

Psychotherapists' perceptions and attitudes towards the use of Online Therapy during Covid-19 pandemic in Harare, Zimbabwe

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Abstract: The COVID-19 pandemic has unexpectedly forced many businesses and organisations to close their doors, including mental health services. This has driven many psychotherapists to use information and communication technologies (ICTs) to provide services to their clients during the COVID-19 pandemic. However, little is known about how such technologies has impacted their practice. This study aimed to explore the perceptions of psychotherapists toward the use of online / cyber counselling. Data was collected via online dissemination of questionnaires 50 practising psychologists, from different areas of specialisations. The results showed their past experience with online psychotherapy, use of online platforms during the pandemic, the challenges they encountered in online sessions, and their general perceptions and attitudes toward online psychotherapy. Most psychotherapists showed a positive attitude towards online therapy during the pandemic, noting flexibility of the method among many others. The perceptions and attitudes are influenced by clinical experienced, availability of ICT tools and the ability to shift from the traditional face to face therapy to online therapy. Limitations of this survey study, implications and future directions were highlighted in this research.

Keywords: online therapy, attitudes, perceptions, Covid-19.

I. INTRODUCTION

Originating as a cluster of unexplained cases of pneumonia in Wuhan, China, novel coronavirus disease – officially designated as COVID-19 by the World Health Organization has reached the level of a pandemic, affecting countries all across the world (Rajkumar, 2020). To date (July 16th, 2021), over 188,655,968 confirmed cases including 4,067,517 deaths attributable to this disease have been reported (WHO, 2021). Covid-19 has currently affected people all over the world, changing the day to day way of life. Unfortunately, the COVID-19 pandemic has taken the mental health system by surprise, with the state of lockdown forcing businesses to close their doors, including many mental health services. In the wake of this global health crisis, many psychotherapists and other mental health professionals has been driven towards digital information and communication technologies (ICTs) for online consultations, providing continuity of care to their clients (Tohme et al, 2021).

Online therapeutic services have been around long before the dawn of the COVID-19 pandemic and resulting lockdown

(Tohme et al, 2021). Even during Sigmund Freud era letters were reported to be extensively used in communication between the therapist and the clients. Similarly, self-help groups began emerging on the internet as early as 1982 (Gratzer and Khalid-khan, 2016). Despite the availability of the necessary technological tools and increasing insights into processes involved in online therapy, few mental health professionals had fully adopted this practice, or even made the move towards blended psychotherapy combining face-to-face and online consultations before the COVID-19 pandemic (Ryu, 2010).

Facing the challenges of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus which causes Covid-19 transmitted from human to human by respiratory droplets and close contact (Van Doremalen et al, 2020), mental health professionals had to move towards digital psychotherapy in order to provide on-going care to avoid a potential exacerbation of symptoms of stress and anxiety triggered by the novel coronavirus (Matheson et al, 2020).

Online therapy, also known as e-therapy, e-counselling, tele-therapy, or cyber-counselling, contribute to mental health services and sustenance over the internet. Services can be provided through email, text messaging, video conferencing, online chat, messaging, or internet phone. (Cherry, 2021). The use online therapy has some following advantages namely that, it is convenient for people who live outside big cities, that is in regions which are remote from the experts and centres where they can provide psychological service for people who cannot leave their home because of their physical disabilities or chronic diseases and its convenient for those who travel frequently (Shaw & Shaw, 2006). Another advantage is that during an online contact, people can disclose themselves more comfortably, a situation which may not be possible if it is face-to-face communication, so in short, it has privacy (Shaler, 2019). More so, the main purpose of e-therapy during the COVID-19 is to reduce the psychological discomfort of individuals against the upsurge, to provide emotional support and to improve the coping skills. It has been suggested that the application of e-therapy must involve the four main elements; assessment, psycho- education,

emotional support and action strategies (Iacoviello & Charney, 2020).

Discoveries from the pandemic so far show that it affects mostly high- and middle-income countries and has shown the value of social distancing measures and healthcare system preparedness (Ferguson *et al.*, 2020). Irrespective of Psychotherapists' previous experiences and attitudes toward online psychotherapy, the current (COVID-19) pandemic forced many psychotherapists to abruptly stop face-to-face sessions and switch to online psychotherapy. People around the world were advised to practise social distance at their work places and work from home. The idea behind all this was to slow down the spread of the COVID-19 virus. Given that attitudes and expectations toward online therapies have an important effect on the efficacy of the treatment (Tonn *et al.*, 2017) states that, it is important to understand how this forced transition to online psychotherapy influences, and psychotherapists' attitudes toward online psychotherapy. With the above aim in mind, the current study seeks to examine the perceptions and attitudes of psychotherapists towards online therapy. Research of this nature is one of the much desired efforts to address mental health crisis during disasters such as the COVID-19 pandemic.

II. MATERIALS AND METHODS

Participants

Fifty registered psychologists and interns (n = 20 were counselling, n = 11 were community, n = 11 educational, and n = 8 were clinical) participated in the study. Participants were recruited from Allied Health Practitioners Council of Zimbabwe (AHPCZ), a regulatory body mandated to assist in the promotion of health of the population of Zimbabwe through regulating, controlling, supervising all matters of training, registration, practice and enforcement of ethics and discipline amongst allied health practitioners in Zimbabwe. Participants were randomly selected through WhatsApp, word of mouth, and targeted e-mails in the AHPCZ database. Participants provided online informed consent. They were aged between 21 and 60 years and 72% were women.

Procedure

A survey was developed to collect data on the perceptions and attitudes of psychotherapists on the use of online consultation during the COVID-19 pandemic. A combination of open ended and closed questions on psychotherapist's experiences with online therapy before and during the pandemic were developed. A web-link of the online questionnaire was sent via WhatsApp platform and emails for participants to proffer answers to. The questionnaire included 20 questions. The e-mail containing the questionnaire included the study's description and aims, followed by an informed consent form. If the person agreed to participate, a link gave them access to the questionnaire. Data was exported from Smart Survey.

Data analysis

Mixed research approach was used in collecting, analysing and interpreting qualitative and quantitative data. Descriptive survey was conducted for the sample characteristics that are gender, age, professional and educational background. Collected data was analysed, using bar graphs, pie charts, tables and percentages. All responses from the interview schedule were recorded and analysed to expose the general opinions and expressions of the psychotherapist perceptions and attitudes towards online therapy during COVID-19 pandemic.

III. RESULTS

From the results obtained most of the participants were women (72%) and men comprised only (28%) as shown in Table: 1. The age group pattern of the participants that were between the age group was as follows: 21 and 30 was 17%, 31 and 40 was 5%, 41 and 50 was 72% and 51 and 60 was 6%.

Table 1: Demographic factors

Gender	Percentage %
Male	28
Female	72
Age in Years	
21-30	16
31-40	6
41-50	72
51-60	6

Months or years of experience with online therapy

A group discussion was conducted through the Zoom platform to find out the months and years of experience which psychotherapists' had with online therapy. The results showed that most of the respondents had 1-2 years of experience with online therapist that the period when the country was hard-hit by the COVID-19 pandemic. Some other respondents had less than 1 month of experience and few respondents with experience of 5 years and above.

Transition to Online Psychotherapy during the COVID-19 Pandemic

From the results obtained it showed that Psychotherapist had resorted to online. The great majority of psychotherapists prepared for the transition to online therapy was shown in the results (n = 36; 72%) and these had already resorted to the use of online psychotherapy. It also showed that the Psychotherapist had interest in online therapy (n = 42; 83%) and those who showed no interest were (n = 8; 17%). Of the therapist (n = 36; 72%) had experience with online therapy and (n = 14; 28%) had no experience with online therapy

Table 2: Responses

1.	Interest with online therapy	Percentage(%)
	Yes	83
	No	17
2.	Experience with online therapy	
	Yes	72
	No	28
3.	Have resorted to online therapy as a counselling due to COVID-19	
	Yes	72
	No	28
4.	Have used online therapy the elderly (60 years and above)	
	Yes	6
	No	94

Among the psychologists who used ICTs to provide online therapy the following tools were used tools that is video conferences (n = 6; 12%), telephone calls (n = 11; 22%), e-mails (n = 6;12%), and social networks (n = 20; 40%) and smart phones and tablet apps (n = 5; 10%). Results shown in Table 3

Table 3: Online Platform Used

TOOL USED	BEFORE COVID-19 PANDEMIC %	DURING COVID-19 PANDEMIC %
Email	4	
Audio conference/videoconference (e.g. Google meet, Zoom)	4	16
Social networks (e.g. Facebook, WhatsApp, Twitter)	8	16
Smartphone and tablet apps	2	40
Telephone calls	10	10
None	72	18

Advantages and Challenges of using online counselling and therapy

In Table 3 flexibilities were the most frequently selected advantage (n = 35; 70%), followed by possibility of interacting with clients/patients from any location (n =20;10%), some respondents highlighted that online counselling had privacy (n =5;10%). There were some anticipated challenges that psychologists had already faced or were afraid of facing when using ICT in offering psychological counselling and therapy, the most frequently referred challenge was interruption of the sessions due to network or electricity power cuts (n = 20; 40%) lack of adequate resources (like phones, data and airtime) to use during online sessions (n =16;32%).

Other challenges cited were reduced privacy when conducting sessions (n =6;12%) and difficulty in establishing therapeutic relationship (n =5;10%). Respondents did not view significant decrease or increase in the frequency of the session and lack

of nonverbal communication as challenges that can be faced when using online therapy.

Table 4: Perceptions towards online therapy

Statement	Responses	Frequency/Percentage n %
Is there still therapeutic relationship with clients when using online therapy	Completely Agree	12 (25)
	Agree	28 (56)
	Neither agree nor disagree	6 (13)
	Disagree	0
	Completely disagree	4 (6)
How do you speculate working with clients online	Very effective	9 (17)
	Effective	20 (39)
	Somewhat effective	17 (33)
	Not effective at all	4 (11)
Anticipated challenges of online therapy	Reduced therapeutic adherence	3 (6)
	Lack of adequate resources (like phones, data and airtime)	16 (32)
	Complication in building therapeutic relationship	5 (10)
	Disruption of the sessions due to network or electricity power cuts	20 (40)
	Lack of non-verbal communication	0
	Reduced privacy	6 (12)
The elderly face following challenges	Lack of expertise in using online technology	9 (19)
	Customarily or culturally they do not accept online therapy	31 (62)
	Do not have the gadgets	3 (6)
	Others (specify)	7 (13)
Perceived benefit of online therapy	Can interact with clients/patients from any place	10 (20)
	Time flexibility	35 (70)
	Online counselling has privacy	10 (20)
How do you assess online therapeutic sessions as opposed to face to face sessions?	Much worse	0
	Better	12 (24)
	More or less the same	32 (64)
	Worse	6 (12)
	Much better	6 (12)

IV. DISCUSSION

This study aimed to explore psychologists’ attitudes and perceptions towards online therapy during the COVID-19 pandemic lockdown period. The findings represent the involvement of quite a number of psychotherapists and a small number of clients/patients who access therapy in particular, through online. Results showed that more than half of the psychologists have read about it and had experience, while some had already used these tools, even if not exclusively, in their professional practice before Covid -19 this was consistent with a previous study from (Mendes-Santos, 2020). The findings corroborate with scholars like (Cipolletta &Mocellin, 2018) who asserted that clients prefer online counselling because of its convenience and accessibility. It is not startling that there is consistency in convenience across countries and cultures. The use of Apps

like WhatsApp, e-mail, Facebook, twitter, Skype, *etc* are the same in all regions because the same applications are being used and the settings may be similar. This was also supported by (Barak et al.2009) who stated that online counselling and therapy are likely to increase acceptability of the Internet as a legitimate social tool, computer hardware and software developments (especially in relation to ease of use, privacy protection, and online communication capabilities), development of ethical guidelines by various professional organizations.

Looking at the issues that concern accessibility, network problems they may be different from country to country or from region to region. the most frequently referred challenge was interruption of the sessions due to network or electricity power cuts interruption of the sessions. It would be recapitulated that although online counselling is within reach, in some areas in Zimbabwe, for instance, there are problems of wide internet coverage which hinder clients/patients in reaching out easily to counsellors or therapist online. Furthermore, in the findings psychotherapists do prefer the WhatsApp messaging because it is outstandingly of low cost than making normal phone calls and using video-conferencing. More so, the COVID-19 crisis and global pandemic has highlighted the importance of the use of online therapy using digital tools like apps to offer care in times of need. The issue of social distancing and stay-at-home measures induced a new degree of social isolation, which can result in psychological and emotional stress which calls for more sessions (Marroquin, et al, 2017). Face-to-face therapy services may be restricted to limit the spread and potential exposure to the COVID-19. In these difficult times, the use of online therapy, can help to address the issues of mental health. Research also suggests that online therapy may be very effective in the treatment of several health issues. A study conducted by Gratzler and Khalid (2016), found that online cognitive behaviour therapy combined with clinical care was effective in the treatment of depression, anxiety, and illness-related emotional distress. In some incidences, the results showed that some patients had better outcomes with online therapy than face to face.

In our study it showed that they are perceived disadvantages that maybe encountered through the use of online counselling, this include issues like accessibility of online counselling. As noted in the analysis, client issues centred on unsteady network, not relating properly or not being able to express oneself online, and lack of trust due to the absence of physical contact. In support of perceived disadvantages were Palomares and Miller (2018) who pointed on the issue of privacy, confidentiality, security, and safety in online psychotherapy one can make use of unsecured websites or unencrypted communication tools unknowingly, like commercially available software that is easily hacked. Data security may also be compromised when technology fails with potential breaches of confidentiality that might extend beyond the therapist's control .It would be deduced however that although patients/clients had great experiences online, they

encountered some trust issues. Shandro (2007) reiterated that experts believe that online counselling is an anomaly of certain essential elements during counselling sessions. With the use of online psychotherapy, it is ineffective because anybody can access client's information and may be potentially harmful due to trust issues on both parties. Therefore, caution must be taken when doing online counselling.

From the study, the participants mentioned several obstacles to online counselling, some of which were lack of sufficient resources like phones data and airtime, difficulty in establishing therapeutic relationship, which was anticipated as a major obstacle in the use of online therapy, reduced privacy, significant decrease or increase in the frequency of the sessions, reduced therapeutic adherence and lack of non-verbal cues. If these obstacles are addressed properly they will make online counselling and therapy more successful and enjoyable. Focusing at the elderly the participants perceived low interest in the use of online counselling and therapy mainly due lack of experience in using online technology, traditionally or culturally they do not accept online therapy they are not used to it and the other reason is that they do not have the gadgets to use. This was supported by (Lee, C. and Coughlin, J.F. 2014) who said that older adults represent a special group concerning the usage of information and communications technologies. They are usually more cautious in adapting new technologies and often less experienced. They also show less confidence in dealing with the internet and privacy protection to them online therapy does not offer any protection they need.

Limitations of the study

To start off, this was a cross-sectional research design in which data was collected from many different individuals at a single point in time. Our sample size was very small mainly focusing on people living in areas where they would access internet since the questionnaire was online. This means those psychotherapists who were out of reach could not participate in this research. This survey study focused more on psychotherapists but patients' perceptions and attitudes will be more important to examine, especially because the online interventions are designed to be used by patients/clients and there is need to consider how they perceive online therapy in the future in this time of global distress of the COVID-19 pandemic. The data collection took place during the period of absolutely unique and exceptional lockdown measures to prevent and to control the spread of coronavirus was put in place. So it was not easy to reach out for many psychologists since many of them rely mainly on the internet at their work places. Lastly, considering that the study was carried out online and the participants were contacted via WhatsApp and e-mail, it may be also taken into consideration that these may have had limited experience in the use of these platforms in expressing their concerns about online counselling online. A face-to-face survey or interaction would have yielded more

responses as compared with the online platform that was used in the survey.

V. CONCLUSION AND RECOMMENDATIONS

Our results show that, despite the stressful factors brought by COVID-19 pandemic, perceptions and attitudes toward online psychotherapy were reasonably positive amongst psychotherapists. The study revealed some benefits of online counselling. From research, it has been confirmed that these benefits that can be experienced by the patients/clients namely accessing counselling services conveniently while enhancing privacy and mobility. Many of the factors that we found to be related to psychotherapists' attitudes and perceptions toward online psychotherapy are factors like previous online psychotherapy experience, preparations of psychotherapist and patient, and in-session experiences of feeling, less connected and authentic, might be usefully addressed and catered for in the future and there is need for further training and peer support on providing online psychotherapy. Given that online psychotherapist experience has been found to lead to more positive attitudes toward conducting online therapy, it is possible for them to feel at ease when using online psychotherapy.

Fisher (2015) highlight that there is need for peer support and supervision during (reflection in action) and after (reflection on action) when conducting sessions, this pandemic might increase psychotherapists' ability for reflective practice and making sense of this global crisis as well as resulting changes in their therapeutic work. From other studies, it has been realized that developed countries have established online counselling services whereby clients/patients have the opportunity to log on to health care website and engage in a chat with a therapist or counsellor or to schedule for an appointment.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHOR CONTRIBUTIONS

TM designed the procedures, collected data, analyzed the data and drafted the manuscript. LD & JM drafted the manuscript, gathered the data from the literature, and reviewed the manuscript. All authors read and approved the manuscript.

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DATA AVAILABILITY

All datasets generated or analyzed during this study are included in the manuscript.

ETHICS STATEMENT

Not Applicable.

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