

# PSYCHOLOGISTS' EXPERIENCES AND PERCEPTIONS OF ONLINE PSYCHOTHERAPY IN SAUDI ARABIA: A QUALITATIVE STUDY

**Eman Saad Alharbi**

*Department of Psychology, College of Social Sciences,  
Imam Mohammad Ibn Saud Islamic University (IMSIU), Riyadh (Saudi Arabia)*

## Abstract

Since the COVID-19 pandemic, the use of online psychotherapy has increased worldwide, including in Saudi Arabia, where over 22 applications and free Ministry of Health online services are available for the public. This study aimed to explore psychologists' perceptions of and experiences with online psychotherapy in Saudi Arabia. Semi-structured interviews were conducted with seven licensed psychologists (three men and four women), all of whom provided psychological services both face-to-face and online via mobile applications. Their experience ranged from 5 to 11 years, with therapeutic orientations including cognitive-behavioral (n=4), psychodynamic (n=2), and integrative (n=1). Ten open-ended questions addressed their clinical practice, client characteristics, therapeutic alliance, therapeutic process, effectiveness, and difficulties. The data were analyzed using Interpretative Phenomenological Analysis (IPA). The findings revealed that all participants considered online therapy helpful, particularly for clients in rural areas, those who fear stigma, and those unable to attend face-to-face sessions, such as clients diagnosed with mild or severe depression. Furthermore, participants noted that online help-seeking was common among women suffering from issues in romantic relationships outside of marriage. Regarding practice and effectiveness, differences emerged by orientation: psychologists with psychodynamic training preferred in-person therapy, citing challenges in building therapeutic alliances online. Additionally, none of the participants had received formal training in online therapy; instead, they relied on self-directed learning, which sometimes led to confusion, especially in the absence of verbal and nonverbal cues and gaze behavior. In conclusion: Online therapy can provide support without fostering shame regarding mental health or sensitive issues that may be difficult to discuss in person in Saudi Arabia. The findings also highlight the need to develop training courses and skill-enhancement interventions for psychotherapists to ensure effective online practice

**Keywords:** *Engagement, digital infrastructure, stigma, training programs, accessibility.*

---

## 1. Introduction

Whilst telepsychology emerged in the 1990s (Ball et al., 1993), the COVID-19 pandemic quickened its worldwide adoption. Companies implemented the video conferencing and telemedicine approach, and COVID-19 conditions provoked more psychological stress and the lack of traditional support options due to work-from-home policies and lockdown (Pierce et al., 2021). Significant growth in the popularity of mHealth apps also allowed users to maintain their health and well-being (Philippe et al., 2022). The Saudi Ministry of Health (MOH) endorses the existence of an ecosystem of more than 22 special applications and online integrated services, including the 22-Seha Virtual Hospital and the Labayh app, which have become the new generation of the so-called telepsychology in the country (Alharbi et al., 2021).

Increased accessibility, greater flexibility, and the convenience of mental health care have been singled out as distinctive advantages of mHealth apps (Philippe et al., 2022). However, there have also been questions regarding the possibility of maintaining therapeutic alliance and process quality when using digital tools for interaction mediation and the decrease in physical indicators (Aafjes-van Doorn et al., 2024). Therefore, taking a contextual approach to clinical examination of the way digitally mediated psychotherapy is practiced is essential.

This was qualitative research that sought to examine the perceptions and experiences of Saudi psychologists when providing online psychotherapy within the Saudi context. It focused on perceived variations between online and face-to-face therapy in terms of the client factors, treatment dynamics, and establishment of a therapeutic relationship. The research questions also included whether these perceptions depended on therapeutic orientation and the major barriers and training requirements that could facilitate safe and effective online practice.

## 2. Methods

### 2.1. Study approach and design

The study utilised Interpretative Phenomenological Analysis (IPA) to capture the lived experiences and clinical observations of practitioners using digital platforms. A semi-structured interview design was explored to encourage dynamic yet complex exploration of perspectives.

### 2.2. Population and sampling

The targeted population was a sample of licensed psychotherapists. Using purposive and snowball sampling, seven psychotherapists were recruited, which aligns with IPA's focus on depth of interpretation rather than statistical representativeness (Ahmad and Wilkins, 2025; Raifman et al., 2022). (See Table 1. for full demographic details of participants).

Table 1. Sociodemographic and Professional Characteristics of Participants.

	Gender	Age	Years of profession	Years of experiences with online therapy	Therapeutic orientation
Participant1	Female	28	5	3	CBT
Participant2	Female	28	5	3	CBT
Participant3	Male	55	11	4	Integrative
Participant4	Female	37	8	4	CBT
Participant5	Male	40	10	3	Psychodynamic
Participant6	Male	39	9	5	CBT
Participant7	Female	38	8	5	Psychodynamic

Source: Authors' fieldwork data (semi-structured interviews), 2025–2026.

### 2.3. Research instrument and procedure

The semi-structured interview schedule with ten open-ended questions was used to collect data, on (a) the initial encounter with online psychotherapy; (b) strategies and environmental factors utilised to maximise the quality of the session (e.g., lighting, eye contact) ; (c) perceived differences between online and face-to-face counseling (e.g., disinhibition and distraction); (d) suitable clients; (e) creating a therapeutic alliance digitally. The respondents were provided with a participant information sheet and consent form and informed that the audio recording of the interviews would be done using an iPhone application. No compensation was provided. Five in-person and two online interviews of 45-60 minutes were conducted.

### 2.4. Data analysis and rigour

To safeguard methodological rigour, the IPA framework of analysis published by Smith, Flowers & Larkin, (2009) was followed. Verbatim transcription, in-depth reading and insightful coding of emergent themes was utilised. Confidentiality and anonymity were observed, data was stored safely, and only the researcher could have access to the data.

## 3. Findings

The results are rendered in the form of three interconnected top-level themes, which have subordinate ones that are based on the descriptions of participants. Table 2 displays the thematic structure:

Table 2. Findings: superordinate themes with subordinate themes.

Superordinate themes	Uncertainties and Core Challenges	Client Profiles and Perceptions	Practice Effectiveness
Subordinate themes	- The Invisible Client - The Training Gap	- Demographic Trends - Therapeutic Skepticism - Privacy Concerns	- The Digital Alliance - Clinical Outcomes

### 3.1. Uncertainties and core challenges

Participants reported initial doubt when they had switched to online psychotherapy, especially in terms of sensory information or the lack of any formal training. Nonetheless, some mentioned they have since developed adaptive strategies that have reinforced their professional confidence.

**3.1.1. The invisible client.** One of the key challenges was the perceived invisibility of clients during primarily audio based online sessions. Clinicians highlighted the omission of facial expressions, body language, and gaze behavior in affecting their clinical effectiveness. One participant noted:

*“As almost all my clients use audio only... I missed body language and facial expressions, which make it difficult to discern from the voice alone.”* (P2)

In response, participants created an office-like ambiance and employed better attentive listening via headphone usage and increased focused questioning. One participant explained:

*“I adjusted my home office to be like my clinic... I also have found myself repeating my talk a bit more... to ensure that the client does not miss what we discussed.”* (P6)

**3.1.2. The training gap.** Other subjects noted lack of formal training in online psychotherapy as something that brought about professional uncertainty, especially in negotiating silence and lack of interpersonal cues. Some of the clinicians therefore indicated utilising self-directed learning to acquire the ability to read affect with the use of tone, pacing, and silence. One participant stated:

*“None of my clients accepted to open the camera... I had to learn on my own to ‘listen’ to feelings through a person’s voice and silence, which was not easy at all.”* (P1)

The respondents further discussed that institutional advice was seen as having more emphasis on ethics and confidentiality over useful clinical advice on online work:

*“The guideline... focuses more on ethics... but there is no instruction on how to deal with the disembodied environment.”* (P6)

## 3.2. Client profiles and perceptions

The results are shown in three overlapping areas, each showing how clients' traits and views come together to affect how they use online psychotherapy.

### 3.2.1. Demographic trends.

The participants identified those receiving the online therapy as mainly young females from large and small towns, mostly aged 18 to 30. Conversely, male clients were more likely to seek ‘emergency’ care rather than lifelong. One clinician summarised:

*“8 out of 10 users are female... , most men use online therapy like an ‘emergency’..., rather than a long-term plan.”* (P7)

Respondents also explained that some young women needed online support due to distress from sensitive relational events, some of which they feared judgement by others:

*“They feel the only way to talk about it is without judgment online.”* (P3)

**3.2.2. Therapeutic skepticism.** Clients in smaller towns were often reported by the clinicians to express a lack of knowledge about psychological treatment, as well as the factors caused by stigma and family beliefs. P2 described,

*“Clients from small towns often think that therapy will not work; sometimes I receive questions about how talk will cure me.”* (P2)

One of the other participants explained how family messages determined expectations:

*“You are just spending your money; no one will fix your problems.”* (P4)

**3.2.3. Privacy concerns.** Privacy was one of the critical issues in the accounts. Respondents indicated that their clients raised the possibility of recording the session or being overheard by their family. One participant stated:

*“There is a deep fear of being recorded. Many clients... ask not to write a report in their file.”* (P2)

Another clinician noted:

*“Some clients say I may end the call at any time if any of my family members come in.”* (P5)

### 3.3. Practice effectiveness

The theme touched on the participants' perceptions of whether and how online psychotherapy can result in efficient therapeutic processes and outcomes.

**3.3.1. The digital alliance.** The majority of them reported it was possible to create a therapeutic alliance online but also mentioned it as relying on the engagement of the clients and lack of interpersonal cues. On the contrary, psychodynamically oriented clinicians voiced more reservations and in-person preference:

*“For me, from my experience, I would not see online therapy as effective, and I would accept online sessions only if I had 5 or more sessions with the client in person. It is hard to build an alliance in online therapy.”* (P5)

Another respondent saw this issue connected to the perceived relational needs of the psychodynamic practice:

*“In the psychodynamic approach... I feel the connection is weak... It's like a wall between us.”* (P7)

**3.3.2. Clinical outcomes.** Online sessions were reported by the participants to be clinically helpful in enhancing access to psychological support, especially in settings where the stigma can inhibit the seeking of in-person help:

*“We might not reach ‘excellent’ outcomes every time, but reaching the clients is what matters. In a society where stigma around mental health or even seeking psychological help is high, any connection is a success.”* (P4)

Practitioners emphasised online therapy as a possible well-suited intervention for those experiencing social phobia and depressive presentations, due to the home often promoting disclosure:

*“From my experience, online sessions are a perfect fit for social phobia as a first step for therapy. It is much easier for them to open up in their own environment. Additionally, most of the techniques, e.g., mindfulness exercises, can be conducted remotely.”* (P3)

## 4. Discussion

The results suggest that Saudi psychologists went through significant clinical disorientation due to transferring to online psychotherapy, especially as most sessions were audio-based, restricting the application of clinical judgment (Pierce et al., 2021; Lin et al., 2024). As such, decreased interpersonal signaling possibly may limit the degree of process and the perceived quality of the session (Aafjes-van Doorn et al., 2024; Philippe et al., 2022). Practitioners in turn reported adaptive interventions, which were in line with published therapist responses and skill re-calibration during teletherapy sessions (Lin et al., 2024; Perle et al., 2025). The lack of training seemed to necessitate self-driven learning, the tendencies of which conform to the demands of competency-based guidance and practical resources of practice (Perle et al., 2025; Alharbi et al., 2021). In the Saudi ecosystem, the fast-growing digital health infrastructure, increases the shifts in urgency in translating the latter into context-specific training and supervision frameworks (Philippe et al., 2022; Albeshar et al., 2025).

Demographically, the prevalence of young women seeking assistance with anxiety and depression reflects how stigma and shame mediated by the culture are still a potent impediment to treatment, resulting in clients seeking confidentiality (Alattar et al., 2021; Zuberi et al., 2021). This supports regional estimates that suggest mental disorders' prevalence is high in the Eastern Mediterranean Region, which is why accessible routes to clinical services should be scaled (Zuberi et al., 2021). Simultaneously, fears of privacy and surveillance, are both a stressor to therapy due to both the logistical constraints and because disclosure, decisions are often influenced by anxiety (Aldaweesh et al., 2024; Albeshar et al., 2025). As a result, perceived confidentiality and platform conditions may have a direct effect on user trust and participation, which has a direct impact on therapeutic contracting and documentation practices (Albeshar et al., 2025; Perle et al., 2025). All the findings together prove a consistent conclusion that online psychotherapy serves as a necessary gateway to Saudi practice, but to maximise its benefits, systematic training, privacy-preserving processes, and culturally sensitive approaches to engagement are necessary (Aafjes-van Doorn et al., 2024; Perle et al., 2025).

## 5. Conclusion, practical implications and future directions

This paper demonstrates that successful acclimatisation to digital modes are essential to effective teletherapy and mental health care services. Policymakers must focus on enhancing the digital infrastructure, developing the overall privacy protection, and providing targeted education to lessen the stigma and achieve the improved use of telepsychology services whilst also ensuring robust continuous training for clinicians. Further studies are needed to explore the long-term outcomes of digital interventions, and evaluate the portability of solutions of teletherapy in a wide range of populations so that mental health outcomes are guaranteed to improve in the long term

### References

- Aafjes-van Doorn, K., Spina, D. S., Horne, S. J., & Békés, V. (2024). The association between quality of therapeutic alliance and treatment outcomes in teletherapy: A systematic review and meta-analysis. *Clinical Psychology Review, 110*, 102430. <https://doi.org/10.1016/j.cpr.2024.102430>
- Ahmad, M., & Wilkins, S. (2025). Purposive sampling in qualitative research: A framework for the entire journey. *Quality & Quantity, 59*(2), 1461–1479. <https://doi.org/10.1007/s11135-024-02022-5>
- Alattar, N., Felton, A., & Stickley, T. (2021). Mental health and stigma in Saudi Arabia: A scoping review. *Mental Health Review Journal, 26*(2), 180–196. <https://doi.org/10.1108/MHRJ-08-2020-0055>
- Albeshar, R. A., Alzahrani, A., Aseeri, A., Alduhaim, N., Almaini, R., Alturki, B., & Alshaikh, A. A. (2025). Psychological consultation on apps in Saudi Arabia: A qualitative content analysis of user experiences and perceptions. *PLOS ONE, 20*(7), e0329029. <https://doi.org/10.1371/journal.pone.0329029>
- Aldaweesh, I. H., Alwabil, A., & Rajab, K. (2024). If someone walks in on us talking: Privacy perceptions in online therapy within Saudi Arabia. *Extended Abstracts of the 2024 CHI Conference on Human Factors in Computing Systems (CHI EA '24)*. New York, NY: Association for Computing Machinery. <https://doi.org/10.1145/3613905.3638189>
- Alharbi, A., Alzuwaed, J., & Qasem, H. (2021). Evaluation of e-health (Seha) application: A cross-sectional study in Saudi Arabia. *BMC Medical Informatics and Decision Making, 21*, Article 103. <https://doi.org/10.1186/s12911-021-01437-6>
- Ball, C. J., Scott, N., McLaren, P. M., & Watson, J. P. (1993). Preliminary evaluation of a low-cost videoconferencing (LCVC) system for remote cognitive testing of adult psychiatric patients. *British Journal of Clinical Psychology, 32*(3), 303–307.
- Lin, L. A., Stone, A. M., Anderson, K. N., & Amin, S. (2024). Zoom in to zone out: Therapist adaptations and lack of confidence with teletherapy. *Professional Psychology: Research and Practice, 55*(3), 219–228. <https://doi.org/10.1037/pro0000572>
- Perle, J. G., Smucker-Barnwell, S., Morland, L. A., Villalobos, B. T., Moore, H. D., Frye, W. S., Wright, C. V., Loew, M. M., & Wright, S. D. (2025). *A compendium for the 2024 APA Guidelines for the Practice of Telepsychology: Guideline applications and resources*. American Psychologist. Advance online publication. <https://doi.org/10.1037/amp0001579>
- Philippe, T. J., Sikder, N., Jackson, A., Koblanski, M. E., Liow, E., Pilarinos, A., & Lam, J. (2022). Digital health interventions for delivery of mental health care: Systematic and comprehensive meta-review. *JMIR Mental Health, 9*(5), e35159. <https://doi.org/10.2196/35159>
- Pierce, B. S., Perrin, P. B., Tyler, C. M., McKee, G. B., & Watson, J. D. (2021). The COVID-19 telepsychology revolution: A national study of pandemic-based changes in U.S. mental health care delivery. *American Psychologist, 76*(1), 14–25. <https://doi.org/10.1037/amp0000722>
- Raifman, S., DeVost, M. A., Digitale, J. C., Chen, Y.-H., & Morris, M. D. (2022). Respondent-driven sampling: A sampling method for hard-to-reach populations and beyond. *Current Epidemiology Reports, 9*(2), 38–47. <https://doi.org/10.1007/s40471-022-00287-8>
- Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.
- Zuberi, A., et al. (2021). Prevalence of mental disorders in the WHO Eastern Mediterranean Region: A systematic review and meta-analysis. *Frontiers in Psychiatry, 12*, 665019. <https://doi.org/10.3389/fpsy.2021.665019>