treat the next case on its own terms, to do justice to its own individuality. This means, as far as is possible, bracketing the ideas emerging from the analysis of the first case while working on the second (Smith, Flowers & Larkin, 2009).

3.8.6 Step 6: Looking for patterns across cases

This step in IPA involves cross-case analysis, requiring the researcher to seek connections across cases by comparing superordinate themes between cases, so that themes directly related to a particular case may be shared as a higher-order concept between cases (Smith et al., 2009). This highlights a dual aim of IPA research, capturing both the specific idiosyncrasies of a particular case, but also identifying higher-order concepts that are shared between cases, simply, the similarities and differences between cases (Smith et al., 2009).

This may lead to a reconfiguring and relabelling of themes. After these patterns are found across cases or any idiosyncratic differences found, and themes and superordinate themes are found, it is usually displayed in a table (Smith, Flowers & Larkin, 2009). As in any qualitative analysis, it was important that I remained open to material that did not fit the emerging patterns from other accounts.

I wrote up each theme individually – each described and exemplified with extracts from the interviews - verbatim quotes illustrate the phenomenological aspect of IPA, as these quotes capture

the lived experiences of the participants (Appendix I) (Smith et al., 2009). The use of extracts also enables the reader to assess the relevance and appropriateness of the interpretations and retains the voices of the participants' personal experiences in particular contexts (Pietkiewicz & Smith, 2014).

At the end of stage six, a table of superordinate themes and subordinate themes was created where I started the formal process of writing up a narrative about the findings – this table can be found in Chapter 4.

3.8.7 The write up

The final stage is concerned with moving from the final themes to a write-up and translating the themes into a narrative account (Smith & Osborn, 2007). Here the analysis becomes expansive again, as the themes are explained, illustrated, and nuanced. The table of themes is the basis for the account of the participants' responses, which takes the form of the narrative argument interspersed with verbatim extracts from the transcripts to support the case (Smith & Osborn, 2007).

Quotes from the participants were chosen based on how well they captured an experience or an idea, or how strongly they depicted the participants' emotions (Sandelowski, 1995). These comments described those things which were important to the participants and the meaning the participant described to those experience.

Care is taken to distinguish clearly between what the respondent said and the analyst's interpretation or account of it (Smith & Osborn, 2007). Additionally, it is recommended that IPA researchers explicitly state their subjective position (Brocki & Wearden, 2006). Therefore, I was specifically aware that was a student during this time, had experienced both face-to-face and online psychotherapy, as well as conducted both therapies during COVID-19. It was therefore important at all points in this study, that I engaged in a process of reflexivity and reflected on and recognized my own experiences and viewpoints, and deliberately compartmentalised them when interpreting the data. This was done in a separate journal where I was able to write down any thoughts or feelings that arose during the interviews

3.9 QUALITY IN IPA

Interpretative Phenomenological Analysis (IPA) is an established qualitative method of inquiry concerned with the detailed exploration of personal lived experience, examined on its own terms and with a focus on participants' meaning making (Smith, Flowers, and Larkin 2009). The first guide to assessing the quality of IPA was published in 2011 by Jonathan Smith in a review of IPA studies that sets out the criteria for different levels of quality (Smith 2011a, 2011b). At the time, generic guidelines were becoming available to assist with the assessment of qualitative research (Elliott, Fischer, and Rennie 1999; Yardley 2000), but no quality criteria existed solely for IPA.

Thus, Smith's (2011a) review was therefore a response to the need for guidelines with a level of specificity that could assist reviewers in making a judgement on the quality of a paper reporting an IPA study, while at the same time supporting researchers to achieve high quality IPA.

Nizza, Farr and Smith (2021) now offer a more detailed description of each quality, which will be discussed below.

3.9.1 Constructing a compelling unfolding narrative

The four markers of high-quality IPA are as follows: constructing a compelling, unfolding narrative, developing a vigorous experiential account, close analytic reding of participants' words and attending to convergence and divergence.

Findings should convey a 'story,' a sense of progression over a narrative. Thus, narrative development provides a sense of coherence to the analysis and is an expression of the hermeneutic circle linking part and whole which is characteristic of IPA (Smith 2007). This operates at two levels: within and across themes. Within each theme, an alternation of carefully selected participant quotes with analytic interpretation of the quotes generates the narrative (Nizza, Farr & Smith, 2021). If the researcher is presenting the theme in terms of subordinate themes, then this organization occurs at subordinate level.

What helps in developing that narrative is that each quote illustrates a specific point and additional quotes are used to take the narrative a step further, add something new, offering a different perspective (Nizza, Farr & Smith, 2021). Across themes the sense of coherence can be achieved

by ensuring that each theme contributes to the narrative of the overall findings in an interconnected manner (Nizza, Farr & Smith, 2021).

3.9.2 Developing a vigorous experiential account

Good IPA is almost always about things of importance to people and those circumstances where they are prompted or forced to reflect on what has happened to make sense of its meaning (Smith, Flowers, & Larkin 2009). What turns an event into an experience is the degree of significance bestowed on it by a person, whose sense-making of it imbues it with different levels of experiential or existential meaning (Smith 2019).

Qualitative researchers do not claim that their findings can be replicated perfectly; as Merriam (2009) indicates, through the establishment of a thorough and reliable audit trail, it is at best possible to repeat the research processes, thereby tracing the data as a means of establishing confirmability. If by constant referral to the data and direct quotations from participants, the findings are additionally grounded in the voices of the participants, then confirmability is also promoted (Guba & Lincoln, 1989). For this study, the six participants were interviewed, and the audio recordings were immediately transcribed. All themes identified were drawn directly from this data, to minimise any form of contamination or selective reading.

To promote dependability – which is a quality of qualitative research, I also followed Koch's (2006) suggestions of keeping detailed records of the process and decisions made. Any difficulties that arose were also documented, as well as decisions made to address these concerns. All interviews were audio-recorded and transcribed which allowed for re-checking. I engaged in a continuous process of reflexivity, documenting any thoughts or experiences stemming from my own life position or my engagement with the literature that contributed to the research process unfolding in a particular way.

3.9.3 Close analytic reading of participants words

IPA researchers' commitment to interpretation and idiographic depth requires that they engage in a close analytic reading of the participant quotes (Nizza et al., 2021). Quotes should not be left to speak for themselves but require further analysis on the part of the researcher to explore their significance. By analyzing and interpreting quotes, the researcher can reveal the fuller meaning of

the data and the way each participant is making sense of the experience under scrutiny (Nizza et al., 2021). This is achieved by focusing on both what is going on in the immediate quote and thinking of it in the context of the wider transcript. I did this by immersing myself in the participants world; seeing their experiences through their lens and trying to make meaning from the whole, and not just focused on parts of the whole.

Koch (2006) emphasises the importance of the researcher's self-awareness when considering the credibility of a study (Koch, 2006). The fact that I am an Intern Psychologist who spent my internship year making use of the Zoom platform for counselling was also used to good effect, in that I was able to engage with the issues and concerns of the participants, which contributed to the rapport and engagement. In addition, the interview recordings enabled me to check and re-check the authenticity of the accounts I was describing.

3.9.4 Attending to convergence and divergence

IPA research usually involves analysis of data from more than one participant. Thus, convergence and divergence are used to illustrate the similarities and differences between participants, to show both the patterning of connection as well as to highlight what makes a particular participant's experience unique (Nizza et al., 2021). Additionally, convergence and divergence entail a hermeneutic cycling between the part and the whole in the analysis: an individual quote is considered in the context of a wider personal narrative, and the similar experience of one or more participants is considered in the context of the whole group (Nizza et al., 2021).

Information on prevalence is provided throughout the themes, with mentions of 'all participants' or 'some participants' (Nizza et al.,2021). Individual participants are then introduced as representatives of a point of view and convergence and divergence develops between them and their perspectives, which are grounded in the personal context of participants through idiographical details (Nizza et al., 2021).

3.9.5 Transferability

Transferability refers to the extent to which the research findings apply to or may be transferred to, other contexts (Cohen et al., 2011; Guba & Lincoln, 1989; Koch, 2006;). However, as noted, the purpose of qualitative research is not to generalise findings to similar population groups, but

rather to describe the phenomenon or experience of the participants in a specific study (Guba & Lincoln, 1989; Henning et al., 2005; Patton, 2002).

In this study, every attempt was made to provide rich detail of the participants' experience to facilitate a full understanding of the phenomenon (Merriam, 2009). In addition, a further detailed description was provided in the form of a clear rationale for the use of theory and methodology in exploring students' experiences of a forced transition to online psychotherapy. Therefore, this study did not attempt to generalise its findings to a larger population, rather, the aim was to provide an accurate reflection of six individual cases, thereby providing a rich description of the participants' lived experience. Arguably, some of the findings could be transferred to similar contexts, such as other universities in South Africa.

However, the thorough literature review and detailed description of the research context does contribute to the transferability in that they contextualise the cases well. Furthermore, the use of verbatim quotations from the interviews formed the foundation for describing the experience of the participating students, providing enough detail for the reader to evaluate transferability. As mentioned, the participants in this study were chosen based on their ability to inform the study's purpose, which also enhances transferability.

3.9.6 Reflexivity of Researcher

The reflexive role of the researcher in qualitative research is not separate from the research process, but instead, the researcher acts as an active and involved instrument bringing with them a particular perspective to the research (Smith et al. 2009). Consequently, researchers are required to be reflexive, turning the researcher lens back onto themselves to develop awareness and to take ownership for their positioning within the research, and the effect that this may have on the participants, the questions posed, the data collected, and its interpretation (Berger, 2015).

As interpreting beings, Heidegger in Engward and Goldspink (2020) says that we are never free of our assumptions, arguing that an "interpretation is never a pre-supposition-less apprehending of something to us" (p. 42) and that individuals are "always already in an environing world" (p. 42), suggesting that we all exist in a culturally and historically conditioned environment from which we cannot easily, or knowingly, step outside.

Therefore, it was important for me to be aware of my various positions in this study (e.g., race, gender, role as the academic researcher as well as a psychologist in training) and to consider how these could impact the research. A research diary was used to facilitate reflexivity, to record the stages of the research process, to make notes on ideas as they unfolded. In the beginning of this study, a self-reflective stance was taken when situating myself in the context of this study. I am a white, female who comes from a middle-high social-economic status, which has allowed me access to various resources growing up, such as laptops, internet, Wi-fi, mobile phones and a large house where privacy could be maintained. This context is very different to the context of most of South Africa's population, and most of my participants. Therefore, it was paramount that I realise my privilege and be able to fully immerse myself in my participants' worlds.

I was aware that it might be challenging for some participants to disclose very negative experiences of therapy and online therapy, as I am myself an online therapist, conducting research online. Therefore, I endeavoured to be approachable, empathetic, self-aware, and always to consider the needs of the participants. Furthermore, as this study was conducted during COVID-19 when I had to transition online, I wrote down any feelings or frustrations I was feeling about online therapy/work to allow myself time to feel and process before any interview took place, to aid me in being as objective to their experience as I can be and not to allow my own feelings or frustrations to cloud the data.

Also, as I met with my supervisor we spoke about any fears or concerns around the study, which allowed me to be honest and transparent, while at the same time still be held accountable to this study and my participants.

4. Conclusion

This chapter discussed the purpose of the research, including the research question, aims and objectives. It described the methodological orientation, by exploring qualitative research, phenomenology, hermeneutics, idiography and IPA in psychology. The research design including, sampling of participants, method of recruitment and the description of participants was discussed. Also, various ethical considerations were spoken about and how this study ensured it would remain ethical.

Data collection method and procedure were explained with the use of semi-structured interviews and the way the data was analysed with the various steps in IPA. To end the chapter off, quality in IPA was expressed by discussing how IPA constructs a compelling unfolding narrative, develops a vigorous experiential account, has close analytic reading of participants words, attends to convergence and divergence and how this study could be transferable. How I remained reflective during this study was explained with special care to be honest and transparent.

CHAPTER 4: FINDINGS

4.1 Introduction

The aim of the study was to explore Rhodes University students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19. To gain an understanding of this, interpretative phenomenological analysis (IPA) was used to answer the research questions.

Guidelines for conducting IPA research as described by Smith, Flowers, and Larkin (2009) were employed to create levels of coding that led to the discovery of superordinate and subordinate themes throughout the data. Themes were identified in individual transcripts first, followed by cross-case analysis. This chapter presents the themes and throughout this chapter, the excerpts in italics are attributed to specific participants by noting the participant's pseudonym.

4.2 Overview of Findings

Table 2 presents the three superordinate themes and subordinate themes unearthed from the interpretative analysis of the transcribed interviews. The first theme focuses on elements of the online therapeutic space that made therapy feel authentic and continuous for the participants. The second theme focuses on aspects of online therapy that participants felt were disruptive and invasive in their therapeutic process. Lastly, the third theme speaks to an adjustment period where participants experienced the therapist as vital to the transition online.

Table two: Superordinate and subordinate themes

Superordinate themes	Subordinate themes
Online therapy as authentic and continuous	• "My own space": The comfort and convenience of online therapy • "At the end of it, I was like, recommending Zoom therapy to all of my friends": The continuity of care • "Therapy becomes more of a private matter thanks to technology": The anonymity of online therapy

Online therapy as disruptive and invasive	● "It was very difficult to get real privacy": Online therapy as risky ● "There's no change in environment. I dread it usually.": The intrusive environment of online therapy ● "The downside was that my connection would be bad": Technological barriers to online therapy ● "I don't just communicate just with my words, but my body says a lot. That is disrupted": Lack of body language in online therapy ● "But with online, I make excuses": Online therapy feeling more disposable and less containing
Getting used to online therapy with some help from the therapist	● "I think it's just getting used to it": Adjusting to online therapy ● "It's not just me on a video call with someone": Therapist's use of transparency and containment to secure the online environment

4.3 Superordinate Theme One: Online therapy as authentic and continuous

This theme speaks to the positive experiences participants had of online therapy, *"It works for me…I completely feel connected online" (Thembisa).* The participants emphasised how they enjoyed experiencing the comfort and convenience of accessing therapy from their own home; they described feeling connected to their therapist; and described a felt sense of effectiveness from online therapy on their mental health. Further, it allowed for more control of the online environment, as well as a sense of anonymity.

4.3.1 Subordinate theme: *"My own space"* – The comfort and convenience of online therapy

The comfort and convenience of having therapy in the participants' 'own space' was a common experience among all 6 participants. Some expressed that being able to access therapy from the

comfort of their own home due to COVID-19 was valuable and allowed them to feel more authentic and connected to the therapeutic process.

Phumeza speaks to the convenience of online therapy whilst juggling work commitments:

> *Phumeza: "I'm very adaptable. Once I go, I don't pause. So, even the option of like face-to-face, I'm just like, 'Oh yeah, there's the option now.' But do I even want to because I'm already in a groove? I know after my 10:30 work meeting, I have my 11:30 therapy session. And I don't have to waste money on travel."*

Phumeza describes her experience as efficient economically both with respect to time and money spent on transport. This experience highlights the convenience for her of being able to effectively manage work and private life. Similarly, Paul says

> *"…I suppose I would potentially be very keen to continue with online therapy. Also, just in terms of how to me, it's much more time economical."*

Both participants described experiencing online therapy as economical and therefore, convenient.

Aside from convenience, participants also described experiencing online therapy as comfortable. Thembisa illustrated the comfortability that the online platform provided for her:

> *Thembisa: "…because it was just much easier. I could just get up and then go on to Zoom. And then, I have access to my therapist from the comfort of my own home. So, I didn't mind the transition. In fact, I preferred it that way, being online… I can literally just wear casual clothes, like just wear a hoodie and whatever. Look, I can be presentable at the top and then just sit there and talk."*

Thembisa mentions preferring the online environment as she could wear *"casual clothes"*, this speaks to the emphasis on comfort, which in turn, allowed her to present herself as she was, to connect with her authentic self.

Similarly, Phumeza referenced the comfortability of online therapy as she spoke about her 'own space' in the sense that she could present herself in a more authentic way:

> *Phumeza: "I mean, it was difficult in the sense that when you have to go see your therapist, you really need to make an effort of looking a particular way. Right? And now you are at*

home, and you literally now look the way that you feel. Now you're possibly in your hoodie and your jammies."

"You look the way you feel" suggests that Phumeza felt more able to show her authentic self during online sessions, by not feeling pressured to dress up or to hide. Being able to access therapy from home gave her the freedom to make no decision on what to wear but arrive as she was, even if in her "jammies". Both Thembisa and Phumeza seemed to find value in experiencing the comfort of having online therapy and consciously or unconsciously being able to externalise how they felt internally.

When Paul was asked to reflect on his experience of having online therapy, he said the following:

Paul: "It sort of made the space my own much more, I'd say because I was in my own space. And like, could sit there with my coffee or breakfast, rather than kind of going to an appointment, which then again, was the sort of moving into this official space that's made especially for that type of interaction. Whereas doing it within my own space was really valuable."

Paul speaks to the comfortability of having therapy in his own space, where he found comfort and value being able to have sessions from his own home, accessing the comfort of snacks and drinks. He contrasts his home space to an 'official space' in the therapist's office, which may have elicited a more structured, routine, clinical experience of therapy.

Thembisa describes online therapy being more conducive to the experiences of someone with depressive symptoms:

Thembisa: And I would want to continue online - either online or telephonic because for someone who's, like me, who suffers from depression, there are some days where I don't feel like waking up. Like I said, the initial thing, waking up and going to campus to go speak about my feelings ... I'd rather turn my laptop on or just pick up the phone and have the session like that. It works for me on my days where I don't feel like being present in the world. And I think those are the days where you actually need it the most. So, the phone option actually makes it easier to still have my session.

In the extract above, Thembisa describes relief at having options to receive therapy on days where she would rather not leave her home, while acknowledging the importance of support during these moments. The convenience of being able to access her therapist online or by phone is comforting as it requires less energy to participate in than having to physically attend in person.

4.3.2 Subordinate theme: *"At the end of it, I was like, recommending Zoom therapy to all of my friends"* – The continuity of care

When interviewing the participants, some spoke about their initial fears about the online platform and whether it would be as effective as face-to-face therapy. However, all participants experienced online therapy as helpful and effective in some way. Some participants reported that transitioning to online therapy felt the same as face-to-face where the therapist tried to ensure that the participant could hear/see them virtually as well as feeling they had a safe space to share.

Julie expressed her gratitude for easy, accessible therapy during COVID-19:

> Julie*: "And so, to still have the Student Wellness during COVID - it's a phenomenal service to have free online therapy. I mean, like, really, I'm sure life changing for many, many students, like me. So, to be able to have access to online therapy during COVID and the knowledge that even though I had terminated, I could still always, you know, just reschedule and chat to X [therapist] if need be. That kind of knowledge is really, really empowering."*

Julie's experience of free, online therapy during COVID-19 was expressed in gratitude and when reflected upon acknowledged the impact it had on her, which emphasizes the continuity of care that she values. Julie felt reassured that she would be able to access counselling should the need arise, which in turn lessens her anxiety about access to counselling.

In a similar vein, Julie speaks to accessing therapy during the uncertainty of COVID and government restrictions:

> *Julie: "So, you know, going back to in-person, if the circumstances change again, and that, you know, third wave gets bad, and we've got to go back to online and set up, the*

system is there and it's not, you know, you're not going to fall through the cracks. It's nice to know."

Julie found consistency and comfort in the structure of online therapy during the ever-changing COVID regulations. This experience of the online process allowed Julie to feel safe that regardless of the external worlds' circumstances that a support system remains in place. Additionally, her above experiences seems to highlight the value she placed on online therapy and access to continuity of care.

4.3.3 Subordinate theme: *"Therapy becomes more of a private matter thanks to technology"* - The anonymity of online therapy

Some participants expressed that online therapy felt more private and anonymous than face-to-face therapy.

Darryn and Thembisa mentioned issues they experienced with face-to-face therapy in relation to being identified as they wait in the waiting room for therapy:

Darryn: "I don't think I liked actually going there [therapist waiting room] and like sitting there and waiting and like hoping I don't see anybody I know. Online felt more private and anonymous."

Darryn's experience of waiting in the therapist's waiting room seemed to make him feel anxious about the possibility of being identified by others, stressing his preference for the anonymity of online therapy.

Thembisa echoes much of Darryn's sentiments:

Thembisa: "So, waiting at the foyer, waiting for someone to tell you when to go in and all of that. Seeing other people. It's just, now the thing of therapy becomes more of a private matter thanks to technology."

Thembisa speaks to experiencing multiple different interactions with people during face-to-face therapy which all impose on her issues around privacy. She experiences online therapy as more safe and secure where anonymity is preserved and protected.

Similarly, Paul expresses his experience of face-to-face therapy and the difficulties that emerged for him:

> *Paul: "And yeah, I suppose, like, maybe the Rhodes setup is a bit clinical, and I feel there's like this sort of stilted emotion, stilted authenticity, like sort of having the tissues there. It's like, 'Okay, we provide you with the space, which is a generalized space."*

Paul reflects on his experience of face-to-face counselling at the Rhodes Counselling Centre by using words such as *'clinical', 'stilted emotion'*, and *'generalized'* which seemed to speak to Paul's experience of therapy as cold, inauthentic, and a space that lacked individualised attention. Paul's expression of *'having the tissues there'* could depict him experiencing the therapy room as staged, where the box of tissues can be seen as a prop.

Further, Paul expresses his concerns with authority and the therapist's environment:

> *Paul: And then like, I don't know, maybe I've just got very strong issues with concepts of authority, and like, then needing to do what those authority figures want to do. And it made it seem very institutional. I mean, compared to maybe if I went to a psychologist who had kind of practiced in their house, and it was like, you know, "relaxed".*

Paul's experience of face-to-face therapy seems to highlight the importance of the environment for him. He seems to have drawn parallels between an institutional building and his face-to-face therapy as being cold, uninviting, and not individualised enough. He seems to find therapists who work for an institution like Rhodes University to be more authoritative, as they are linked to an institutional ideals or standards. Whereas he perceives therapists working from their home or a more relaxed setting to be more flexible, more accommodating and being able to set their own rules of engagement with less oversight and institutional influence.

This specific participant was the only one in the study who preferred the camera turned off during his online sessions and elaborated extensively on this in his interview. When probed about his reasons why, he responded with the following:

> Paul: *"Okay, I think an aspect of it is that I can go into my own head, that I'm not having to take in all the visual information, of what he's [therapist] doing or what his facial*

expression is, whether he's sort of judging it negatively or positively, what he thinks about it, all of that. I mean, I can pick up cues from his voice which, I suppose I'm less anxious about people's voice than body language as such and having to read it. And so, like, being able to just go into my own head, I mean I often, like then think in terms of pictures and places."

Paul describes experiencing less anxiety with online therapy as he felt there were less distractions with the camera off. This allowed Paul to use his imagination and imagery to navigate his sessions, instead of being concerned about external stimuli. During the interview Paul spoke to his issue with authority and his fear of psychologists judging him; thus, Paul illustrates how he was able to remove himself from his fear around judgement and perception by switching his camera off. Also, he describes online therapy as specifically allowing him to choose not to be seen. This seemed to allow Paul to be more present and express himself more authentically and openly.

4.4 Summarising remarks

This superordinate theme highlighted the aspects of the online therapy platform that participants found beneficial with reference to feeling able to present more authentically online and that they experienced a continuity of care. Further, it spoke to the convenience and comfort of therapy from one's home, as well as it being economical both with respect to time and money. Interestingly, participants who struggled with depression, found the online platform helpful on days they did not want to leave their home. Some participants found the online platform allowed for more anonymity, and privacy, as sitting in a waiting room for face-to-face therapy posed more risk of being identified.

4.5 Superordinate theme two: Online therapy as disruptive and invasive

This theme speaks to how participants experienced various barriers whilst using the online platform. All of them experienced some barriers which hindered or impeded their therapeutic process. These barriers included privacy challenges, the environment of online therapy such as the lack of a break in the therapeutic process, and various technological challenges.

4.5.1 Subordinate theme: *"It was very difficult to get real privacy"* - Online therapy as risky

As many of the participants had their online therapy sessions at home, in an environment that they do not necessarily have control over, all participants mentioned privacy issues.

> *Mishka: "I was worried because I was at my parent's house and that they would hear me…Even sitting in my flat, I feel like my neighbours can hear me, even though I close all the doors it still feels like they can hear me."*

Mishka's repeated use of the words *"they can hear me"* illustrates her angst and fear about others in her house, as well as her neighbours overhearing her private conversations during therapy. This seems to highlight her acute awareness of her space and how it may be at odds with her need for a confidential space she desires for her sessions. Mishka's awareness of her neighbours in close proximity highlights how nearby they are, which directly impacts her ability to find a private space.

Similarly, Paul describes his experience:

> *Paul: So, what I'm saying is one of the big issues was the relationship with my girlfriend, and we were living together. So, during that time, I mean, it was very difficult to get real privacy. I mean, you're living in a small house. And I mean, I've got earphones on and that but like, it's... One can't really maybe be as honest."*

Paul communicates a similar privacy issue to Mishka, he felt he needed to filter the information disclosed with his therapist based on how much he felt could be overheard by the very person he wanted to speak about. This experience led him to experiencing himself as less honest and therefore may not have presented as authentically in session as he would have liked.

Comparably, Thembisa expresses how the lack of privacy during online therapy interrupted her session in multiple ways:

> *Thembisa: "And now that's the major con, is less privacy. So, I have to go outside to speak to my therapist… And now I feel sometimes my session has to be cut short, or some sort of interruptions will come about and that's the one major, it's a big, big, major setback of the*

online session, that's mostly to do with the fact that I am back at home, so I have no privacy in a Black household."

Thembisa illustrates different ways the lack of privacy influenced her experience of her sessions. These interruptions seemed to negatively affect the fluidity and length of her sessions and the use of the word 'big' twice, *"it's a big, big major setback"*, amplifies her frustration with this component of online therapy. Thembisa's use of the term *'in a Black household'* speaks to the issues on privacy that Mishka also acknowledged. Both of their housing set up speaks to living in a confined area where privacy issues and boundary issues seem to be frequent. This overcrowding is prevalent in areas where there is a disadvantage of resources, such as the townships, where Thembisa's home is. The reference to 'Black household', seems to articulate struggles known to certain ethnic groups when it comes to issues around privacy,

Phumeza expresses how the lack of privacy during her sessions affected how deeply she was able to explore issues in session:

Phumeza: "So, like I mentioned earlier on then, I'll just rush through things or just not get into depth about certain things because maybe someone's going to come in and disturb me or something like that."

Phumeza's experience demonstrates her anxiety about the amount of information she needed to disclose in a finite amount of time prior to interruption. She describes fearing being overheard or being interrupted, so she avoided the depth.

4.5.2 Subordinate theme: *"There's no change in environment. I dread it usually"* - The intrusive environment of online therapy

Therapeutic environments can refer to physical, social, and psychological safe spaces that are specifically designed to be healing. A few of the participants spoke about the home environment versus the face-to-face environment and why this transition to an online space was not ideal.

Mishka: "I feel like because I came back home, I don't like being home. You sit in that room, and you talk and eventually you leave everything and walk out. Like now because there's no change in environment…like I dread it usually."

Mishka explains how the online environment does not allow for a break in the therapeutic process to allow a shift from therapy back to conventional life and how there is a need for a clear-cut boundary between the two spaces. It also speaks to the experience of the physical space of the therapy room being important for Mishka as there is a need to metaphorically leave all the issues raised in the therapy space, in the therapy room. It is almost as if she interprets the online therapy as contaminating her home environment.

> *Julie: "And so, I think there's something to be said about having a designated office space where you go in and you unpack your stuff and there's no sense of like environmental stressors, right?"*

Similarly, Julie speaks to the importance of a designated therapeutic space, where she uses the metaphor of *"unpacking her stuff"* and leaving it in a designated office space. Further, Julie says that having a specific place for therapy could minimise any external disturbances, which can influence the therapeutic process.

4.5.3 Subordinate theme: *"The downside was that my connection would be bad"* - Technological barriers to online therapy

All six participants experienced problems with technology at some point during their online therapy sessions. The most common technological problems had to do with an unstable connection, where the video and/or audio were negatively affected. With the interruption of or a poor connection line, three participants spoke about how this impacted their experience of the online therapeutic space.

> *Darryn: "I do remember there being a lot of issues with the Wi-Fi and I'm not particularly good with technology and stuff and social media. So, it was hard to get used to it. Although there is that lag of Wi-Fi, that interrupts speeches or interrupts me talking or her talking. And that does make it quite difficult to get a full train of thought out."*

Darryn admittedly expressed lacking confidence when using technology, therefore the adjustment was more difficult for him. He also experienced the interruptions of bad Wi-Fi connections as interruptions in communication, thus impeding his therapeutic interaction with his therapist. Also,

he speaks about the difficulty of working with a delay, which contributed to a misattunement between him and his therapist.

Similarly, Thembisa speaks to connectivity issues which sometimes led to the postponement of sessions, *"...with online, the downside was that my connection would be bad, so, it would be like connectivity issues that would come about and then we'd have to kind of postpone, or things like that."* Thembisa demonstrates how her experience with connectivity issues interrupted her therapeutic process and fluidity of sessions.

Julie expresses challenges with data during her online therapy process:

> *Julie: "I think, you know, sometimes X [therapist] had to be working off like data packages and stuff, which runs out. And the university obviously gives you a limited amount of data as a student and staff, so things are more complex. And, you know, obviously, like, that's not the fault of the therapists, it is organizational complexities, but it would be nice to know that there's, like a minimal chance of disconnection."*

Julie highlights the challenges her and her therapist faced when limited to a certain amount of data each month, specifically referencing the therapists' data limits. She experienced anxiety at the likelihood her connection would be interrupted and subsequently felt that the data packages provided by the university were not sufficient for students and staff utilizing online therapy as this also led to a disruption in interaction.

Also, Phumeza addresses her challenges with connectivity and Zoom clarity:

> *Phumeza: "I mean, if you can get more clarity on our Zoom, on our laptop cameras, so that you are able to see someone's face for the clarity that it has, instead of it blurring, that would be more beneficial. Obviously, if you could get better network as that can interrupt the session."*

Phumeza reports experiencing frustration with the poor-quality video resolution and poor connectivity during her therapeutic sessions. Thus, the perceived benefits of her sessions are directly related to the quality of the video and connectivity, where the blurriness of the faces may

have caused a barrier in being able to effectively read the therapist's face resulting in feeling that something may be lost in communication.

Furthermore, Phumeza draws attention to the financial viability of accessing online therapy:

> *Phumeza: "…the financial obligation manifests itself through data or through Wi-Fi, because it's convenient in terms of movement, but financially speaking, I can't not have Wi-Fi - it is a financial burden."*

Phumeza highlights the financial component required to have access to online therapy. This depicts her reality that although online therapy is convenient, it also comes with the struggle to meet the financial obligation to access it. Without the financial means, the tradeoff is lack of access to support.

Contrastingly, Julie speaks to some benefits of using technology in therapy sessions:

> *Julie: "And also, sort of moving towards a sharing, like sharing screens, sharing resources towards the end, we were doing activities and stuff ... And that's also interesting, too, obviously, not something I've experienced in in-person therapy but having that sort of multimedia thing and being able to say, "Okay, well here's the activity you asked me to do. And I'm just going to share a screen and we can work through it together."*

Even though technology has been one of the biggest barriers to online therapy, Julie speaks about the creative ways her, and her therapist used the online platform. This experience was valuable as she was able to work collaboratively with her therapist by incorporating screensharing of information which brought an innovative workspace to their otherwise traditional dynamics.

4.5.4 Subordinate theme: *"I don't just communicate just with my words, but my body says a lot. That is disrupted"* - Lack of body language in online therapy

Two participants described experiencing restriction in body language due to technological barriers. Both had insight that communication extends beyond a verbal exchange and that vital communication may be lost due to the limitations associated with an online platform. These participants are accustomed to using more than one medium to express themselves and feel that by restricting one, the other was insufficient for full expression leaving parts of them unseen.

Phumeza: "I don't just communicate just with my words, but my body says a lot. That is disrupted. Now, a lot of what our therapy is dependent, quite literally, on orality. On words, the spectrum of language is disrupted. Because now we can use facial, you can't read someone's face clearly, you can't read their hands, because now you're seeing me from profile. You can't see what I'm doing with my hands."

Phumeza expressed frustration with the limitations on non-verbal communication during her sessions and having to rely solely on verbal communication. There is also a sense of loss, that vital information is missing because these limitations restrict her ability to fully express herself as she feels that her body language is necessary to paint a holistic picture for her therapist of what she is experiencing.

Phumeza: "But also, at the same time, if I'm being dead honest, I know that my body language also conveys something. And if I'm interested in being completely thorough, and honest, I need to arrive in my body. But at the same time, if you are juggling work, and you don't want to be spending 30 to one hour traveling from work to therapist and another hour back."

Phumeza's insight into herself and what she needs for successful therapy – to be physically in the presence of a therapist - is being contrasted to the convenience of not having to travel to therapy. She describes consciously sacrificing thoroughness in exchange for this convenience.

Similarly, Julie speaks to the disadvantage of online therapy with regards to body language:

Julie: "I think the complication is body language. And I mean, X [therapist] would ask about, you know, I'd be sitting like that in person, and she'd say, 'Okay, why are your hands tucked into your hoodie sleeve.' But you know, you obviously miss everything from here down online, which is a disadvantage. And I am like a very fiddly, anxious person, so, that might have gone under the radar, or could potentially slip under, which is, you know, a natural disadvantage."

Julie acknowledges that her body language tends to match her anxiety. She felt that the parts of her body that were not seen on screen, easily hid a vital component of expression that would

otherwise be shared with her therapist if in person. Thus, she viewed this as a disadvantage to the online platform.

Darryn expressed feeling that online therapy was *"not as effective as it would have been in person, but it still has been pretty effective."* When probed as to why it was not as effective, he said: *"I think it feels like you can be more open… I guess it's more real and more tangible than behind the screen."*

During Darryn's interview, he mentioned having social anxiety and expressed that technology was not his strongest suit. So, coupled with the aforementioned, Darryn experienced a less genuine interaction, that is typically characteristic of digital platforms where physical distance and boundaries may make interaction feel less *"real"* and *"tangible"*.

4.5.5 Subordinate theme: *"But with online, I make excuses"* – Online therapy feeling more disposable and less containing

Three participants commented that it was easier to cancel online appointments than face-to-face sessions. The experiences of the participants seemed to portray online therapy as more disposable than face-to-face therapy where the digital platform gives people more distance from others and anonymity for themselves. In addition, others found online therapy less containing and therefore, more avoidable.

> *Mishka: "But with online, I make excuses…Just yesterday I had an appointment, and I cancelled it because I had stuff to do. I feel like this week I cancelled because I am at home, and so much of stuff was happening. It was easier to cancel online sessions."*

When Mishka was probed to speak about why she felt she cancelled more online sessions she responded with: *"I don't want to bring everything up and then it's out there and then like session has to end but I'm still sitting there with all the feelings… I usually play my music really loud and go for like a drive and then go home."*

As previously stated, Mishka struggled with adjusting to a new therapeutic environment and routine as the boundary between therapy and home was missing. During face-to-face therapy her ritual was to decompress whilst driving, so, not being able to have that outlet due to the online

environment elicited fear and anxiety that was avoided by simply cancelling the sessions. The digital distance that online therapy creates made committing to sessions more disposable than face-to-face.

Likewise, Julie describes her experience of distancing herself, emotionally, more easily with online therapy:

> *Julie: "And so, I think also mixed in like a sense of relief, there's almost this like, digital distance that allows me if I want to opt out of being sort of straightforward, I can. Which I don't think I felt before in an in-person session."*

Julie's experience of online therapy offered an escape from the intensity of the in-person interaction. She describes this *"digital distance"* as relieving in ways that allowed her to separate herself emotionally from the directness of conversation.

Similarly, Darryn illustrates how anonymity added to his online commitment challenge:

> *Darryn: "And with it being online, the appointments and such, it was also really hard because I am, I know I tend to put things off quite often and I tend to delay things a lot. So, I guess, with online therapy, there's a lot more freedom, because you don't have to show your face. And you can put it off with excuses, or not even show. To my advantage at the time, but in the long run, it's to my disadvantage. If that makes any sense…I think I just tend to avoid a lot of things... I always tended to try to avoid things that made me feel uncomfortable and put me out of my comfort zone. So, being someone who tends to avoid things a lot, having everything online wasn't particularly good."*

Darryn's experience of the online platform felt more disposable and easier to disconnect from. He expresses insight into his own behaviour where he acknowledges the tendency to avoid rather than confront and how the online platform gave him more opportunity to avoid with the assistance of anonymity. Furthermore, Darryn shows awareness of his pattern of avoidance and recognises that online therapy was not a good fit for him to benefit from the therapeutic process. Both Darryn and Julie may be talking about online therapy as less emotionally intense which could be positive, by being easier to regulate their emotions but also negative where it is easier for them not to commit.

4.6 Summarising remarks

Theme two spoke to ways in which the participants found the online platform disruptive and intrusive. It strongly highlighted the privacy component and how it negatively impacted the therapeutic process; participants felt they could not be as open or honest nor could they reach levels of emotional depth on the online platform. Furthermore, technology was a huge barrier to participants therapeutic process, mostly with connectivity issues, which caused a misattunement between therapist and client, as well as a postponement of sessions because of technological problems.

Additionally, participants felt that the online platform diminished the use of body language, which for them was a critical component for connection and understanding. Other participants experienced a sense of anonymity whereby they could cancel sessions easier than they would if it was face-to-face therapy. Furthermore, some found it challenging to achieve emotional depth in online therapy.

4.7 Superordinate theme three: Getting used to online therapy with some help from the therapist

During the lockdown period, traditional face-to-face therapy was forced to transition to online psychotherapy, so as not to stop or hinder the therapeutic process for clients. All participants spoke of experiences relating to transition, including adjustment, commitment challenges and apprehension of the online platform; "*…it took longer for me to feel comfortable with this setting. It took time.*" (*Mishka).*

4.7.1 Subordinate theme: *"I think it's just getting used to it"* - Adjusting to online therapy

With the sudden and forced transition online, some participants found it more difficult to transition, while others found it easier than they had anticipated.

> *Mishka: "I don't think I really minded it [online therapy] but then because I said there's no routine, face-to-face you know, you're leaving your flat and going to campus… just, I*

> *don't know what to do with how I feel after online sessions...so it took longer for me to feel comfortable with this setting. It took time."*

Mishka experienced feeling anxious that there was a disruption in her therapeutic routine due to therapy being online. It seemed to interfere with containment, as the online space left her ambivalent with what to do with her emotions. Mishka almost seems to fear being left with her feelings. She reasoned that it was an adjustment period and that on reflection it *"took time"* to settle into this platform.

Likewise, Darryn speaks about his experience with adjusting to a different platform:

> *Darryn: "I think it's just getting used to it… It's gotten a lot smoother and easier. And it's starting to feel more personal, somewhat like it used to when I had in person therapy."*

Darryn's experience of online therapy becoming *'easier'* and *'more personal'* as time went on can be understood as the online therapy space needing an adjustment period, where Darryn could get more acquainted and familiar with the online process.

Julie describes her experience of transitioning online as less intimidating than she expected:

> *Julie: "Very intimidating before I started. So, really really, the thought of being super vulnerable, over Zoom is just not ideal. But it's not as big of a jump as I thought it was… but having that [emotions] sort of packaged and contained online, is quite incredible… And you know, having been nervous about it, can you fully engage over Zoom? You must be open to the process. At the end of it, I was like, recommending Zoom therapy to all of my friends."*

Julie illustrates experiencing fear and anxiety around being forced to switch from face-to-face to online therapy during COVID. She assumed that the latter would not be ideal for vulnerability but was then pleasantly surprised to find she could still feel contained and supported in the therapeutic space. Her understanding of her adjustment process was to remain "*open to the process"*. This allowed her to experience various transitions along the way, from being anxious, to feeling contained, to finding value in online therapy and then eventually recommending it to her friends.

4.7.2 Subordinate theme: *"It's not just me on a video call with someone"* - Therapist's use of transparency and containment to secure the online environment

The therapeutic relationship was a pervasive theme among all 6 participants, who felt they could connect with their therapist online.

> *Thembisa: "Yeah, for the first few sessions, initially I was kind of scared and anxious. But now, I don't have the feeling of where I feel like I need to have actually met her to connect with her. I still have a connection with X as my therapist, without having met her face-to-face. And she affirms me. Yeah, there's that sense of it is therapy, it's not just me on a video call with someone."*

Thembisa talks about feeling anxious about having never met her therapist in person, alluding to an assumption that this was necessary to have good rapport. However, her experience of online therapy goes against this assumption, as she describes feeling affirmed by her therapist, which seems to make her experience 'feel' like therapy as opposed to *"just me on a video call with someone."*

Likewise, Julie describes the experience of the therapeutic relationship as follows:

> *Julie: "You could see she [therapist] was clearly making an effort to look into the camera, and to listen… I was surprised at how effective it was, and how held I did feel in that space. And so, I guess, testament to good facilitation in whatever space."*

Julie's use of the word *"surprised"* indicates that she had prior assumptions about how she might experience the therapeutic relationship online. Even though she seems to indicate an awareness of the therapist employing particular skills to aid to this *"effective"* facilitation, referencing that she was aware that the therapist was "*making an effort*" she still describes experiencing being *"held"* suggesting that the relationship led to felt containment.

> Julie: *"And she [therapist] was really, really, consciously working to make sure I was comfortable in the online therapy space. And so, although it was an adjustment, just in terms of the feeling of facilitated space, I found the online therapy sessions to be as efficient as I had felt previously doing face-to-face."*

Julie attributes her comfortability during online sessions to her therapist's conscious effort to make the online environment feel secure. The use of the word *"really"* twice, shows the awareness she has about the work and effort put in by the therapist. Even though she speaks about an adjustment period, getting acquainted to the space, she experienced the facilitation of the online sessions to be as effective and efficient as she previously felt in a face-to-face setting.

> Julie: *She [therapist] facilitated the session very well by saying, you know, "Just let's talk a little bit about what it means to do Zoom therapy? What are you stressed about? How can we offset that?" And for me, just having it out there and explicit, was like, "Right, okay, well, now I've said to you, I'm nervous. And you've said, "Okay, I'll take that into consideration." And then it was out of the way."*

In the above extract, Julie describes how the therapist's transparency and open communication about the online environment allowed her to express her own thoughts and feelings about it, specifically her anxiety. Therefore, Julie describes experiencing the therapist's specific reference to the online space as very beneficial. It seems that she experienced this direct approach as very helpful, as if it enabled her to express her anxiety, thereby reducing it.

4.8 Summarising remarks

This theme speaks to the adjustment from face-to-face to an online platform. Participants highlighted that there was anxiety around the disruption to their normal the therapeutic routine, which seemed to interfere with emotional containment as participants felt ambivalent with what to do with their feelings after session.

Further, some participants spoke to the online platform needing an adjustment period, while others felt the therapeutic relationship was important and necessary to their transition. In addition, it was highlighted that the therapist's honesty and transparency during this transition of the online environment allowed participants to express their own thoughts and feelings which lead to a more fruitful therapeutic process.

4.9 Conclusion

The three superordinate themes that arose from this study were 1) online therapy as authentic and continuous, which spoke to participants feeling more comfortable having therapy in their own

space, and that this was more convenient for them, in numerous ways. 2) online therapy as disruptive and invasive, this theme explained how participants struggled with privacy during sessions, with the unchanging environment of having online therapy at home, technological barriers that disrupted sessions, the lack of body language use in therapy and how some participants felt it was easier to make excuses not to attend online sessions. 3) The final theme addressed the adjustment and transition element from face-to-face to online therapy, with the help of the therapist's transparency.

CHAPTER 5: DISCUSSION

5.1 Introduction

In March 2020, the COVID-19 pandemic forced all psychological services virtually worldwide, including university counselling services to switch rapidly to online therapy to meet the continuing mental health needs of students. In a matter of weeks counselling centres needed new protocols for consent, crisis management, training, and supervision as well as proficiency in delivering online therapy leaving little time to evaluate the experiences of clients receiving online therapy during COVID-19. Internationally, there is not much research on the forced transition of university students from a face-to-face therapeutic process to an online process, specifically related to COVID-19. There is even less research conducted in the South African context pertaining to South African university students and how they found the forced transition to online therapy during COVID-19.

Therefore, the three objectives of this study were i) to explore Rhodes University students' experiences of this forced transition from face-to-face therapy to online therapy; ii) to understand how they experienced the online process; and iii) to add to South African literature with regards to the student population and the online therapeutic process to inform future online therapeutic services. Furthermore, in this s chapter I will discuss the implications of the findings for practice, the strengths and limitations of the current research, and recommendations for future research.

This research utilised an IPA methodology which gave six students the opportunity to share their lived experiences of the forced transition from face to face to online therapy under unprecedented circumstances. There were three dominant experiential themes that arose from the analysis is namely: i) online therapy experienced as authentic and continuous; ii) online therapy as disruptive and invasive; and iii) getting used to online therapy with some help from the therapist.

There have been many studies stating that clients generally have a positive attitude toward online therapy (Békés et al., 2021; Simpson et al., 2005; Watts et al., 2020). However, most of the relevant studies are based on treatments that were designed as online therapy from the start. This study focused on the forced transition from the usual therapeutic space to the online therapeutic space.

Below is the discussion of findings with regards to literature reviewed, where the findings either support literature reviewed, do not support literature reviewed, or speak to unique findings within this study.

5.2 Online therapy experienced as facilitating authenticity and conveniency

In this study, all participants expressed some positive aspects of their experience with the online therapy platform. One of the major findings of this study is how the participants felt they could be more authentic online. This was attributed to the freedom to access therapy from the comfort of their home, which was echoed by Simpson et al., (2020) who found that clients perceived the setting of their familiar environment as more comfortable and less confrontational. As well as the comfortable setting, some participants in this current study described feeling more authentic by reflecting externally what was happening internally with regards to their attire, simply put, being able to present more authentically via their choice of clothing.

However, there is literature that suggests seeing clients in their pyjamas or messy bedrooms blurs boundaries between therapist and client suggesting that online therapy could give therapists unwanted access to their patients' private space and visa verse, which may consequently alter the client-therapist dynamic (Russell, 2021). Though, participants in this current study found that this allowed them to feel more relaxed in therapy, as some were very opposed to an 'office-like' clinical setting that came with face-to-face therapy. How clients attach authenticity to the clothes they wear seems to be relatively unresearched and seems to affect their perception of the therapeutic process.

It has been found that some therapists experience seeing their clients in their pyjamas as disconcerting or uncomfortable (Russell, 2021), but perhaps therapists are missing some vital information by having an unspoken 'dress code' and consequently, how biases around clothing affect our process with our clients. Thus, there are clearly differences in how clients experience this compared to therapists and how to reconcile these differences is, of course, the challenge.

Similarly, the current study found that online therapy had a strong convenience factor for these student clients, which played out as economically beneficial for participants, both with respect to time and money. In South Africa, many people and students alike use public transport, which costs both time and money. With the use of online therapy, participants found that there was more

flexibility with regards to scheduling online sessions, they were able to save money and time normally spent on using public transport to go to an appointment. This was supported by Well's (2021) study on UNISA students who felt they had more freedom to choose sessions that fitted in with their schedules, without having to factor transport and money into the equation.

Another interesting finding that arose from this current study was how online therapy, including telephonic sessions, could help students who are too depressed to leave their house, but who are still seeking support. This is supported by research by Andrews et al. (2011) and Simpson et al. (2020) that suggest online therapy is as effective as in person therapy for the treatment of anxiety and depressive disorders. Further, this literature also suggests that online therapy is less confronting for those who struggle to express difficult feelings, like some participants in this current study who struggle with depression and anxiety - the physical distance in the online platform can contribute to them feeling safer and more confident.

Intriguingly, one participant preferred the camera off during session, without the use of any type of body language - a more Freudian use of 'free association' (Roussillon, 2015) - where he could talk about whatever he wanted to, without having to worry about the therapist's reactions or perceived judgments. Most of the research that was reviewed (Sperandeo, 2021; Werbart, 2022), spoke to less physicality being seen as problematic, however, this finding suggests that this type of 'blank screen' therapy, may be of benefit to a specific cohort. This can be further understood in relation to King et al. (2006) where he indicated that telephone counselling is associated with better counselling outcomes, higher session impact and a stronger therapeutic alliance than online counselling, as there tends to be less distraction and more anonymity.

Also, this participant spoke to his experience of face-to-face therapy as too 'clinical' and 'generalised', so this may be important insight and invaluable information for University Counselling Centres and other therapy rooms alike, to rethink how they organise their therapy rooms and spend time on the environment around them making it more relaxed, inviting, and warm.

Starting anything new can be daunting, all six of the participants expressed initial fear and had assumptions that online therapy would not be as effective as face-to-face therapy. However, most

participants found online therapy to feel just as effective as in person. This resembled the 2006 study by Urness, Wass and Gordon that resulted in 91% of the clients feeling pleased by the sessions and comfortable in their capacity to talk openly in this environment. Likewise, Thompson (2016) echoes similar results saying that their clients gave positive feedback of their online therapy experience.

5.3 Various interruptions experienced as impeding the therapeutic process

Privacy was experienced as a main barrier to the online environment in this study. The participants were mainly concerned about whether family members, partners, and others would overhear their private conversation with their therapist. The online space did not always benefit everyone and there were many reported barriers, which will be discussed below, that for some participants impeded their therapeutic process.

Some of the participants in the current study lived in areas known to be under resourced, where they spoke to struggles with privacy within their confined household, uncontrollable distractions by others and a lack of respect for personal boundaries. This was confirmed by Visser and Law-van Wyk's (2021) study that stated most of the population in South Africa live in informal settlements where there are limited resources, including access to WiFi and stable internet connectivity to support online learning and online therapy. Due to the small houses and crowded living conditions, the participants in the current study felt they could not be as honest during their online sessions due to concerns about being overheard or interrupted.

Additionally, even though many participants in the current study spoke to the convenience of online therapy, according to Mzileni (2020), the majority of South Africa's population live in poverty, so to assume all students, and more specifically the participants of this study, have working devices and access to internet is problematic. As this study's participants are mostly from a lower-middle socio-economic background, it was demonstrated through the current study that many of the informal settlements where the students resided did not have the basic infrastructure that they needed to function as the houses are small, have no access to Wi-Fi, lack privacy and are in close proximity to others. Thus, even though online therapy was a solution to the restriction to face-to-face therapy for some, it did pose the question, it may be convenient, but convenient to

who? According to this current study, it seems that it was more convenient for those who reside in more urban areas, with more resources available to them, such as access to both WiFi and stable connections, as well as those who live in larger dwellings, where more privacy could be maintained.

Literature by Werbart et al. (2022) suggests that one of the drawbacks of the online therapy environment is that it does not allow for a break in the therapeutic process, as the boundaries are blurred between therapy and conventional life. This current study echoed these sentiments as some participants found that they preferred having a designated space to leave the issues raised in therapy in the therapy room, as being able to contain their own feelings after therapy became a challenge.

In addition, some participants found there were certain rituals after face-to-face therapy that helped them decompress, however, as therapy had to take place in their homes, they struggled to find ways to decompress or contain themselves when there was no distinct boundary. Thus, this current study seems to emphasise the therapist's role in being able to address ways clients can decompress after session, so that the boundary between home and therapy is not too uncontaining. Werbart et al. (2022) references this in the results of their study, where routines surrounding their regular therapy became rituals helping them in transition to a more receptive state of mind. Thus, in the current study, loss of these rituals and no distinction between therapy space and home space made the therapy feel less valuable and at times, more anxiety provoking for these study participants.

All participants in the current study described how much technology affected their experience of the online process. The current study showed that unstable internet connection, data issues and clarity of video was experienced as affecting the participants' communication with their therapists, the fluidity of sessions, and it even caused postponement of sessions at times. The literature suggests that this is fairly typical of clients' experiences of online therapy: technological difficulties such as network failure and delayed video or speech affect the communication process in online therapy, causing frustration and anxiety for both the therapist and client (Rochlen et al., 2004; Wells, 2021). Further, frustration with unstable connection was demonstrated in this current study, where some participants living in informal settlements with little or no access to wireless network connections, found it very problematic when trying to connect for their sessions.

Literature has shown that therapists have found the online platform restrictive to holistic communication such as body language (Werbart et al., 2022), which is a concern that micro-expressions of clients or relevant non-verbal communication will not be as visible online (Sperandeo, 2021). Interestingly, it was the participants in this study that highlighted the restriction in body language and the frustration associated with not being able to fully communicate. Some participants mentioned that their body language matched their anxiety and that often they felt the therapist was missing vital information. Thus, it was revealed in this current study that both therapists and clients agree on body language being restricted and therefore, it has added to the literature in this regard.

Moreover, this current study underlined that online therapy seemed to be more disposable than face-to-face therapy, due to the sense of anonymity such that cancelling sessions felt easier. Participants in this current study also described being able to emotionally separate from being direct in therapy about their feelings. Werbart et al. (2022) affirms these claims by stating that participants in their study described finding it more difficult to access the emotional content when online, resulting in the therapy content becoming more intellectual and more easily avoidable.

However, even though most of the study speaks to technological challenges that resulted in negative experiences, it also highlighted ways in which some participants found the online platform unique and innovative. The use of sharing of screens on the Zoom platform for homework tasks or explaining a certain psychology model was beneficial in ways that created a collaborative experience between therapist and client. This was a unique finding in the current study that extended the existing literature. It would be an interesting topic for future research to explore the benefits and positive aspects of using technology in this way.

5.4 The transition needing an adjustment period and help from the therapist

Some participants found it easier than others to adjust, those that found comfort in routine were more affected by the transition than others. The fears that were associated with the unknown of online therapy seemed to be quelled once therapy started. This was in line with Werbart et al. (2022) where most of the participants' view of the transition was positive, with some only feeling marginally unsatisfied.

However, interestingly, what came from the study, conducted in Israel on the abrupt transition to online therapy during COVID-19 for clients with eating disorders, was that the therapeutic relationship was highlighted as a factor for easier transition, which is what Lewis et al (2021) attests to. As literature suggests, the efficacy of online counselling has been extensively compared to in-person counselling, with literature specifically commenting that the same level of rapport can be found between therapist and client, which is considered the central component of successful therapy Andrews et al., 2011; Cook & Doyle, 2002, Wells, 2021).

Furthermore, this current study revealed that participants who found their therapists to be transparent, genuine, and open to talk about the strangeness of being online and to invite the client to share their anxieties about the new platform, felt more secure in their therapeutic relationship. This emphasises the importance of therapists making their clients feel comfortable about expressing any fears or concerns they have about the online platform. Therefore, this study highlights the importance for therapists to be aware of how addressing the newness of something, both from the therapist's perspective and client, could be connecting and therapeutically beneficial.

Additionally, Werbart et al. (2022) speaks about the 'shared trauma' of the pandemic between therapists and client's uncertainties and that their research demonstrated that transparency around these shared realities lead to less fear and anxiety in the therapeutic space. Further, Tudor (2021) also emphasises that with transition there is loss and grief, and with the pandemic as context, it is important to acknowledge the loss in any transition, including a therapeutic space that one was used to. The therapist's ability to talk through these losses with their client may foster a more secure space.

In traditional, face-to-face psychotherapy, the therapist generally controls and frames the therapeutic environment and their clinical hospitality in the clinical space (Tudor, 2021). However, Tudor (2021) argues that the therapist only has control over certain aspects of the online environment and a large problem that arose in this current study was the fact that the external environment of the client/participant cannot be controlled. This could mean joint work by both the therapist and the client on the content and meaning of the therapeutic frame, due to the online presence, and how this platform can help reconstruct it. This type of therapeutic work can be productive and an effective part of the therapeutic process.

5.5. Summarising remarks

This section addressed the main themes found in the current study and how the literature supported, did not support, or revealed unique findings. The first section, online therapy experienced as facilitating authenticity and conveniency, was mostly supported by literature which suggested clients felt more comfortable having therapy from their homes, as well as it being more economical, with regards to time and money. Furthermore, authenticity was a major finding in this section, especially with regards to clients being able to present externally how they felt internally by their attire. However, there seems to be limited research on this specific aspect of online therapy, and client authenticity. Additionally, it was suggested in the findings and in the literature that participants who struggled with depression and not wanting to leave their homes, found online therapy more comforting and less confronting, as well as a great support when feeling unable to physically be present for sessions.

The second section, various interruptions experienced as impeding the therapeutic process, had several technological challenges that added to literature with regards to stable internet connections, access to WiFi and how these challenges impeded therapeutic sessions. This section also added to South African literature suggesting that those participants who lived in under resourced areas did not have the same access to stable internet or WiFi, then those living in more resourced areas. Furthermore, privacy issues added to the existing literature, whereby participants in under resourced areas struggled with privacy the most, due to smaller and overcrowded dwellings.

However, it was shown that there is a gap in the literature when it comes to using technology in a productive way, such as screensharing on the Zoom platform and how this could facilitate an innovative collaboration.

Additionally, the findings and literature suggest that clients need rituals to decompress after online therapy and therapists should assist in helping find what works for their clients. Furthermore, online therapy was found to be more disposable as the literature suggested, it is easier to be less direct online, as well as creating a degree of anonymity.

The third section suggested that with the transition to online therapy, the therapeutic alliance was seen to be important, in both the findings and the literature. What assisted participants was the

therapist's ability to be genuine and transparent and to talk through the losses that online therapy may have, as well as what gains there could be.

5.6 Strengths of this study and using IPA

When conducting the research for this study, there was scarcely literature available on university students and a forced transition to online therapy in South Africa. Thus, a strength of this study is that it adds to the limited literature available on students forced transition to an online platform. Similarly, at this time, there were no studies conducted on students transitioning from face-to-face to an online platform during COVID-19 at Rhodes University. Therefore, this study is unique and gives Rhodes University Counselling Centre and Psychology Clinic information about clients' experiences of online therapy during the pandemic. Moreover, this information can be used for training, and implementation at these centres.

Furthermore, at the time of this study, telepsychology did not feature in training and internship programmes for students and intern psychologists. Thus, hopefully this study can add to the literature on conducting online therapy in South Africa, as the role of online therapy in South Africa is largely unexplored.

Another strength of this study is that it adds to the qualitative literature, as there have been many quantitative studies – mostly surveys - done on students' mental health during COVID, but they fall short at getting in depth with the phenomenon. Thus, this study was able to gather personal experiences and delve into participants worlds, whilst gaining rich information. Additionally, the literature suggested that there have been studies conducted on how therapists feel about online therapy, however, there are far less qualitative studies targeting clients' perspectives. Therefore, this study adds to the literature on clients' experiences, especially in the South African context.

The choice of a phenomenological methodological approach was found to be very appropriate to the objectives of the research. As this approach is interested in the lived world of the participants and more specifically the construction of meaning, it was most fitting for exploring students' experiences of a forced transition to online therapy. Also, it allowed participants' feelings to be highlighted with regards to struggles that they encounter as a student seeking therapy in South Africa.

The flexible and accessible nature of IPA strengthened this study. The flexible nature of the interviews allowed for spontaneous information to be shared and although some topics of discussion were raised by the researcher, participants were not restricted to specific areas. The flexibility allowed for a more ‘normal’ conversation, one that was natural and not bound by structure. As every participant’s experience is uniquely their own, IPA allowed for this uniqueness in its flexibility, warranting, both me and the participants to delve into unchartered territories if it was beneficial to the participant and the study at hand.

Another strength was the honest, in-depth expression of experience offered by the participants. This is understood to have been facilitated by factors including rapport¸ which was prioritised to allow participants to feel comfortable and willing to participate. The participants seemed to feel comfortable talking to me about their experience and very eager to be part of this study. Some of them elaborated more than others, but all showed their personalities and gave diverse accounts for their experiences, which I appreciated.

Personal experience and reflexivity were regarded as a strength of the study since I entered the process with understanding of what being a student during COVID was like, to transition online for therapy and having been an intern psychologist through COVID using the online platform. This also strengthened the data interpretation as I could personally relate to aspects of the participants’ account. Thorough reflexivity on my part counteracted the risk of becoming too familiar with the participants and projecting her own ideas onto the data.

However, experiences I did have to bracket were based on my own experience of giving online therapy, as well as receiving it. In both cases I preferred face-to-face. In my own therapy, I felt I could be rawer and more vulnerable in person, and needed that human interaction, as I felt the laptop screen gave it a ‘simulated’ feel and a that literal boundary existed between me and my therapist. Likewise, I felt more present during my sessions with my own clients face-to-face. The ability to see the whole person, as well as feed off the energy in the room, was favourable.

Though, as I am a therapist in training, it was not difficult for me to separate my own feelings and that of the participants, I can compartmentalise and acknowledge self-verses other when it comes to differences of opinions or experiences.

5.7 Limitations of the study

To begin with, the study was conducted during a period where COVID-19 restrictions were imposed by the university, which made it more difficult to get hold of various gate keepers and participants, subsequently. This meant networking was more difficult and that there were practical constraints to recruiting participants, which took longer than I thought it would.

Referrals through interns of 2020 was difficult as they did not have access to their old emails to contact previous clients. I could not go to the university to advertise for participants any other way, as there were restrictions. In retrospect, I should have made use of the universities 'top list' – where a mass email could be sent out to the students with the details of my research study attached. Further, I could have made use of the university's website, that is accessible to students, to advertise the need for participants there.

Another limitation may have been the level of experience of the providing therapist, which ranged from internship level to board certified psychologists, which may have influenced the participants' experience of online therapy. Moreover, this study did not consider the diagnosis or severity of participants' mental health challenges, which may have affected their experiences of online therapy. Therefore, this could be an area future studies could explore.

Given the homogenous sampling and the small number of participants, the findings are specific to a limited context, and, therefore, are not generalisable. However, the nature of this study was exploratory and aimed to attain a deeper understanding of the experiences of the participants. Therefore, the small size of the sample was deliberate to obtain in-depth information and to focus on quality of content instead of quantity.

When the research took place, there were a limited number of studies related to online therapy use in South Africa overall. Furthermore, there was even less literature available about COVID and the subsequent transition to online therapy, which made it difficult to build a rich source of relevant information to this context. As it was a new area of research, I frequently had to go back and check new literature that emerged. I, however, had to stop engaging with the literature to complete this study, as it is constantly evolving, so therefore, naturally, there will be new literature I missed.

This research study was my first exposure to conducting IPA research. I was unsure of the 'correct' procedures to follow, even though I had much literature written by Jonathan Smith and colleagues. At times I struggled with the vagueness of the guidelines – especially the findings and discussion chapters, even though they explained that their guidelines were not meant to be prescriptive, I felt that I needed a bit more guidance than his guidelines provided. Fortunately, my supervisor was able to assist me and steer me in the right direction on how to conduct IPA research and provided much feedback and advice.

5.8 Recommendations

This study highlighted a couple of important issues around online therapy, this section addresses some recommendations based on the findings.

It would be useful to teach therapists how to incorporate the basic counselling skills in an online environment by using 'digital check ins', by assisting the client to be transparent with any uncomfortableness using this platform and encouraging transparency at any time of the session regarding this new therapeutic space. This was a finding in the current study that participants found beneficial to the transition.

Moreover, based on the findings of this study, the environment of some participants face-to-face sessions were said to be too 'clinical' and 'generalised', therefore, I recommend that university counselling centres redesign their office spaces and modify areas to look warmer and inviting, to encourage those that prefer face-to-face to feel comfortable when clients come for sessions.

As privacy came up a lot in this study, there is only so much therapists can do with little control over their clients' environments, however, they can make sure all clients use headphones for therapy, that they are in the most private space they can be in, and to encourage them to use the chat function on Zoom to highlight anything they wish to address, but cannot because of fear of being overheard.

This study highlighted a gap in training therapists, as many therapists had to shift online quickly, without any prior training on how to manage the various aspects of the platform; thus, online therapy should be added to the course material. Further, there should also be workshops/trainings

on various aspects of online therapy, such as how to use the camera in an effective way, so clients feel listened to and acknowledged.

Further, as screensharing between therapist and client was a new way of interacting, highlighted by this study, the basics of using technology for therapy, such as screensharing, using the Zoom 'whiteboard', would be valuable to explore for future therapists, or therapists who are already established. As findings of this study suggested, there were many challenges of technology, however, this highlight was an innovative way for client and therapist to use technology is a positive, collaborative way, thus research into this may be advantageous.

Also, it would be valuable to educators, or those in charge of the telepsychology guidelines, to look at re-creating a therapeutic framework, that is suited for an online space where the therapist does not have control over their client's environment and to look at what they can adapt to better suit this modality. As clothing came up in this current study, it would be helpful for therapists to engage with literature, or research, on this topic to wrestle with any biases or opinions on the matter and to be able to discuss this new framework with their clients, if deemed necessary, as to not implicate the therapeutic process. Likewise, this study highlighted how participants were feeling overwhelmed by their feelings after therapy, thus, it would be a recommendation for courses to incorporate ways to help clients decompress after therapy by helping them come up with solutions.

As the findings of this study suggest, there is a cohort that feels audio only sessions - whether it is phone calls, or an online session with the camera off - would be helpful, especially when anxiety and depressive disorders are present. This flexibility would benefit clients who still want support but would prefer a conversation over having to leave the house or be seen on camera. Thus, a hybrid model should be explored, such as being open to online and in person therapy.

Further, as this study mentioned, participants felt online therapy saved time and money, therefore, the hybrid model would lend itself to students saving both time and money on having to travel to therapy. Additionally, the creation of a questionnaire would be very useful, to help both therapists and clients decide if they are better suited to online therapy, face-to-face therapy, or a hybrid model of therapy.

5.9 Directions for future research

As this study could not address all the various elements of student mental health, university's counselling centres and training on future online therapists, there are several different directions for future research that came from this current study.

Therefore, future research may include:

- Repeating this research with participants from other universities in South Africa with the purpose of obtaining more information about the experiences of this phenomenon. Also, by conducting this study at other universities, we would be able to see which areas are in need of further development or which universities have implemented good online counselling services, and this way, information could be shared to better the counselling experience.
- As the online therapy space seems to be effective and more convenient for some, whilst others preferring a hybrid model, research could be conducted on how this hybrid could benefit the student population, especially during exam times where online could be more time efficient.
- This study also highlighted convenience, however, it also showed that some participants hid 'behind the screen', for fear of facing tough feelings, and realised that this modality may not be best for them if they want to progress in therapy. Therefore, more research into convenience versus effectiveness of online therapy would be valuable.
- The need for an online therapeutic framework was highlighted from this study. Therefore, research into how this new frame would look, including boundaries, privacy issues and online etiquette would need to be explored.

6. Conclusion

The literature reviewed for this study spoke widely on student's vulnerabilities to developing or exacerbating mental health challenges during this period of their life, but only a small majority seek treatment. The literature also suggested that there are only a few studies in LMICs that have examined the mental health impacts of the pandemic, thus, this study was important to add to literature within the South African context.

Universities in South Africa have been critical in addressing inequalities due to apartheid and striving to focus on well-being of individuals, their families and subsequently the broader

community. Thus, the mental health of university students is paramount to see change happen in our society. Unfortunately, this study also highlighted the inequalities that still exist, where half the participants come from poorer areas where resources – including technological - are limited.

The literature spoke to South African university students having the largest proportion of mental illnesses across all age groups, which is significant, and thus, mental health for this cohort should be prioritised, especially if education is said to assist in past inequalities.

As the world faced uncertainties related to COVID-19, universities tried to confront the challenge of meeting student mental health needs through digital means. Thus, the primary aim of this current study was to gain an in depth understanding of the experiences of six university students transition during COVID-19 from face-to-face therapy to an online therapy platform.

The findings suggest that participants found the online space more convenient and that it allowed for a continuity with therapy. Also, the study suggested that some participants felt they could present more authentically online than they could in person. This adds to the literature on effectiveness of online therapy and how this continuity of care through a pandemic was highly beneficial and necessary. However, the study also highlighted that many participants found online therapy to be disruptive and invasive due to privacy concerns, environmental factors such as lack of boundaries, connection issues, lack of body language in online therapy and how online therapy felt more disposable. Even though this disrupted the session, it did not disrupt the therapeutic alliance.

Thus, the study emphasised the importance of the therapist and therapeutic alliance during the transition and adjustment online and an understanding that an adjustment period was necessarily to become comfortable with this new medium. It also shed light on how important it is for therapists to be open and transparent about the online platform, to air any concerns, which in turn allows the clients to feel safe to do the same.

Strengths, limitations, recommendations, and ideas for future research have been addressed in relation to this current study. My hope is that this study influences various university counselling centres around South Africa to equip therapists with the necessary tools for this evolution of online psychotherapy. My wish is that more research is conducted on how universities can reach those

students who live in underdeveloped communities with limited resources and that they are prioritised in gaining access to adequate mental health care.

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Appendix A: Gatekeeper Letter

3 August 2020
Rhodes University Counselling Centre
Drostdy Road
Grahamstown
6139

RE: Request for Permission to Conduct Research

Dear Ms. Christine Lewis

My name is Nicky Keet, a Counselling Psychology student at Rhodes University. The research I wish to conduct for my Master's thesis involves investigating students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19.

I am hereby seeking your permission to gain access to clients of the Student Counselling Centre, specifically those clients who have transitioned from face-to-face therapy to online therapy during COVID-19. I will not have direct contact with the clients; however, I will work with the 2020 intern psychologists at the SCC asking them to forward my information to their clients and for the clients themselves to contact me. I have provided you with a copy of my research proposal which includes copies of the consent forms to be used in the research process, as well as a copy of the ethical approval letter which I received from the Rhodes University Ethical Standards Committee (RUESC). The research aims to contribute to studies on online therapy; training of therapists with regards to online psychotherapy and to add to research with regards to online therapy in the South African context. I will gladly provide the SCC with a summary of my findings at the conclusion of my study.

If you require any further information, please do not hesitate to contact me via my email address, nicky.keet@gmail.com. Thank you for your time and consideration in this matter.

Yours sincerely,

Nicky Keet
Rhodes University

Appendix B: Email to Psychologists

Dear Colleagues

My name is Nicky Keet, a Counselling Psychology intern at Rhodes University. I have received permission to contact you from Ms Noma Mrwetyana and Ms Christine Lewis regarding your assistance in research I am conducting. The research I wish to conduct for my Master's thesis involves investigating students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19. The research has received ethical approval from RUESC.

I am hereby seeking your assistance in accessing some of your RU student clients last year, specifically those students who transitioned from face-to-face therapy to online therapy during COVID-19. I will not have direct contact with the students for recruitment purposes; so, I am asking for your help in forwarding the below information at attachment to your clients who transitioned from face-to-face therapy with you to online therapy and for the clients themselves to contact me for participation. As there is some risk for distress/anxiety in participating, could you please screen your clients so that the call for participation is not sent to particularly 'vulnerable' clients.

The following can be copied and pasted to send your clients:

"Dear Student Counselling Client(s),

One of our colleagues, Nicky Keet, a Counselling Psychology Masters student at Rhodes University, is in the process of completing her mini-thesis dissertation. Within this, she looks to study students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19. Seeing as you have experienced this transition in therapy, she is hoping you would be interested in participating in her study. Participating in this study is voluntarily, however, those that choose to participate will be subsidized for their time with R100 data gift voucher, in addition, your participation contributes to studies on online therapy; training of therapists with regards to online psychotherapy and to add to research with regards to online therapy in the South African context.

If you are interested in participating in this research project, please contact Nicky on her email address nicky.keet@gmail.com or her cellphone number: 0724357715. Once you indicate your interest to her, she will forward you further information.

Thank you for considering being part of this research project."

If you require any further information, please do not hesitate to contact me via my email. Thank you for your time and willingness to assist in this matter.

Yours sincerely,
Nicky Keet

Appendix C: Ethical Approval

Rhodes University Human Ethics Committee
PO Box 94, Makhanda, 6140, South Africa
t: +27 (0) 46 603 7727
f: +27 (0) 46 603 8822
e: s.manqele@ru.ac.za
NHREC Registration number: RC-241114-045

https://www.ru.ac.za/researchgateway/ethics/

12/04/2021

Nicole Tahnee Keet

Email: g20k8730@campus.ru.ac.za

Review Reference: 2021-1552-5980

Dear Prof Lisa Saville-Young

Title: Students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19.

Principal Investigator: Prof Lisa Saville-Young

Collaborators: Miss Nicole Keet,

This letter confirms that the above research proposal has been reviewed and **APPROVED** by the Rhodes University Human Ethics Committee (RU-HEC). Your Approval number is: 2021-1552-5980

Approval has been granted for 1 year. An annual progress report will be required in order to renew approval for an additional period. You will receive an email notifying when the annual report is due.

Please ensure that the ethical standards committee is notified should any substantive change(s) be made, for whatever reason, during the research process. This includes changes in investigators. Please also ensure that a brief report is submitted to the ethics committee on the completion of the research. The purpose of this report is to indicate whether the research was conducted successfully, if any aspects could not be completed, or if any problems arose that the ethical standards committee should be aware of. If a thesis or dissertation arising from this research is submitted to the library's electronic theses and dissertations (ETD) repository, please notify the committee of the date of submission and/or any reference or cataloging number allocated.

Sincerely,

Prof Arthur Webb

Chair: Rhodes University Human Ethics Committee, RU-HEC

cc: Mr. Siyanda Manqele - Ethics Coordinator

Appendix D: Participation Information Sheet

Participant Information Sheet

Title of Study: *Students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19.*

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether to take part.

WHO I AM AND WHAT THIS STUDY IS ABOUT?

My name is Nicky Keet, a Counselling Psychology student at Rhodes University. The research I wish to conduct for my Master's thesis involves the exploration of students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19. The research aims to provide a basis for possible future interventions and contribute to studies on online therapy, the training of therapists and add to the current research with regards to online therapy in the South African context.

WHAT WILL TAKING PART INVOLVE?

Your participation will involve participating in an individual interview with the research. The interview will be about an hour long on the Zoom platform. The interview will be a conversation between you and me, in which you tell me in detail about your experiences of the transition. This may include topics like your experience of face-to-face therapy before COVID-19, the process of moving from face-to-face to online psychotherapy, what it has been like – positives and negatives. The interviews will be audio-taped and will take place face to face if restrictions allow. A R100 data voucher will be provided for your time and effort to participate in the study.

WHY HAVE YOU BEEN INVITED TO TAKE PART?

You were selected because you have had face-to-face therapy before and had to transition from face-to-face therapy to online therapy because of COVID-19.

DO YOU HAVE TO TAKE PART?

Participation is completely voluntary, and you have the right to refuse to take part or to stop if at any point you feel uncomfortable. If you decide to not take part, there will be no consequences that will affect your work in any way.

WHAT ARE THE POSSIBLE RISKS AND BENEFITS OF TAKING PART?

You may experience the interviews with the researcher as helpful opportunities to reflect on your experiences of transitioning between therapeutic mediums and how negatively or positively this has affected you and your therapeutic process. There is a small risk that talking about your experiences could increase your anxiety or cause you distress. You are invited to voice to the researcher any concerns you have about your participation in the study, or consequences you may experience because of your participation, and to have these addressed to your satisfaction. Should you experience distress because of the interview, the researcher will facilitate a referral for counselling at the Rhodes Psychology Clinic, however there may be a waiting period. The researcher will be available for immediate debriefing and will facilitate support from colleagues should this be necessary.

WILL TAKING PART BE CONFIDENTIAL?

Taking part will be confidential and all information that could identify you to others will be changed or anonymized. All non-anonymized information in the form of signed consent forms and audio recordings will be collected and retained as part of the research process but they will be kept in a secure and safe place. Confidentiality will however have to be broken if the researcher has a strong belief that there is a serious risk of harm or danger to either the participant or another individual or if a serious crime has been committed.

HOW WILL INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?

All data gathered will be locked away in a secure place that only the researcher and research supervisor have access to. Audio tapes will be transcribed as soon as possible, and technical safeguards will include the use of computer passwords, firewalls, anti - virus software and

encryption that protects the data from unauthorized individuals, loss, theft, or modification. All electronic data will be password protected and encrypted.

WHAT WILL HAPPEN TO THE RESULTS OF THE STUDY?

The results of the research proposal will be presented in the form of a thesis which will be submitted in partial fulfillment of the requirements for the awarding of a Master's degree. All identifying information will be anonymized. You will also be given feedback about the results of the study should you wish to receive this.

WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?

You can contact me via email on nicky.keet@gmail.com or by phone on 0724357715.

THANK YOU

Appendix E: Informed Consent

RHODES UNIVERSITY – DEPARTMENT OF PSYCHOLOGY **AGREEMENT BETWEEN STUDENT RESEARCHER AND RESEARCH PARTICIPANT**

I ____ (participant's name) agree to participate in the research project of Nicky Keet on students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19.

I understand that:

1. The researcher is a student conducting the research as part of the requirements for a Masters degree at Rhodes University. The researcher may be contacted on +2772 4357715 or nicky.keet@gmail.com. The research project has received ethical approval from the Rhodes University Ethical Standards Committee (RUESC) and Mr. Manqele can be contacted via email on s.manqele@ru.ac.za or telephonically on 046 603 7727 should there be any ethical concerns. The research project is under the supervision of Prof Saville Young in the Psychology Department at Rhodes University, who may be contacted on l.young@ru.ac.za or 046 603 8047.

2. The researcher is interested in students' experiences of a forced transition from face-to-face psychotherapy to online psychotherapy during COVID-19. The findings from the study may be used to develop future interventions and contribute to studies on online therapy; training of therapists and add to the research with regards to online therapy in the South African context.

3. My participation will be voluntary, and as such my participation or non-participation will have no influence on me.

4. My participation will involve being interviewed once for about one hour. The interviews will take place on Zoom and will be audiotaped.

5. I may be asked to answer questions of a personal nature, but I can choose not to answer any questions about aspects of my life which I am not willing to disclose.

6. I may experience the interviews with the researcher as helpful opportunities to reflect on my experiences transitioning between face-to-face therapy and online therapy.
7. There is a small risk that talking about my experiences could increase my anxiety or cause me distress. I am invited to voice to the researcher any concerns I have about my participation in the study, or consequences I may experience because of my participation, and to have these addressed to my satisfaction. Should I experience distress because of the interview, the researcher will facilitate a referral for counselling at the Rhodes Psychology Clinic, however there may be a waiting period. The researcher will be available for immediate debriefing and will facilitate support from my support network should this be necessary.
8. I am free to withdraw from the study at any time – however I commit to full participation unless some unusual circumstances occur, or I have concerns about my participation which I did not originally anticipate.
9. The report on the project may contain information about my personal experiences, attitudes and behaviours, but that the report will be designed in such a way that it will not be possible for myself or anyone I mentioned in the interview to be identified by the general reader as all identifying information will be anonymized.
10. This research has been approached with permission from the gatekeepers (the Head of the Counselling Centre; the Registrar and the Director of Student Affairs) with the express purpose of asking for permission to gain access to participants through the intern psychologists and other psychologists at the counselling centre.

Signed on (Date):

Participant: ____________________________ Researcher: ____________________________

Appendix F: Interview Schedule

Interview Schedule

1) Tell me about your experience of face-to-face therapy before COVID-19?

2) Tell me about what it was like for you when the lockdown took place and you realised that you had to move to/begin therapy again online rather than face to face?

3) Think back to your first online therapy session and describe to me what you remember about that experience.

4) Describe to me how your experience of therapy online changed over time.

5) Now, looking back at the whole process, how would you describe your experience of online therapy?

6) What things would you change about the online therapy process if anything?

7) With restrictions easing many therapy processes returned to face to face, what happened for you?

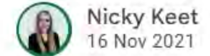
Throughout the interview process the interview will probe for actual examples of participants' experiences to gain access to specific details of their experiences.

Appendix G: Example of Initial note taking

enjoyed the online because you could work from home. And then you also said that you felt that you could still feel the empathy and the connection even though it was online.

P5: Yes. But then, obviously, with online, the downside was the things like my connection would be bad, or, you see even now, we tried to have this call out of the wind and stuff like that. So, it would be like connectivity issues that would come about and then we'd have to kind of postpone, or things like that. So, that was the only major issue or, like, con of online therapy. But other than that, I enjoyed it. But that was when I was in (inaudible). And there I was, also just to give context. So, when I was doing the therapy in 2020, the majority of the time then I was home alone. And so, it was never an issue of privacy or anything like that. But now I'm back at home. And now that's the major con, is less privacy. So, I have to go outside to speak to my therapist. And yeah, even now, for this session, I knew, "Okay, I have to come outside or something like that, just for more privacy." So, my experience now with therapy is kind of hindered because of being back home. And now I feel sometimes my session has to be cut short, or some sort of interruptions will come about and that's the one major, it's a big, big, major setback of the online session, that's mostly to do it the fact that I am back at home, so I have no privacy in a black household.

Technical Glitches



Technical Glitches

Privacy

Privacy

Viewers of this file can see comm

Appendix H: Example of coding

Coding	Online Therapy Quotes	Initial Comments
Loss of Routine	P1: "But then also like switching, I feel like there's no routine… "I don't think I really minded it but then because I said there's no routine, you know you're leaving your flat and going to campus, just, I don't know what to do with my feelings..."	Overwhelmed by loss of routine; uncontained feelings; loss at transition
Online therapy: Continuous	P4: "I was relieved to hear that I could still continue therapy online. To me, it was more relief, I was thinking, "Okay, right now, I'm in a pandemic, and I do not have access to therapy because of it. So, I was relieved to know that I can still have therapy sessions online."	Relief at continuation of therapy
Online therapy: Convenient; comfortable; authentic	P2: "You can just tell her you want to do it a different day or something. And it's a lot easier than having to deal with it in person." P4: "…Because it was just much more easier. I could just get up and then go on to Zoom. And then, I have access to my therapist from the comfort of my own home. So, I didn't mind the transition. In fact, I preferred it that way, being online." P5: "I mean, it was difficult in the sense that when you have to go see your therapist, you really need to make an effort of looking a particular way. Right? And now you are at home and you literally now look the way that you feel. Now you're possibly in your hoodie and your jammie."	P2: Convenience in anonymity P4: Easier being in the comfort of her own home; preference to comfort P5: Emphasis on comfort and presenting oneself as more authentic; 'look the way you feel'; not having to put on a front or 'dress up' for therapy.

Appendix I: Stages of transcription (Stage 2-6)

Individual Quotes	Initial Notes	Emergent Themes	Subordinate Themes	Superordinate Themes
P:3 "In fact, I preferred it that way, being online… I can literally just wear casual clothes, like just wear a hoodie and whatever. Look, I can be presentable at the top and then just sit there and talk."	External presentation of what she feels internally	Authenticity in online sessions	The comfort and convenience of online therapy	Online therapy as authentic and continuous
P:4 "And now I feel sometimes my session has to be cut short, or some sort of interruptions will come about and that's the one major, it's a big, big, major setback of the online session, that's mostly to do it the fact that I am back at home, so I have no privacy …"	Interruptions during online session.	Concerns around privacy	Online therapy as risky	Online therapy as disruptive and invasive
P:5 "You could see she [therapist] was clearly making an effort to look into the camera, and to listen… I was surprised at how effective it was, and how held I did feel in that space. And so, I guess, testament to good facilitation in whatever space."	Effort of therapist helped with facilitation and holding of space	Transition made easier with effort from therapist	Therapist's use of transparency and containment to secure the online environment	Getting used to online therapy with some help from the therapist
P2: "Although there is that lag of wifi, that interrupts speeches or interrupts me talking or her talking. And that does make it quite difficult to get a full train of thought out."	Internet connection problems during therapy sessions	Technology causing interruptions in therapeutic process	Technological barriers to online therapy	Online therapy as disruptive and invasive