Pandemic Times and the Experience of Online EMDR Practice in Greece: A Qualitative Study on Obstacles and Perspectives

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The COVID-19 pandemic has had a biopsychosocial impact on the Greek mental health system by worsening symptoms of depression and stress in the general population. As the need for mental health services increased, the pandemic strongly affected EMDR practice, and training which was mainly online, during 2020. In a small sample consisting of 40 EMDR practitioners, a brief online questionnaire was administered concerning the obstacles that professionals believe they face doing online EMDR therapy in Greece during the pandemic. A conventional qualitative analysis was conducted on the respondents' feedback by coding the content. Among others, the results showed two categories of practical and psychosocial defects in the efficient application of online EMDR practice. Lack of physical contact, poor application of bilateral stimulation based on technical difficulties, poor computer skills, and physical exhaustion due to continuous lockdown were some of the content subcategories. The results are discussed concerning the current context of the pandemic and local characteristics. Moreover, practical implications for online EMDR practice are discussed.

Keywords: EMDR; qualitative study; COVID-19; content analysis; online therapy

Due to the early introduction of measures and their exceptional success, the death toll during the first COVID-19 wave in Greece was one of the lowest in the world. Although lockdown was initially a successful public health measure, it did not continue to be so during the second and the third waves of the COVID-19 pandemic. Lockdown measures during these latter waves became less strict and ineffective, with social mobility increasing and the physical distancing between individuals decreasing. Following more than a decade of economic crisis and austerity measures in Greece, the public health sector struggled to overcome the overwhelming burden of an emerging novel disease. During the first months of 2020, there was no specific medicinal cure or effective vaccine. The general population in Greece suffered from elevated levels of depression, stress, suicidal ideation, and anxiety during the COVID-19 pandemic (Fountoulakis et al., 2021). Other researchers assessed depression and anxiety, beliefs in conspiracy theories, sexuality, sleep, and quality of life in a sample of Greek university students. Data were collected online using well-established questionnaires (Kaparounaki et al., 2020). Results showed a significant increase in anxiety, depression, suicidal intention and thoughts, and loss of value in life. The most common conspiracy theories for COVID-19, which were found in the study, were that the virus was a laboratory product or

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a bio-weapon and deliberately spread. Fountoulakis et al. (2021) investigated the same phenomena in the general population. A questionnaire was registered online to 3,399 individuals (approximately 25–45 years old, with most of them female) to gather demographic health data and assess previous psychiatric history, current anxiety and depression levels, suicidality, and beliefs in conspiracy theories. More than 45% of the sample showed significantly increased anxiety and approximately 10% had clinically significant depression and suicidal ideation. Beliefs in conspiracy theories were widely prevalent; at least half of the participants were influenced by various misconceptions. As well as considering the expression of anger in the family environment as a protective factor, Fountoulakis et al. (2021) suggested that conspiracy theories' beliefs (in both the general population and students) are a coping mechanism against the emergence of distress and depression rather than their cause.

Moreover, a study of 5,116 adults (Papadopoulou, 2021) found that 26.51% were potentially clinical cases of depression, while 5.20% reported suicidal thoughts. Higher suicidal ideation rates were reported during the last 2 weeks of the lockdown than in the previous 2 weeks. According to the findings, suicidal ideation prevalence had an alarming increase during the lockdown period.

In a time of crisis like the COVID-19 pandemic, the need for improving online therapy is more urgent than ever. Online psychotherapeutic services have the great potential for being a serious alternative to in-person mental health services. For example, in their Updated Depression guideline, the National Institute for Health and Clinical Excellence (2020, p. 170) recommends computerized cognitive behavioral therapy (CBT) as a primary treatment intervention. It defines Computerized CBT as a structured CBT program, delivered via CD-ROM, DVD, or the internet, with content similar or identical to treatment provided as usual. Although evidence on effectiveness is still emerging, in the field of EMDR therapy, Moench and Billsten (2021) described a computerized low-intensity EMDR Group Traumatic Episode Protocol (G-TEP). The Self-Care Traumatic Episode Protocol (STEP) is a modified Group Traumatic Episode Protocol intervention for front-line mental health workers. The STEP, which combines psychoeducation, stabilization, containment, and processing strategies, appears to provide rapid improvements in self-efficacy, symptoms of depression, anxiety, and stress in mental health settings where practitioners are dealing with the repercussions of COVID-19.

In a pilot study (Farrell et al., 2021), EMDR therapy focusing on the Blind to Therapist Protocol (B2T) was a credible treatment when used as a videoconferencing psychotherapy (VCP) for pathogenic memories involving the difficult emotions of shame, guilt, disgust, and fear of retaliation. VCP appeared to provide more flexibility and financial efficiency than face-to-face therapy. The field of remotely delivered EMDR therapy for depression and suicidality is little studied: Using a clinically depressed Canadian population, Winkler et al. (2021) presented a protocol for web-based delivery of EMDR for patients with suicidal ideation (S.I.). The ongoing trial of this web-based protocol with S.I. patients will inform us about the safety of web-based EMDR treatment for challenging populations. Clinicians are usually reluctant to offer trauma-focused therapies to suicidal patients as they fear a heightening of suicide risk. Therefore patients mainly rely on medications and continuous hospitalizations for crises, without further treatment. Further investigation of this protocol indicates that resourcing may play a crucial role in building and maintaining a web-based therapeutic relationship with suicidal patients. Therefore, the protocol will involve a safety plan and preparation exercises prior to trauma confrontation. These resourcing exercises include "container," "safe or calm state," "internal meeting place," "safe place for parts," and "updating emotional circuits." Careful attention to resourcing prior to trauma confrontation likely improves the likelihood of a positive web-based relationship between client and clinician.

The COVID-19 pandemic is an opportunity for providing, expanding and improving much-needed online psychotherapeutic services for those in remote areas or islands. Greece's geography consists of various remote areas, especially on hundreds of Aegean islands and in the mountainous areas which make up 80% of the mainland (Hellenical Statistical Authority [ELSTAT], 2021; Papaspyrou et al., 2004). It is evident from the above data that there is a need for consultation with, and guidance for, mental health professionals practising online EMDR therapy in Greece. Assessing their needs so that they may provide remote EMDR therapy to a highly depressed population during the pandemic will be a challenge, but also an invaluable opportunity to assess and improve our future online services. Considering the current situation in Greece, it would be necessary to assess training and practice of online EMDR therapy, alongside the basic protocol and other developing protocols and standards. In tackling the pandemic and the measure of physical distancing, it is considered essential and

urgent to develop guidelines, providing the opportunity for mental health professionals in Greece to develop effective interventions and EMDR e-therapies using digital applications.

Because working online during a pandemic is a novel state for any therapist and there is no specialized theoretical framework for this study, the research question was "What are the problems encountered in practising online EMDR therapy and training during the pandemic in Greece?" In an attempt to answer the above research question, the study used the applied methodology of Conventional Content Analysis in order to utilize all of the qualitative data provided by the respondents. The aim of Conventional Content Analysis is the formation of major themes, categories, and subcategories, independent of the frequency of the content of responses. This qualitative method allows for the plethora of information to be captured (Hsieh & Shannon, 2005). A hypothesis is derived from the social and psychological framework that has been created during the pandemic, and it is expected that EMDR therapists will be affected by the situation as described in the above literature. Therefore, we also expect that one of the first priorities of EMDR therapists will be to protect themselves and their clients while supporting them online during these challenging times. A reasonable assumption is that the limited non-verbal communication between therapist and patient during online therapy may be problematic (Mast, 2007).

Method

Participants

Forty EMDR professionals in Greece were asked about their experience working during the COVID-19 pandemic. The sample consisted of trained and experienced EMDR therapists. Approximately half (55%) of the participants had attended basic EMDR training, 20% were in the process of becoming accredited as EMDR practitioners and 10% were accredited EMDR therapists. In addition, 80% of our respondents belonged to the 35–65+ age group. The majority of them (82,5%) came from urban areas and a lot (87,5%) of them practised online EMDR therapy; less than half (37,5%) practiced both online and in-person.

Tools and Measures

An online questionnaire consisting of 10 closed-ended questions and two open-ended questions was distributed. The online questionnaire included questions on their gender, age, level of EMDR training, and where they practice/live in Greece. The remainder of the questions were about the frequency of use of online EMDR therapy, supervision or training, if they had observed any benefits from online EMDR therapy, their level of participation in online EMDR services (therapy, supervision, training) and their level of knowledge about safety measures concerning the prevention of COVID-19 (see Appendix for details). The last two questions were open-ended addressing directly our research question which was "What are the problems encountered in practising online EMDR therapy and training during the times of the pandemic?" The participants could write text, usually a small paragraph to answer the open question. Moreover, the last open-ended question encouraged them to comment on how they felt about practising online EMDR therapy. No limits were placed on their possible answers.

Conventional Content Analysis

As there is little literature that supports and provides information about online EMDR services during the COVID-19 pandemic (Doherty et al., 2021; Perri et al., 2021; Tarquino et al., 2021), conventional content analysis was used to analyze the qualitative text data. Qualitative methods are usually used in EMDR research in order to enlighten under-investigated topics (i.e., Ricci & Clayton, 2008). Conventional content analysis (Hsieh & Shannon, 2005) (a form of content analysis) is usually used for the development of categories, directly from qualitative data, specifically text documents. In this way, main themes, categories, and subcategories may be developed, allowing a deeper understanding of the object of the study, which derives from text documents. Conventional content analysis serves as a guide for researchers, when there is little information about a phenomenon, like the subject of this study: online EMDR services during the COVID-19 pandemic.

Procedure

Prior to recruitment and data collection, all participants were informed of the purposes of the research via a short text embedded at the start of the questionnaire. All participants were free to decline involvement and all answers were anonymous. The online questionnaire was distributed to our sample through a mailing list of professionals trained in EMDR therapy and also through the mailing list of the Greek EMDR Association. As far as the researchers knew, all EMDR therapists were able to choose the type of bilateral stimulation that they used with online

EMDR therapy and that was tapping, butterfly hug or eye movements.

The main aim was to analyze the content of open-ended questions to extract qualitative data on the main theme of how EMDR professionals perceived online practice (therapy, supervision, or training) during the pandemic. This methodology was chosen in order to comprehend the phenomena described through data acquired from closed-ended questions. All answers were given online and, as a result, were transcribed verbatim. Three EMDR professionals, two EMDR-Europe accredited professionals (a trainer and a consultant) and an EMDR trained practitioner used conventional content analysis to analyze the data. Each transcript was read from beginning to end, like reading a book or a newspaper. Each transcript was examined carefully in order to identify text, which represented a possible answer to the main question ("What are the problems encountered in practising online EMDR therapy and training during the times of the pandemic?"). Keywords or phrases were used to capture the core of the answers to main question, sometimes using the respondents' verbatim terms. Preliminary codes were derived directly from the answers to open-ended questions following conventional content analysis methodology (Hsieh & Shannon, 2005). The codes were developed ensuring that they would be succinct while maintaining their descriptive nature. The whole transcript was coded through these preliminary codes (subcategories). New codes were developed in the case where data were found which were not adapted to an already existing code. The whole transcript was re-examined by a different researcher within the framework of each emerging code, and in some cases, codes were combined, if there was an overlap. A hierarchical structure consisting of main themes, categories and subcategories was created after thoroughly examining the transcript through the prism of the emerging codes, following conventional analysis methodology (Hsieh & Shannon, 2005).

Results

Demographics

The majority of survey participants were female (82.5%). Also, more than half of the participants (57.5%) belonged to the age group 35–49 years. The majority (82.5%) lived in urban areas. Twenty-two (55%) of the participants had attended EMDR basic training during the last 5 years. Also, eight (20%) of the respondents were in the process of being accredited as EMDR therapists. Furthermore, the majority of participants (72.5%) reported that they used online practice in less than 20% of their total practice. Less than a quarter of participants (15%) reported using online practice between 20% and 40% of their overall clinical practice. Only one person reported that they exclusively practiced online (Table 1). More than half (70%) of the respondents claimed that they found some advantages while practising online EMDR therapy, like "staying safe." It is worth mentioning that a significant minority (22.5%) did not find any advantage in practising online EMDR therapy. Although some of them did not find any advantage in online EMDR therapy, the vast majority (87.5%) reported that they felt safe and secure while working remotely, which lessened the possibility of contracting the COVID-19 virus. In addition, more than half (67.5%) appreciated that their operating expenses were reduced because they stayed and worked from their residence. However, 42.5% of respondents reported that their clients did not like the idea of participating in online sessions.

Qualitative Analysis

Psychosocial Defects in Efficient Application of Online EMDR Therapy and Training. Some insight into to these phenomena can be found in Qualitative Data (open-ended questions): Two themes, four categories and eleven subcategories emerged from the data analysis (Table 2). The thematic categories of "Practical Defects in efficient application of online EMDR therapy" and "Psychosocial Defects in efficient and targeted EMDR therapy and training" formed the theme of "Defects in efficient and targeted EMDR therapy and training."

Regarding the psychosocial defects in efficient and targeted EMDR therapy and training, the data led us to construct four separate subcategories (Table 2):

- "Lack of face-to-face personal contact between clients and therapists"
- "Lack of Privacy"

TABLE 1. Reported Usage of Online Practice by the Participants as a Percentage of Total Practice Time

	N	%
Less than 20%	29	72.5%
Between 20 and 40%	6	15%
Between 41 and 60%	1	2,5%
Over than 60%	3	7,5%
100%	1	2,5%
Sum	40	100%

TABLE 2. List of Themes and Categories for the Central Theme of "the Problems Encountered in Practising Online EMDR Therapy and Training During the Times of the Pandemic"

Theme	Category	Subcategory
Defects in efficient and targeted EMDR therapy and training	Practical Defects in efficient application of online EMDR therapy and training	Lack of skills related to the use of personal computers
		Poor Internet connection
		Poor application of online bilateral stimulation based on technical or other difficulties
		Difficulty following basic EMDR training rules due to technical differences
	Psychosocial defects in efficient application of online EMDR therapy and training	Lack of face-to-face personal contact between clients and therapists
		Lack of privacy
		Lack of concentration
		Fatique/exhaustion due to online communication
Advantages of practising online EMDR therapy	Practical advantages	No need for transportation to the office
		Availability
	Personal health advantages	Staying safe during the pandemic

- "Lack of concentration"
- "Fatique/exhaustion due to online communication."

The categorization derived from analyzing the thematic content of their answers to open-ended questions shows a tendency to consider online EMDR therapy as less effective than face-to-face EMDR therapy. The most common answer (inferred from reported data) was related to the subcategory of 'Lack of face-to-face personal contact between clients and therapists'. An important factor that contributed to the participants' difficulties in applying online therapy was their personal difficulty to concentrate, fatigue, and lack of privacy and personal contact. Some examples of their reports are as follows:

Lack of Face-to-Face Personal Contact Between Clients and Therapists. "They (the clients) wanted face-to-face sessions and were unaware of the dangers of the virus (COVID-19)."

"The patients preferred live communication."
"They lacked personal contact."
"Because everything was online, some lacked the ability to be in the same space with another person."
"Especially for the patients who had not seen me previously in real life, they sometimes lacked personal contact, they sought (out) 'three-dimensional contact.'"
"It is a useful (referring to online EMDR therapy) tool, a savior in our times, but the lifelong contact between therapists-trainers and trainers-trainees is invaluable!"
"I see that the Clients, who came to my personal practice may be progressing a little more (maybe just because close contact builds trust?)"

It is important to point out that this subcategory was recorded in more than half of the respondents' answers.

Lack of Privacy. Another subcategory, which was deduced from the data was "Lack of Privacy," as expressed by the statement:

"Lack of private space."

Lack of Concentration. Some of the participants also highlighted lack of concentration as one of the main problems of online therapy by stating:

"Lack of concentration"
"Some patients reported difficulty in concentrating..."

Fatigue/Exhaustion Due to Online Communication. Another issue evident in the data was fatigue / exhaustion due to online communication exemplified by the following statements:

"Fatigue from online contact."
"Feeling tired of sitting in front of the computer for so many hours."

"Despite some difficulties the work at all three levels—therapy, supervision, training is

sufficiently achieved despite the great physical fatigue and exhaustion after 3 lockdowns."

Practical Defects in the Efficient Application of Online EMDR Therapy and Training. A further thematic category deduced directly from the participants' reports concerned "Practical Defects in the efficient application of online EMDR therapy." Some examples of their reports are as follows:

Lack of Skills Related to the Use of Personal Computers. Some indicative answers of the participants, from which the latter subcategory was drawn, were the following: "Not good knowledge of technology."

"…inability to use a computer…"

"My personal difficulty with using the internet."

Poor Internet Connection. Some of the participants'responses, indicative of the latter subcategory were the following: "The connection happened to be problematic at times."

"Difficulties in connecting to the Internet in general."
"Technical issues."
"Problems with the Internet connection."
"The problem arising from poor connection quality."

Poor Application of Bilateral Stimulation Based on Technical Difficulties. An additional subcategory, related to the issue of practical defects was the "Poor application of bilateral stimulation based on technical difficulties," which was derived from the following statements: "Difficulty with bilateral stimulation especially if the patient uses a mobile device."

"Some patients reported difficulty in BLS coordination with the therapist."
"I would like to express my doubts / difficulties in using EMDR online. This is due to my lack of experience."
"Little control over change of intensity, speed of bilateral stimulation, inability to change tactile stimulus and lack of flexibility to use more or alternations of bilateral stimuli. The difficulty for the therapist to observe the whole body of the client."
"I think I would find it difficult to use online BLS and for this reason I did not try it during this period. I only used EMDR for in-person sessions."

Difficulty Following Basic EMDR Training Rules Due to Technical Difficulties. Further feedback from participants was associated with EMDR training: "Difficulty for the supervisor to be continuously with two trainees in a Zoom breakout room, as the rule is one supervisor for 8–9 attendants."

"…there was embarrassment with the use of online education…"

Advantages of Practising Online EMDR Therapy. Second of the two main themes was "Advantages of practising online EMDR therapy," which generated the categories of "Personal health advantages" and "Practical advantages." The relevant reports from the participants were obviously less in relation to the reported defects, as can be deduced from the following:

Personal Health Advantages. What the participants appreciated as a personal advantage of online practice was that they were less likely to contract the virus. The preservation of personal health was the only sub category of "Personal health advantages":

"They were comforted by… their overall feeling of safety."

Practical Benefits of Online Therapy. Moreover, the two subcategories of the practical benefits of online therapy were the less need for transport, and being more available for their trainees than previously.

No Need for Transportation to the Office. "(I was)… comforted by no need for transport…"
"the avoidance of movement and the difficulty of parking."

Availability. "The trainers were fully available."

All the results articulated above are from conventional content analysis of the participants' answers to the open-ended questions and are briefly summarised in Table 2 (themes, categories, and subcategories).

Discussion

This study surveyed EMDR therapists in Greece on how they experienced online EMDR practice during the pandemic. The results show a tendency to conclude online EMDR therapy as less desirable than face-to-face therapy. Another interesting finding for online EMDR therapy was the "poor application of bilateral stimulation BLS based on technical difficulties." As we know, bilateral stimulation is a core component of EMDR therapy. If bilateral stimulation is done poorly,

then its effectiveness may be significantly reduced. The results also show that lack of knowledge and technical difficulties may impact the quality of online EMDR practice. Lack of concentration and physical exhaustion due to the lockdowns can be attributed to the use of personal computer (PC) screens and the elevated stress, anxiety, and depression everyone felt during the first wave of the pandemic (Fountoulakis et al., 2021).

On the other hand, online EMDR therapy has proven effective for treating stress and ongoing trauma in an Italian sample of health personnel during the first wave of the pandemic. Perri et al. (2021) compared the efficacy of two early psychotherapeutic interventions for Italian health professionals and individuals suffering from the circumstances imposed by the COVID-19 pandemic. For the comparison, EMDR therapy and trauma-focused CBT were provided online to manage the ongoing trauma associated with quarantine, isolation, or work in COVID-19 hospital wards. The decision to provide online therapeutic support stemmed from the prohibition of physical contact. Both groups received a seven-session therapy for a total duration of about 3 weeks (two sessions per week). Both treatments reduced anxiety by 30% and traumatic and depressive symptoms by 55%. Similarly, Tarquino et al. (2021) found that in emergency mental health situations, brief online EMDR protocols such as URG-EMDR appear to reduce anxiety and depression for health care workers caring for COVID-19 patients.

Furthermore, in a systematic review, Doherty et al. (2021) showed that psychological interventions for those exposed to mass infectious disease outbreaks could effectively manage depression. It is worth noting that the researchers using strict selection criteria chose 22 studies, incorporating various interventions including EMDR, CBT, psychoeducational approaches, and relaxation techniques. Most of the techiques were applied remotely using online sessions, by telephone, radio, or computer applications. It was shown elsewhere (Korecka, 2020) that knowledge of the medium (personal computer and internet skills) is related to the perceived efficacy of online psychotherapy. It is equally plausible that people with a more positive attitude towards a particular medium are more prepared to use it. In other words, more familiarity with the method and how to deliver effective psychotherapy using it, influences the attitude towards online provision. In the present sample, one of the thematic subcategories was the "lack of skills related to the use of personal computers." A logical conclusion from this subcategory is not only the technical difficulty associated with online therapy experienced by the respondents, but also that these difficulties contributed to their conclusion that online therapy is inferior to face-to-face treatment. This conclusion is obviously not compatible with the small amount of research conducted in the field, which is presented above. The respondents are either not fully aware of the existing research or have not completely understood it. It appears that local respondents are influenced more by their personal experience than the ongoing and existing research in the area of online EMDR therapy.

Practical Implications

Considering that there is an urgent need for remote therapy in Greece, because of its geography and the fact that the COVID-19 virus may become endemic, it is crucial to expand the digital literacy of EMDR therapists residing in Greece. When clients are in need during the ongoing pandemic crisis with physical distancing measures in place, we as EMDR practitioners must adapt to the restrictions. We need to show flexibility and openness to technological change so that online access can remain available to those in need (Fisher, 2021).

Moreover, every EMDR training program should plan and include a section on digital or media (applications, online sessions via computer, tablet, or telephone contact) delivery approaches. The effectiveness of these digital and media-based approaches should be further researched, particularly their efficacy in helping people overcome anxiety and depression, especially during pandemics and other crises. COVID-19 is perhaps the first global health crisis of our generation and, as such, can be seen as an ongoing disaster that requires a strategy for mitigation. Shapiro (2018) urged the EMDR community to offer programmes to decrease symptoms and connect disaster victims to calm and caring clinicians. If online EMDR therapy is the most viable approach, we should design our training programs accordingly. Easing the psychological burden of the global health crisis should be a fundamental goal of therapy in these times of uncertainty and EMDR practitioners can contribute to the relief of debilitating symptoms by adapting to the challenge at hand (Papanikolopoulos, 2021).

Further Research Suggestions

Last but not least, the thematic categories found in this qualitative research could form the basis for the development of a screening tool to confirm our current observations within a larger sample. To the best

of our knowledge, although there are some studies on aspects of online therapy by mental health professionals, there is room for more specific studies focusing on online EMDR therapy alone.

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Appendix

Online Questionnaire on Online EMDR Experience During the COVID-19 Pandemic

1) Their gender, age, level of EMDR Training, and where do they practice/live in Greece.
2) If they were involved with EMDR online therapy, supervision, or training.
3) If they have used online EMDR Therapy as clinicians.
4) How often do they use online EMDR Therapy?
5) A question about their level of compliance to national safety measures concerning the prevention of COVID-19.
6) Their self-perception of their level of knowledge concerning the prevention of COVID-19 contagion.
7) A checklist of benefits and drawbacks of online EMDR therapy, supervision, and training.
8) Their level of participation in online EMDR therapy, supervision, and training.
9) A checklist concerning how they felt and perceived online EMDR therapy, supervision, and training.
10) A list of possible benefits and shortcomings for EMDR practitioners, consultants, and trainers.
11) An open-ended question concerning any concerns or obstacles about online EMDR therapy or supervision or training.
12) An open-ended question encouraging them to make comments on the topic of online EMDR therapy or supervision or training during the COVID-19 Pandemic.

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