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# How are Online and Face-to-Face Psychotherapy Perceived by Clients? A Metaphor Analysis*

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Studies about online psychotherapy have gained momentum as the coronavirus pandemic has had an impact on conducting them face to face. The effectiveness and therapeutic alliance in online psychotherapy have been examined and sometimes compared with face-to-face psychotherapy. In these studies, it was seen that mainly quantitative methods were used. Exploratory qualitative research is needed to refine the literature on online psychotherapy. For this purpose, in this study, data obtained from clients who received face-to-face or online psychotherapy were analyzed using the metaphor analysis method, which is one of the descriptive phenomenological approaches. According to the data obtained from 116 people, nine different categories of metaphors related to online and face-to-face psychotherapy were obtained. The most frequent metaphors about online psychotherapy belonged to categories of convenience, artificiality, similarity to face-to-face psychotherapy, and ineffectiveness. The frequent metaphors about face-to-face psychotherapy belonged to categories of contact, effectiveness, reality, and difficulty. When the participants were divided into two groups according to their age, the opinions about online psychotherapy differed in the two age

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groups. Similarly, the opinions of people who received psychotherapy with different methods differed for the online psychotherapy. Clinical implications and limitations were discussed.

***Keywords:*** Psychotherapy, online psychotherapy, face-to-face psychotherapy, telepsychology

## Highlights

- This study used metaphor analysis to reveal the client's perceptions about different types of psychotherapy.
- Regarding face-to-face psychotherapy, metaphors were frequently produced under the categories of contact, effectiveness, reality, and difficulty.
- Convenience, artificiality, similarity, and ineffectiveness metaphors were produced for online psychotherapies.
- Opinions about online psychotherapy differed between young and middle-aged clients.

Especially after the coronavirus lockdown, online psychotherapy increased in frequency worldwide due to quarantines and social distancing precautions (Lewis et al., 2021; Schuster et al., 2018). When studies on online psychotherapy were examined in the literature, it was seen that there are many terms that describe it, such as cyberpsychotherapy and internet-based psychotherapy (Yılmaz, 2021).

Online psychotherapy can be done in a variety of ways from e-mailing to texting, live videoconferencing to artificial intelligence-driven psychotherapy (Amichai-Hamburger et al., 2014; Kneeland, 2021; Manhal-Baugus, 2001; Rochlen, 2004). It is obvious that online psychotherapy increased in prevalence and in popularity due to the COVID-19 pandemic and lockdown (García et al., 2022). Some types of psychotherapy began online, while some others started face to face and later switched to online due to restrictions (Kneeland, 2021; van der Vaart et al., 2014; Wentzel et al., 2016).

Although understudied, online psychotherapy has been found to have efficacy (García et al., 2022) and be effective (Barker and Barker, 2022) when compared with face-to-face psychotherapy. The literature suggested that online psychotherapy provided at the cognitive behavioral school is the most frequently found as effective, and more research is needed for the effectiveness of other types of psychotherapy such as psychodynamic psychotherapy (de Bitencourt Machado et al., 2016; McDonald et al., 2020).

Online psychotherapy has its own advantages over face-to-face psychotherapy. In a randomized controlled non-inferiority trial for the treatment of depression, Wagner et al., (2014) compared internet-based psychotherapy with face-to-face psychotherapy. The results showed that internet-based depression psychotherapy was equally as beneficial as face-to-face psychotherapy. More interestingly, internet-based depression treatment was more effective in follow-up studies than face-to-face psychotherapy. Likewise, Preschl et al. (2011) ran a randomized controlled trial to compare online and face-to-face psychotherapy

in the treatment of depression. The findings indicated a strong therapeutic bond in online psychotherapy, comparable to face-to-face psychotherapy. Holmes and Foster (2021), in their study evaluating clients' perceptions of the therapeutic relationship in face-to -face and online psychotherapy, found no difference between the strength of the therapeutic relationship in online and face-to-face psychotherapy. The remarkable point in these findings is that there is no difference between online and face-to-face psychotherapy in terms of social presence variable. Social presence refers to the sense of awareness and participation that a person feels when communicating with another person through technology. Comparing these two types of psychotherapy in trauma treatment, Knaevelsrud and Maerchker (2006) suggested that the therapeutic bond in online psychotherapy is stronger than that in face-to-face psychotherapy. Examining the conversion of sessions that started with face-to-face psychotherapy to online psychotherapy for the treatment of eating disorders, Lewis et al. (2021) showed that positive attitudes towards online psychotherapy were associated with a strong therapeutic bond. Moreover, Knaevelsrud & Maerchker (2006) and Lewis et al. (2021) stated that the severity of psychopathology did not affect satisfaction with online psychotherapy or the strength of the therapeutic alliance.

The most frequently researched dimension about the effectiveness of online psychotherapy in the literature was seen as the subject of therapeutic alliance. Although online psychotherapy has been seen as a complement to traditional face-to-face psychotherapy as a result of the benefits provided by developing technology (Berle et al., 2015; Cipolletta et al., 2018; Norwood et al., 2018), studies evaluating the effectiveness of online psychotherapy have shown that it is more than a less effective alternative when face-to-face psychotherapy is not possible (Cook and Doyle, 2002; Knaevelsrud & Maerchker, 2006; Reynolds et al., 2006; Preschl et al., 2011; Wagner et al., 2014; Holmes & Foster, 2021; Lewis et al., 2021). Long before online psychotherapy gained momentum, Cook and Doyle (2002) argued that the therapeutic relationship and its components did not differ in online and face-to-face psychotherapy.

There are experimental studies (Preschl et al., 2011; Wagner et al., 2014) that include quantitative measurements, designed in a randomized and controlled manner, in order to reveal the embodiment of therapeutic processes such as emotions and therapeutic relationships in online psychotherapy. Among these, García et al. (2022) underlined the need to evaluate the inclusiveness of online psychotherapy more in terms of verbal and non-verbal behavior, eye contact, and the management of silence in a study in which they conducted semi-structured interviews with phenomenological analysis. Cipolletta et al. (2018), on the other hand, analyzed video-recorded online psychotherapy interviews with conversation analysis and stated that it is important for clients to feel safe and comfortable for the formation of a therapeutic bond in online therapies. According to the researchers, the therapist's style and personality determine the therapeutic relationship rather than the modality of the psychotherapy. For example, it has been stated that providing inter-session availability has a positive effect on the therapeutic relationship, which in fact varies according to the style

of the therapist. Moreover, Mallen et al. (2003), examined online and face-to-face conversations with the discourse analysis method. Their study was neither conducted with a clinical sample and nor were the conversations in the study related to psychotherapy. Still, the findings of the study showed that there was no difference between face-to-face and online conversations in terms of judging emotions. In face-to-face conversations, feeling positive or negative affect is more intense compared to online. Their study also showed that the sense of closeness felt in online conversations is related to the earlier experience of speaking on online platforms.

In light of this information, it was concluded that perceptions of online and face-to-face psychotherapy can be affected by many different variables and these variables should not be limited to the context of the therapeutic relationship. From this point of view, perceptions of online therapy should be investigated with exploratory and therefore qualitative methods. For this purpose, the metaphor analysis method, which is one of the descriptive phenomenological design types from qualitative research approaches, was used (Moser, 2000; Saban et al., 2007). The descriptive phenomenological design aims to reveal the meanings and conceptualizations attribution to the phenomenon by individuals who have had experiences with this phenomenon (Gök & Kara, 2021). Moser (2000) suggested that metaphors can predict the indicator and quality of variables such as the relationship between a client and a therapist in clinical psychology. According to Moser, metaphors are context sensitive, but they are also abstract models of reality, like mental models and cognitive schemas. Likewise, Lakoff and Johnson (1980) postulated that metaphors structure thoughts and thought-driven actions. She also put forward that metaphors can also provide narratives about sensory and tactual imagery about a concept. With the perspective provided by Moser (2000) and Lakoff and Johnson (1980), this research study aimed to explore the perceptions of currently therapy receiving clients about face-to-face and online psychotherapy with the metaphor analysis method. Within the scope of this research, the difference between the clients' perceptions of online and face-to-face psychotherapy was also examined, particularly after the COVID-19 pandemic, which increased the frequency of delivery of online psychotherapy.

## Method

### Participants

A total of 139 participants attending online psychotherapy sessions participated in the current study. The type of online psychotherapy they received was a synchronous video call in which a client and a psychotherapist interact both verbally and visually. There were 124 females (89%) and 10 males (7%), and 5 participants preferred not to indicate their gender (4%). After data screening, 23 participants' data were excluded, of whom18 did not give a proper metaphor to face-to-face psychotherapy, whereas 5 additional participants did not provide a metaphor to online psychotherapy. The metaphors of the remaining 116 participants were analyzed. Most of the participants were females ($N$ = 107, 92%) while there were 9 males (8%). The ages of the participants varied between 18 and 45 ($M$ = 29.82; $SD$ = 5.63) years. Further details about the participants are shown in Table 1

**Table 1**
*Demographic Characteristics of the Sample*

| **Variables** | *f* | % | *M* | *SD* |
|---|---|---|---|---|
| **Sex** | | | | |
| Male | 9 | 92 | | |
| Female | 107 | 8 | | |
| Age | | | 29.82 | 5.63 |
| **Education** | | | | |
| High School | 10 | 9 | | |
| University | 64 | 55 | | |
| Graduate | 42 | 36 | | |
| Use of Psychiatric Medicine | | | | |
| Yes | 21 | 18 | | |
| No | 95 | 82 | | |
| Diagnosis | | | | |
| Yes | 35 | 30 | | |
| No | 81 | 70 | | |
| Type of Diagnosis | | | | |
| Anxiety Disorders | 13 | 37 | | |
| Depressive Disorders | 17 | 50 | | |
| Obsessive and Compulsive Disorders | 2 | 5 | | |
| Personality disorders | 3 | 8 | | |
| Most Used Method of Psychotherapy | | | | |
| Online | 76 | 65 | | |
| Face to face | 40 | 35 | | |
| Type of Psychotherapy Received | | | | |
| Do not know | 30 | 26 | | |
| CBT | 24 | 20 | | |
| Eclectic | 8 | 7 | | |
| EMDR | 7 | 6 | | |
| Gestalt | 12 | 10 | | |
| Positive Psychotherapy | 2 | 2 | | |
| Psychoanalytic | 9 | 8 | | |
| Psychodynamic | 13 | 11 | | |
| Schema | 5 | 4 | | |
| Existential | 3 | 3 | | |
| Arts Therapy | 1 | 9 | | |
| Mindfulness | 2 | 2 | | |
| Number of Psychotherapists Worked With | | | 1.81 | .97 |
| 1 | 56 | 48 | | |
| 2 | 36 | 31 | | |
| 3 | 17 | 15 | | |
| 4 | 6 | 5 | | |
| 6 | 1 | 1 | | |

## Measurement

The data of the current study were collected online in two parts. After providing informed consent, participants were invited to fill out demographic questions such as their sex, age, and education status. Additional questions were posed about their psychiatric diagnoses, the type of psychotherapy received, which method was preferred in receiving psychotherapy (online or face to face), and the number of psychotherapists worked with. After this, the participants were invited to share their perception of online and face-to-face psychotherapy by metaphors. With this aim, two fill in the blank sentences were presented to the participants. The first sentence was "*Online psychotherapy is like…. because……*"; while the latter was "*Face-to-face psychotherapy is like ….. because …….*", both of which were completed by the respondents to elicit their metaphors about online and face-to-face psychotherapy (Moser, 2000). All of the questions were in Turkish. The data provided in the response line of each of the fill in the blank sentences were stored in the main dataset of the current study. This method of data collection relies on the expectation of participants making their implicit beliefs about online and face-to-face psychotherapy explicit by the use of metaphors. The metaphor topics, such as online and face-to-face psychotherapy, are expected to resemble metaphor vehicles through the use of the word "like". Moreover, explanations written after the word "because" were expected to clarify the resemblance between the metaphor topic and the vehicle (Moser, 2000; Gök & Kara, 2021; Saban et al., 2007)

## Procedure

An online survey via Google Docs was administered between April and June 2021. The participants were recruited by announcements on social media to collect data. Ethical approval of this study was obtained by İzmir Bakırçay University Ethical Committee of Non-invasive Clinical Research on April 29, 2021, under decision number 276. All of the participants provided written informed consent at the beginning of their participation, and participation was on a voluntary basis. All of the participants were reached through social media platforms.

## Data analysis

Participants who are currently continuing psychotherapy were contacted and invited to participate in the study. Of the 139 participants, data for 23 were deleted because they did not fill in one or both metaphors: leaving the data of 116 respondents. Since there were two metaphors asked, 232 sentences were analyzed using the metaphor analysis proposed by Moser (2000) and Saban et al. (2007). Accordingly, the data were processed through four stages, which were naming/labelling, sorting (clarification and elimination), categorization, and data analysis. Each procedure is explained below.

*Naming/labelling of the data*: Linguistic metaphors given by the participants were read thoroughly by the coders. At the next step, each metaphor was simply coded by the researchers (for example, medicine, conversation, or crime scene) for online and face-to-face psychotherapy. All of the participants gave proper metaphors when filling in the blanks; however, if a participant did not supply an answer to the related lines, no code was denoted.

*Sorting (clarification and elimination)*: This procedure was accomplished by characterizing the compounds of each response. These compounds were the topic (online or face-to-face psychotherapy), the vehicle (the term used to resemble to the topic) and the ground (nature of the resemblance between the topic and the vehicle). No code responses were eliminated for further data processing (n= 23, 20%).

*Categorization*: Each coder examined the responses of 116 participants on two topics and organized them into conceptual themes. For online psychotherapy 62 metaphors were

determined, while for face-to-face psychotherapy, there were 75 metaphors. A total of 137 responses on two topics were further classified into categories that they best represented. This representation was determined by depending on the metaphor, on the reasons supplied by the respondents, and similarities with other metaphors. As a result, 9 categories were determined for both online psychotherapy and face-to-face psychotherapy.

*Data analysis*: The raw data were re-examined to check the metaphors to select the most appropriate expression for each. The researchers did not implement any word restrictions in the response lines of the fill in the blank sentences, and because of this, some participants provided long answers for the metaphor ground (i.e., the part after the because clause). In these instances, the most important characteristic of the metaphoric expression was selected. A list of the verbal descriptions of each metaphor was developed so they could be further analyzed and classified into categories. The metaphors were further classified into conceptual categories on the basis of their distinctive and predominant features. These categories were designated on the basis of the relevant literature about online psychotherapy/teletherapy and face-to-face/conventional psychotherapy, the participants' self-expressed metaphorical expressions, and the work-related experiences of the researchers. The data analysis was carried out using the SPSS package program to enable comparison and grouping of the metaphors and categories. After all of the metaphors and categories were defined and agreed on, they were translated into English.

## Results

Nine conceptual categories were derived from the metaphors expressed by the respondents for online and face-to-face psychotherapy. Table 2 displays the different conceptual categories for online and face-to-face psychotherapy and enables a comparison between them. Moreover, Tables 3 and 4 illustrate the summary of the classification of the metaphors into conceptual categories for online and face-to-face psychotherapy, consecutively. The results show that the categories with the most types of metaphors for online psychotherapy was artificiality, convenience, and ineffectiveness, respectively, whereas these categories were contact, challenge, and effectiveness, respectively, for face-to-face psychotherapy.

**Table 2**
S*ummary of the Conceptual Categories for Online and Face-to-Face Psychotherapy*

| Online Psychotherapy | | | | Face-to-Face psychotherapy | |
|---|---|---|---|---|---|
| Categories | Counts | % | % | Counts | Categories |
| Similarity | 21 | 18 | 5 | 6 | Similarity |
| Effectiveness | 5 | 4 | 18 | 21 | Effectiveness |
| Ineffectiveness | 18 | 16 | 15 | 17 | Factuality |
| Insecurity | 6 | 5 | 5 | 6 | Security |
| Ephemerality | 5 | 4 | 4 | 5 | Permanence |
| Necessity | 7 | 6 | 5 | 6 | Convenience |
| Convenience | 26 | 23 | 4 | 5 | Conventionality |
| Artificiality | 21 | 18 | 31 | 35 | Contact |
| Accessibility | 7 | 6 | 13 | 15 | Challenge |

**Table 3**
*Summary of the Classification of the Metaphors into Conceptual Categories for Online Psychotherapy*

| Online Psychotherapy | | |
|---|---|---|
| Categories | Metaphors (f) | Number of Metaphors |
| Similarity | Like its face-to-face psychotherapy (20), reality (1). | 2 |
| Effectiveness | Like an electronic vehicle (1), useful (2), valid (1), productive (1). | 4 |
| Ineffectiveness | Like getting affected from internet disengagement (1), a lecture (1), an unripe almond (1), deficient (2), ineffective (4), an interview (2), neutral (1), unproductive (4), a zoom meeting (1), a tasteless meal (1). | 10 |
| Insecurity | Like throe (1), hearable (1), insecure (2), time-space compression (1), alien (1). | 6 |
| Ephemerality | Like fast food (1), not the first choice (1), tourniquet (1), substitute (2), | 4 |
| Necessity | Like an immediate aid (1), lifesaver (1), healthy in pandemic (2), indispensability (3). | 4 |
| Convenience | Like a friend (4), aspirin (1), belonging (2), hand mirror (1), communication (1), home (6), coffee machine (1), comfort zone (2), orthopedic bed (2), practical (2), comfy (2), timesaver (2). | 12 |
| Artificiality | Like a computer game (1), a glass bell (1), insensitive (2), remote (3), insincere (1), artificial (2), virtual (2), shallow (1), limited (1), cinema (1), cold (1), distance education (1), chatting (1), an alien (1), a YouTube video (1), superficial (1). | 16 |
| Accessibility | Like easily accessible (4), a medicine (1), an opportunity (1), an easily accessible friend (1). | 4 |

**Table 4**
*Summary of the Classification of the Metaphors into Conceptual Categories for Face-to-Face Psychotherapy*

| Online Psychotherapy | | |
|---|---|---|
| Categories | Metaphors (f) | Number of Metaphors |
| Similarity | Like undecomposable (1), online psychotherapy (5). | 2 |
| Effectiveness | Like an almond (1), expected good days (1), more effective (3), productive (5), effective (4), good internet connection (1), comprehensive (1), a self-exploration book (1), healthy (1), treatment (1), a slow brew coffee (1), a surprise (1). | 12 |
| Factuality | Like factual (5), realist (5), a vivid feeling (2), a real place (1), real life (1), a crime scene (1), a street game (1), a theater (1). | 8 |
| Security | Like mom's lap (1), feeling secure (1), secure place (2), secure (1), trusted place (1). | 5 |
| Permanence | Like main source of support (1), traditional (2), a medicine (1), a medical operation (1). | 4 |
| Convenience | Like home (1), feeling free (1), comfortable (1), calming (2), convenient (3). | 5 |
| Conventionality | Like being a guest (1), being in school manager's room (1), an authority (1), an official (1), taking an exam (1). | 5 |
| Contact | Like a conversation with a friend (4), a meeting (1), a live concert (1), natural (1), perceivable (2), well-visible (2), genuine (3), warm (1), emotional (1), a sensible place (1), energy transaction (1), contact (5), being eye to eye (1), strong bond (2), sincere (1), relationship (2), a place where words don't get lost (1), touching to the soul (1), synergetic (1), satisfying (1), being close (2), | 21 |
| Challenge | Like feeling pressure (1), an exam requiring serious preparation (1), tense (1), dividing life (1), scary (1), being cornered (1), dull (1), being in the spotlight (1), difficult to sustain (1), serious (1), being in a foreign place (1), time consuming (3), a challenge (1). | 13 |

These expressions of the respondents were coded as metaphors by two coders. In this type of qualitative research, to determine the inter-rater reliability, the inter-rater agreement formula of Miles and Huberman (2015) was calculated using the equation: Reliability = Agreement / (Agreement + Disagreement). Since the coders disagreed on 13 metaphors, the calculation was 124 / 137 = 0.90, which indicated good inter-rater reliability for the inter-rater agreement.

When categories that are presented in Tables 3 and 4 were compared and contrasted between online and face-to-face psychotherapy, the similarity and effectiveness categories emerged for both. The similarity category of the online and face-to-face psychotherapy did not have a variety of metaphors; generally the

same metaphors were produced with high frequency. One of which is exemplified as "*Online psychotherapy is like face-to face psychotherapy because you find a chance to express yourself in an isolated place"*. For the effectiveness category of the online psychotherapy, an example metaphor is "*Online psychotherapy is like an electronic machine because it helps look at what is inside us*". The third category was ineffectiveness, and it included metaphors such as "*Online psychotherapy is like a lecture because it does not work*", "*Online psychotherapy is like an unripe almond because it is not mature and or nutritious*", "*Online psychotherapy is like an interview because it provides limited reality*". The fourth category, insecurity, was expressed in these metaphors: "*Online psychotherapy is like a throe because it causes pain*", "*Online psychotherapy is like time-space compression because it does not make us feel safe*", "*Online psychotherapy is like being insecure because people in your household can overhear your conversations and you lose the feeling of being protected"*. The fifth category was ephemerality, which was shown in the following metaphors: "*Online psychotherapy is like fast food because there is no home-made food*", "*Online psychotherapy is like a tourniquet because it can protect us until the operation*". The sixth category was necessity, which was organized by metaphors like "*Online psychotherapy is like an immediate aid because it can save lives*", "*Online psychotherapy is like a lifesaver because some people cannot survive without it*". The seventh category was convenience, a theme that emerged from the following metaphors: "*Online psychotherapy is like an aspirin because it is easy to obtain", "Online psychotherapy is like a friend because I stay where I feel comfortable", "Online psychotherapy is like a coffee machine because it makes our lives easier", "Online psychotherapy is like an orthopedic bed because it is comfortable and economic*". The eighth and most frequent category was about artificiality, signaled among these metaphors: "*Online psychotherapy is like a video game because your body does not move but you play a game", "Online psychotherapy is like a glass bell, you do not touch it while you just see what is inside", "Online psychotherapy is like a cinema because you watch yourself from the stage", "Online psychotherapy is like Youtube videos because I feel I cannot transfer my feelings outside and I cannot understand the person I am facing*". The final category was accessibility, which was represented in these metaphors: "*Online psychotherapy is like medicine because it eases pain without waiting for an appointment", "Online psychotherapy is like an easily accessible friend because it can be with you fast".*

There were nine metaphors produced for face-to-face psychotherapy, and six separate categories were created when the categories of similarity, effectiveness, and convenience were shared with online psychotherapy. The first category was similarity, and a sample quote under this category is "*Face-to-face psychotherapy is like online psychotherapy because the same methods are used, and the important thing is the existence of the therapeutic alliance".* For the effectiveness category of face-to-face psychotherapy, some example metaphors were: "*Face-to-face psychotherapy is like an almond because it is mature and nutritious", "Face-to-face psychotherapy is like a good internet connection because the interaction and the communication are strong", "Face-to-face psychotherapy is like slowly brewed coffee because it tastes how it should*

*taste*", "*Face-to-face psychotherapy is like effectiveness because it does not get distracted"*. The third category was factuality, indicated among these metaphors: *"Face-to-face psychotherapy is like real life because it lets us explain life in a real environment", "Face-to-face psychotherapy is like a crime scene because everything happens instantaneously, and intervention is less likely to go unnoticed*". The fourth category was about security. An example metaphor under this category is: "*Face-to-face psychotherapy is like mom's lap because it is our safest place"*. The fifth category was permanence, shown in these metaphors: *"Face-to-face psychotherapy is like traditional psychotherapy because it has been taught through generations", "Face-to-face psychotherapy is like medicine because it always helps", "Face-to-face psychotherapy is like a medical operation because some infections can be completely healed just by opening the wound"*. The sixth category, convenience, can be exemplified by this metaphor: *"Face-to-face psychotherapy is like convenience because I can express myself comfortably*". The seventh category, conventionality, is exemplified by these metaphors: *"Face-to-face psychotherapy is like being a guest because you are not in a familiar environment yet try to be frank", "Face-to-face psychotherapy is like taking an exam because it requires preparation, which makes me feel uncomfortable*". The eighth and the most frequently produced metaphor category was contact, which is shared in these metaphors: *"Face-to-face psychotherapy is like a live concert because it's warmer, it's more exciting to see your vitality, you don't just feel the emotion, you just live it", "Face-to-face psychotherapy is like being eye-to-eye, because you feel completely safe and able to receive support", Face-to-face psychotherapy is like touching the soul because the psychologist can make more constructive and redeeming statements with the results they feel from the behaviors, facial expressions, and eyes"*. The ninth and the second most frequent category was challenge, exemplified in the following metaphors "*Face-to-face psychotherapy is like an exam requiring serious preparation because you always have a pair of eyes on you", "Face-to-face psychotherapy is like being cornered because the therapist is just two meters away from you".*

Table 5 displays the differences in the distribution of the conceptual categories for the online and face-to-face psychotherapy between the two age groups. Since age was a continuous variable, the median split was used to elicit two similar size categories. The median age variable was 29; hence, the first group consisted of 62 clients who were between 18 and 29 years of age, whereas the latter group included 54 clients between 30 and 45 years of age. A cross-tabulation was performed to examine the differences between the young and middle-aged participants. A chi square analysis was employed between the two age groups and online/face-to-face psychotherapy categories. The young and middle-aged participants differed in the online psychotherapy category ($\chi 2$ (8, $n$ =116) = 22.58, $p < .05$), whereas there was no difference between them in terms of the face-to-face psychotherapy category ($\chi 2$ (8, $n$ = 116) = 7.38, $p$ = .50). Participants in the young age group produced more metaphors for the convenience category, while the middle-aged participants produced more metaphors for the similarity category for online psychotherapy. On the other hand, the most frequently produced category elicited by the young and middle-aged participants was contact.

**Table 5**
*Comparison of the Counts of the Categories Between the Young and Middle-Aged Clients*

| Online Psychotherapy | | | Face-to-Face Psychotherapy | | |
|---|---|---|---|---|---|
| Categories | Young | Middle | Young | Middle | Categories |
| Similarity | 4 | 17 | 2 | 4 | Similarity |
| Effectiveness | 4 | 1 | 11 | 10 | Effectiveness |
| Ineffectiveness | 8 | 10 | 10 | 7 | Factuality |
| Insecurity | 5 | 1 | 2 | 4 | Security |
| Ephemerality | 4 | 1 | 5 | 0 | Permanence |
| Necessity | 7 | 0 | 3 | 3 | Convenience |
| Convenience | 14 | 12 | 2 | 3 | Conventionality |
| Artificiality | 13 | 8 | 20 | 15 | Contact |
| Accessibility | 3 | 4 | 7 | 8 | Challenge |

Lastly, a comparison between the clients who have been attending online or face-to face psychotherapy was computed in terms of the conceptual categories. There were 76 clients who reported they have been attending online psychotherapy and 40 clients who reported that they have been attending face-to-face psychotherapy. Since the sizes of the groups seemed comparable, Table 6 illustrates their differences in their counts of categories for online and face-to-face psychotherapy. The type of the attended psychotherapy resulted in differences in the online psychotherapy category ( $\chi 2$ (8, $n$ =116) = 22.00, $p < .005$), whereas they did not produce differences in the face-to-face psychotherapy category ($\chi 2$ (8, $n$ =116) = 9.95, $p$ = .27).

When the online psychotherapy category was investigated, the online psychotherapy clients gave more metaphors to signify its similarity and convenience than the face-to-face psychotherapy clients, who, on the other hand, produced more metaphors for the artificiality category than the online psychotherapy clients.

**Table 6**
*Comparison of the Counts of the Categories Between Clients Currently Attending Online or Face-to-Face Psychotherapy*

| Online Psychotherapy | | | Face-to-Face Psychotherapy | | |
|---|---|---|---|---|---|
| Categories | Online Therapy Participant | Face-to-Face Therapy Participant | Online Therapy Participant | Face-to-Face Therapy Participant | Categories |
| Similarity | 18 | 3 | 5 | 1 | Similarity |
| Effectiveness | 5 | 0 | 12 | 9 | Effectiveness |
| Ineffectiveness | 11 | 7 | 12 | 5 | Factuality |
| Insecurity | 1 | 5 | 4 | 2 | Security |
| Ephemerality | 3 | 2 | 3 | 2 | Permanence |
| Necessity | 5 | 2 | 3 | 3 | Convenience |
| Convenience | 19 | 7 | 4 | 1 | Conventionality |
| Artificiality | 8 | 13 | 19 | 16 | Contact |
| Accessibility | 6 | 1 | 14 | 1 | Challenge |

## Discussion

The current study aimed to investigate the ideas of psychotherapy clients about face-to-face and online psychotherapy by analyzing the metaphors that they produced. Metaphors enable the understanding of mental models in order to organize our knowledge about the phenomena (Moser, 2000; Saban et al., 2007). Different metaphors may emerge from the participants, who are the focus group of the cases, and their number may be high, which requires the classification of similar metaphors in the same group.

Differently expressed metaphors were classified in the same group based on the sentences in which their resemblances were explained. In other words, although the expressions of the vehicles are different, their grounds are similar, enabling the metaphors to be categorized in the same group. Similarly, metaphors that explained the ground differently, even though the vehicle was written in the same way, were also categorized in different groups. One example from the results is the metaphor "medicine". For online psychotherapy, medicine was categorized under the accessibility category since the ground explained that online psychotherapy is like medicine because it is easy to access. In the case of face-to-face psychotherapy, medicine was categorized under the permanence category, since its ground stated that face-to-face psychotherapy is like a medicine since it is a permanent treatment. Furthermore, some metaphor vehicles produced by the participants for online and face-to-face psychotherapy were similar in word terms to the category they belonged to. For example, if the metaphor tool produced about face-to-face psychotherapy was 'effective', the response using this metaphor tool was included in the effectiveness category.

The categorization of the metaphors of online and face-to-face psychotherapy yielded nine categories for each of them, while not all of them were popular. From the most popular to the least, online psychotherapy elicited convenience, artificiality, similarity, ineffectiveness, accessibility, necessity, insecurity, effectiveness, and ephemerality. On the other hand, contact, effectiveness, factuality, challenge, security, convenience, similarity, conventionality, and permanence categories were those elicited, in order, for face-to-face psychotherapy. The first four categories were more popular for each type of psychotherapy, whereas the last five were not so popular. Online psychotherapy was found to be more convenient and similar to face-to-face psychotherapy, but artificial and ineffective. Face-to-face psychotherapy was conceptualized more with challenge due to pre-session preparation, which was the opposite correspondence of the convenience category for online psychotherapy. However, face-to-face psychotherapy was found to be effective, factual, and involve contact with many senses.

The artificiality of online psychotherapy and the factuality of face-to-face psychotherapy seem to be compatible with a study by García et al. (2022) on the embodiment of online therapy. They stated that the inclusiveness of gaze behavior, verbal, and nonverbal behavior, silence management, and reflectivity need to be adjusted in online therapy for inclusiveness. The clients' characterization of

face-to-face psychotherapy as effective and online psychotherapy as ineffective seems to be compatible with the results of the studies of Berle et al. (2015), Cipolletta et al. (2018), and Norwood et al. (2018). This result may have been due to the relatively new acquaintance with online psychotherapy in Turkey. Due to the diversity arising from the fact that the standards have not yet been determined with online psychotherapy, although online psychotherapy was found to be similar to face-to-face psychotherapy, metaphors may also be produced that they are ineffective.

There may also be other variables that shape clients' opinions about online and in-person psychotherapy. When the literature was examined, it was seen that online and face-to-face psychotherapy were compared for various psychopathologies, but this comparison did not occur as a comparison of the opinions of different psychopathologies such as depression (Preschl et al., 2011; Wagner et al., 2014) and trauma (Knaevelsrud & Maerchker, 2006) about online or face-to-face psychotherapy. Similarly, no studies were found to compare different age groups. However, there were comparative studies conducted separately on adolescents (King et al, 2006) and adults (Berle et al., 2014). In these studies, it was seen that quantitative methods were generally used. However, it is believed that the adaptation to the digital and virtual world may be effective in understanding and conceptualizing online psychotherapy. From this point of view, in this study, the participants were divided into two groups according to their age, with a median split, and their categorizations regarding online and face-to-face psychotherapy were examined. According to Prensky (2001), 1987 was a year that differentiated generations' exposure to the digital and virtual worlds. People born before 1987 are called digital immigrants, these people were born into an analog world and later adapted to the digital world. Those born after 1987, on the other hand, were able to meet the digital world at an earlier stage of their life, and for this reason they were called digital natives. At the time of data collection for this study, those born between 1992 and 2003 were in the young age group, while those born between 1976 and 1991 were in middle-age group. Considering that the median year is 1991, which coincides with the break in 1987, it can be thought that the young group is digital native, and the middle-age group is digital immigrant.

When the views of these two groups, which differed in their connection with the digital world, about online and face-to-face psychotherapy were compared, it was seen that the opinions of these two age groups differed in regard to online psychotherapy, but this differentiation was not effective in their views on face-to-face psychotherapy. This showed that there was enough experience to reach a consensus on the views about face-to-face psychotherapy, even at different ages. The experience in online psychotherapy is incomparable with that in face-to-face psychotherapy, and the age at which these groups meet the online world may have created a difference in opinions about online psychotherapy. While the middle-aged participants produced metaphors that they found online psychotherapy more often similar to face-to-face psychotherapy, the younger

participants more often produced metaphors on the artificiality, insecurity of online psychotherapy, but also its necessity. According to Zur and Zur (2011), digital natives prefer social mediums for various purposes from training to having fun, while digital immigrants, on the other hand, prefer to use the internet to gather information. Even the security concerns of these two groups are different from each other; while digital immigrants have more physical security concerns such as kidnapping, theft and assault, digital natives are concerned about theft of their email accounts and social accounts, cyberbullying, and crimes. This difference in their concerns explains the insecurity in online psychotherapy, in other words, the risk arising from the lack of standards, which was more recognized by the digital native group.

The perceptions of clients who received online or face-to-face psychotherapy about online and face-to-face psychotherapy were also compared. In the categories produced for face-to-face psychotherapy, no differences were observed according to the psychotherapy method chosen by the clients. In the categories produced for online psychotherapy, the type of psychotherapy method that the clients received differed. Clients receiving online psychotherapy reported more frequently that online psychotherapy was similar to face-to-face therapy, was comfortable, and was ineffective. Clients receiving face-to-face psychotherapy, on the other hand, reported more frequently the artificiality of online psychotherapy. In short, it was observed that the group receiving online psychotherapy gave opinions in categories that had more positive meanings about online psychotherapy compared to the group receiving face-to-face psychotherapy. This is similar to self-selected samples, as expressed in a study by Berle et al. (2015). They stated that online psychotherapy is more desirable if data is collected over the internet. As the data were collected online within the scope of this study, such a result may have been in question.

This study is the first in literature to collect and compare information about both online and face-to-face psychotherapy. In order to compare these two different types of psychotherapy, the metaphor analysis method, which is an example of qualitative analysis, was used. In this way, the clients were provided the opportunity to express their cognitive schemas, narratives, representations, and conceptualizations in their own words (Moser, 2000).

## Limitations and Future Research Directions

This study was not free of limitations. The fact that the data were collected online within the scope of the study may have paved the way for more answers by people with online psychotherapy experience. As a matter of fact, it is not clear whether the people who received face-to-face psychotherapy had received online psychotherapy before or whether they had returned to online therapy for a period during the pandemic period. This might affect the acquaintance and accustomedness of online psychotherapy negatively and might shape clients' narratives and metaphors regarding it. Future studies are advised to take clients' familiarity with online psychotherapy into account.

It should also be kept in mind that online psychotherapy is most frequently given via synchronous video calls in Turkey (Erdem and Özdemir, 2020; Yılmaz, 2021). However there are many other ways that online psychotherapy is presented such as a/synchronous texting and e-mailing with psychotherapists or artificial intelligence (Manhal-Baugus, 2001; Rochlen, 2004; Reynolds et al., 2006; Amichai-Hamburger et al., 2014; Kneeland, 2021); thus, future studies can also recruit participants who receive other types of online psychotherapy, which can allow us to compare their ideas about those as well.

Metaphors can be viewed differently in different cultural contexts due to language and narratives used in different cultures. The data of this study were in Turkish and they were analyzed by the authors, whose mother language is Turkish. In different cultural contexts, different metaphors can be produced. Future studies are recommended to carry out metaphor analysis for comparative reasons.

## Clinical Implications

Online psychotherapy can be an option for providing psychotherapy services for several groups of people from different ages and cultural backgrounds. Due to its novelty and dependency on technological assistance, and people's different level of accustomedness of technological improvements, online psychotherapy might be perceived as carrying a less facilitative value than it actually has, which is evident from the categories that emerged for online psychotherapy, such as ineffectiveness, artificiality, ephemerality, and insecurity. Psychotherapists are better equipped to answer questions and provide solutions to provide psychotherapy online to people from different generations that have different level of habituation of using technology. Because of themes such as ephemerality, insecurity, ineffectiveness, and artificiality arising from the online psychotherapy metaphors, psychologists should be able to evaluate their clients' hesitations towards online psychotherapy and offer evidence-based explanations for these perspectives.

## Conclusion

Online psychotherapy is becoming more and more popular and prevalent due to its advantages and accessibility during restrictions (Knaevelsrud & Maercker, 2006; Wagner et al., 2014; Schuster et al., 2018). More studies are needed to investigate the perceptions of different means of online psychotherapy such as a/synchronous texting, e-mailing, video calling with human psychotherapists or artificial intelligence are needed. On the other hand, different schools of online psychotherapy is also needed to be shown as effective to consolidate the effectiveness of online psychotherapy in general (de Bitencourt Machado et al., 2016; McDonald et al., 2020). Online group psychotherapy and couple psychotherapy is yet another dimension in need of future research (Kneeland, 2021).

Face-to-face and online psychotherapy were compared to each other since they are seen as alternatives, yet they should not be conceptualized as in competition with each other. With its limitations, online psychotherapy, once proven to be effective and efficacious, can benefit a large group of people in need of psychotherapy services.

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# Kako klijenti opažaju onlajn psihoterapiju, a kako psihoterapiju licem-u-lice? Analiza metafora

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Studije o onlajn psihoterapiji dobile su zamah kako je pandemija koronavirusa uticala na održavanje psihoterapije licem-u-lice. Prethodna istraživanja su ispitivala efikasnost onlajn psihoterapije i terapijski savez u ovoj vrsti psihoterapije, a ponekad su ih poredili sa psihoterapijom licem-u lice. U ovim studijama su uglavnom korišćene kvantitativne metode. Eksplorativna kvalitativna istraživanja su potrebna kako bi se usavršila saznanja o onlajn psihoterapiji. U tu svrhu, u ovom istraživanju, podaci dobijeni od klijenata koji su pohađali psihoterapiju licem u lice ili onlajn analizirani su pomoću metode analize metafora, koja predstavlja jedan od deskriptivnih fenomenoloških pristupa. U odgovorima 116 osoba, pronađeno je devet različitih kategorija metafora koje se odnose na onlajn i licem-u-lice psihoterapiju. Metafore koje su se odnosile na psihoteraciju bile su učestalije iz kategorija praktičnosti, artificijelnosti, sličnosti sa psihoterapijom licem-u-lice i neefikasnosti. Što se tiče psihoterapije licem-u-lice, česte metafore su pripadale kategorijama kontakta, efikasnosti, stvarnosti i teškoća. Kada su učesnici podeljeni u dve grupe prema svojim godinama, mišljenja o onlajn psihoterapiji razlikovala su se u dve dobne grupe. Slično tome, mišljenja ljudi koji su primali psihoterapiju različitim metodama razlikovala su se u pogledu onlajn psihoterapije. Razmatrane su kliničke implikacije i ograničenja.

*Ključne reči:* Psihoterapija, onlajn psihoterapija, psihoterapija licem u lice, telepsihologija

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