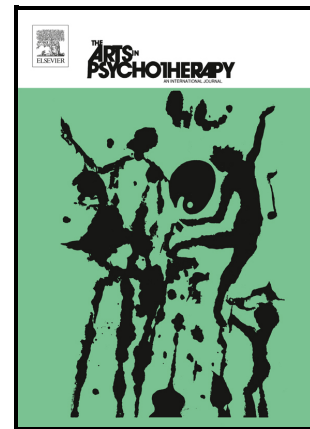Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Journal Pre-proof

Loss, Adaptation and Growth: The Experiences of Creative Arts Therapists during the Covid-19 Pandemic

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Loss, Adaptation and Growth: The Experiences of Creative Arts Therapists during the

Covid-19 Pandemic

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Abstract

Since the outbreak of the COVID-19 pandemic in March 2020, mental health professionals have been called upon to cope with various challenges, including the shift to telehealth without prior training, overload in the workplace, increased risk of infection, and personal stressors relating to the pandemic. This article presents the qualitative findings of a larger international mixed-method study that explored the experiences of creative arts therapists around the globe during the first year of the pandemic (Feniger-Schaal et al., 2022). Twenty

creative arts therapists were interviewed between July 2020 and March 2021. Transcriptions of the interviews were qualitatively analyzed through reflexive thematic analysis. Three main themes were identified: an experience of processing the losses caused by the pandemic, a restorative orientation that focused on adaptations the therapists made, and innovations that lead to personal and professional growth. Artistic engagement and creativity were found to be a resource when coping with losses and helped therapists adapt to the shift to tele-creative arts therapies (tele-CAT). Although this shift can lead to advances in the field of creative arts therapies, it requires further consideration, including the need for ethical guidelines, specific training, the development of digital methods that support the creative process, and dedicated supervision for therapists. The findings also point to the importance of psychological support to mitigate the burden therapists experience during stressful events.

Loss, Adaptation and Growth: Therapists' Perspectives on Creative Arts Therapies during the COVID-19 Pandemic

Introduction

On March 11, 2020, the World Health Organization (WHO) officially declared COVID-19 a pandemic (Shigemura et al., 2020). Countries took containment measures and instituted stay at home and social distancing regulations. Although the pandemic affected everyone, the crisis exacerbated existing class, race, and gender inequities, thus both uniting and dividing the world's population at the same time (Viswanath et al., 2020; Witteveen, 2020; Zheng & Walsham, 2021). Without a vaccine or medical treatment, the uncertainty of the future forced people to adapt to the situation through their own creativity and flexibility (Orkibi et al., 2021). Words like "space" and "connection" rapidly became linked to the virtual, since physical shared space became unsafe. The use of tele-communication increased dramatically (Ellman, 2021). The absence of physical contact with the outside world created a need for other sources of fulfillment (Easterbrook-Smith, 2020). Many experienced psychological distress, including depressive symptoms, anxiety and post-traumatic stress and grief (Fountoulakis et al., 2022). Even when the social distancing regulations were lifted, many still experienced depression and problems adapting (Keisari, Palgi et al., 2022). Two years have passed since the initial outbreak, and the pandemic is still very much here, shaping the way people think, feel, and go through the day (Blanchflower & Bryson, 2022; Fountoulakis et al., 2022). It has changed individuals' inner world as well as their professional lives.

The aim of the current study was to explore the experiences of creative arts therapists during the pandemic. When the pandemic hit and many institutions shut down, mental health care providers, including creative arts therapists, were forced into lockdown. Like many other service providers, they had to shift from in-person therapy sessions to remote tele-

psychotherapy using telecommunication technologies (Sampaio et al., 2021; Wind et al., 2020). The transition to virtual mental healthcare changed therapy itself. The new setting did not afford direct eye contact, eliminated the shared physical space, and upended standard guidelines, thus sparking ethical and clinical questions (Ellman, 2021; Sampaio et al., 2021). Studies show that some specific populations were more challenged in the transition to tele-psychotherapy. For example, older adults had difficulties adjusting to the technology (Seethaler et al., 2021). Traumatized children, in particular, needed the therapist to create a physically and psychologically safe space for them, and the global crisis intensified their need when they could not come to the clinic (Azzopardi et al., 2022). Therapeutic groups had specific challenges as well, since direct eye contact and a physical presence constitute important tools in creating cohesion and in analyzing group dynamics (Weinberg, 2020). These obstacles called for adaptations from mental health care providers in all fields. The rapidity of the shift forced therapists to adapt their treatment to the new setting and to the new challenges their clients faced, without the preparation they needed (Azzopardi et al., 2022; Nair et al., 2021; Zalewski et al., 2021). Hence, therapists had to find new, creative ways to reach their clients throughout this crisis.

Creative Arts Therapies during the Pandemic

Creative arts therapies (CAT) employ the creative and expressive process of art-making to foster individuals' psycho-social well-being (Shafir et al., 2020). They implement art materials, music, embodied movement, theatre, and narratives to facilitate psychological, physical, and social change. Similar to therapists in other areas of mental health, creative arts therapists needed to adapt their practices to the new limitations imposed by the pandemic. In order to maintain contact with their clients, many therapists used telecommunication devices such as phone calls (Kordova & Keisari, 2020) and videoconferencing programs (Biancalani

et al., 2021; Keisari, Piol, et al., 2022; Power et al., 2021; Sajnani, 2020; Zubala et al., 2021), whereas others worked outdoors or used hybrid solutions (Lotan Mesika et al., 2021).

Few theoretical guidelines and studies focused on tele-CAT before the pandemic (Atsmon & Pendzik, 2020; Sajnani et al., 2019; Sajnani et al., 2020; Spooner et al., 2019; Vaudreuil et al., 2020), leaving creative arts therapists with little available information on ways to facilitate tele-CAT. Since the outbreak of the pandemic, several studies have examined the experience of clients and therapists in the virtual and distanced space. For example, psychodrama (Biancalani et al., 2021), drama therapy (Atsmon et al., 2022; Wood et al., 2020), music therapy (Lee et al., 2021), art therapy (Biro-Hannah, 2021; Zubala et al., 2021), dance movement therapy (Lotan Mesika et al., 2021) and expressive writing therapy studies (Bechard et al., 2021) all indicate that despite the challenges, tele-CAT is perceived as a good-enough alternative under some circumstances, such as social and geographic distancing, and may even have some benefits (Feniger-Schaal et al., 2022).

A recent survey of 1,330 creative arts therapists globally described the pitfalls and benefits of the shift to the online practice of creative arts therapists (Feniger-Schaal et al., 2022). The quantitative results pointed to the changes that occurred in CAT practice during the pandemic, and highlighted creative self-efficacy as a potential buffer that contributes to adaptation. The qualitative analysis identified the main challenges of tele-CAT as including the absence of a shared physical space and restrictions on nonverbal communication and artwork. The qualitative findings from this survey also showed that remote therapy can nevertheless be a bridge between clients and therapists by allowing for the continuity of the therapeutic process regardless of social distancing. The qualitative findings also described the creative adaptations made by therapists to preserve creative artistic work and the therapeutic relationship in the online environment, and the future directions therapists anticipated for

tele-CAT. This survey captured the experience of the therapists during the first four months of the pandemic, not their long-term pandemic experience.

Elsewhere, longitudinal studies show that the challenges faced by mental health care professionals during the pandemic are not related solely to the transition to tele-health (Bell et al., 2021). Healthcare workers need to deal with challenges that increased dramatically in their frequency and intensity during the pandemic, such as workplace overloads, increased risk of infection, the death of patients or patients' relatives. Studies indicate that healthcare workers and teachers also face personal stressors such as the care of family members, fear of the disease, financial difficulties, and the loss of relatives (Bell et al., 2021; Zadok Boneh et al., 2021). These burdens may lead to distress or mental health challenges such as depression, anxiety, and post-traumatic stress (Chigwedere et al., 2021; Kisely et al., 2020). The current study aimed to explore creative arts therapists' experiences during the first year of the pandemic. We aimed to gain a deeper understanding of the shift to tele-CAT, as well as the other factors related to CAT during the pandemic.

Method

This qualitative study explored how therapists experienced their professional life and the shift to tele-CAT during the first year of the pandemic. This is the qualitative part of a larger international mixed-method project designed to better understand CAT practices during the Covid-19 pandemic (Feniger-Schaal et al., 2022). The study was approved by the ethics committees of the three universities involved (UH approval 162/20; NYU IRB-FY2020-4363; LU 19/20-038).

The group of researchers who initiated the study are senior therapists and researchers in the field of CAT, specialized in the field of drama and psychodrama (except for the fifth author who is still a drama therapy student). We are lecturers and some are the directors of graduate programs in academic institutions in the U.S and Israel. Most of us are involved in

the training of creative arts therapists from all disciplines and are well-versed in the theories and practice of CAT. The outbreak of the pandemic significantly affected the practice and training of CAT and raised many questions concerning the experiences of therapists during this period, their creative skills, the adaptations they made, and the impact of the pandemic on the future of CAT. Therefore, this mixed-method study was conducted with a pragmatic approach, driven by the research question and the most suitable way to explore it (Hanson et al., 2005; Morgan, 2007).

Note, while most of this research team are involved in the training and supervision of CAT from all disciplines, all of us come from the field of drama therapy and psychodrama. The fact that we are drama-based therapists is likely to prompt expectations and assumptions that could influence the research process, especially when exploring the experience of drama and psychodrama therapists, but also when studying the experience of therapists from other disciplines. We were aware of this potential bias and used processes of self-reflection to account for our own personal experiences and expectations and to remain open to the interviewees' subjective experiences. During the data collection process, we discussed sample quotes to make sure that the interviews allowed for multiple perspectives to be expressed.

Participants

The research team randomly contacted participants who indicated in the original online survey that they would be willing to participate in an in-depth interview. We divided the list into groups of disciplines and countries and then randomly selected participants from each group to maintain diversity in the representation of countries and disciplines. However, many of the participants from this list did not answer or in the end, could not participate in the interview. When this occurred, we randomly selected another participant from the group. In addition, since most of the initial volunteers were from the USA and Israel, and in order to

obtain a more balanced group of participants in terms of countries and disciplines, additional calls to participate were also posted on social media platforms and email lists. In this stage of the study, we selected participants according to their disciplines and countries until each CAT discipline was represented and data saturation was reached, when the ability to obtain additional new information has been attained (Fusch & Ness, 2015).

Inclusion criteria for the study were that participants were actively working as creative arts therapists, that they had conducted therapy sessions in the previous year; and that they were proficient in English or Hebrew (the languages of the interview).

A total of 20 international creative arts therapists participated in this study (Table 1). The interviews were conducted between July 2020 and March 2021. Sixteen participants defined their gender as female and four as male (none of the participants defined their gender as "other"). They ranged in age from 25 to 78, with a mean age of 46. Their clinical experience varied from one year to 40 years. There were four art therapists, four dance movement therapists, four drama therapists, four music therapists, 3 psychodramatists and one intermodal arts therapist. A total of five therapists were from the USA, five from Israel, three from Canada, two from Australia, one from the UK, one from Spain, one from Italy, one from East Asia (country is masked for anonymity), and one from Finland. Of this group, six participants worked only in the public sector, seven in the private sector, and seven both in public and private. The client ages varied considerably; nine therapists worked mainly with children or adolescents, seven with adults, two with older adults, and two reported that they worked with multiple ages. Seven therapists reported that their main work focused on anxiety and depressive symptoms, four therapists worked with individuals on the autism spectrum (ASD), two with people with dementia, four with people suffering from post-traumatic stress disorder (PTSD), two with people experiencing behavioural problems, one worked with individuals dealing with eating disorders, one with people with severe mental illnesses, one

with children with developmental disabilities, and one worked with multiple concerns (for more details see Table 1).

[Insert Table 1 about here]

Data collection

Semi-structured individual virtual interviews were conducted on Zoom. The interview focused on the participants' experiences before and during the pandemic. Open questions allowed for the emergence of a wide range of topics related to the therapists' subjective experiences. We suggested several topics during the interview in order to remain aligned with the research goals, but nevertheless aimed to preserve a less structured format to be able to elicit new topics related to the subjective experiences of each participant (Fontana & Frey, 2000; Galletta, 2013).

The interview topics were as follows: practice before and during the pandemic, personal experiences during the pandemic that affected work, previous experiences with an online setting, adaptations to the online setting, and future perspectives for CAT. The therapists were encouraged to provide examples to enrich and explain their experiences (the full interview guide is presented in the supplementary materials). The interviews were conducted in English and Hebrew; thus, four participants were not interviewed in their native language. The interviews' duration was 22 to 70 minutes with a mean of 44 minutes. All interviews were recorded and transcribed.

Data Analysis

We used an inductive orientation to analyze the transcriptions of the interviews based on reflexive thematic analysis (Braun & Clarck, 2019). The dataset was coded by three researchers (the first, third, and fifth authors). The verbal data were produced in two languages: Hebrew and English. Thus, the researchers proficient in Hebrew and English were able to do the initial coding of data in both languages, whereas researchers who were not

proficient in Hebrew only did the initial coding for the English data. To allow the research team to work together, the codes were labelled and defined in English. The researchers used Dedoose (Version 9.0.17) for virtual data coding, which allows for a team of researchers to work and analyze the same data together using a shared code set. The initial coding of each interview was conducted by two researchers to maintain reflexivity since one of the researchers was an interviewer, with an insider's perspective on the data, whereas the other did not interview the participants and had an outsider's perspective. Both perspectives shed light on the effects of one's position vis-à-vis the phenomenon (Berger, 2015). The researchers reviewed and discussed sample quotes during the coding process to ensure that the code definitions were consistent and appropriately applied to the responses. In cases of disagreement, the researchers discussed the coding process until an agreement was reached. These team consultations during the analysis process served to identify possible projections and content missed by the researchers (Berger, 2015). An initial set of codes was created for the dataset, which was followed by an examination of the codes to identify significant broader patterns of meaning; i.e., themes. In the subsequent phase, all candidate themes were checked against the dataset and refined if needed. At this stage, selected quotations in Hebrew were translated into English to enable the other authors to review the themes. Next, a detailed analysis of each theme's content resulted in the definition and final labeling of the themes for establishing the results. In the next stage, the thematic map was reviewed by the other authors. Finally, we contacted a randomized list of participants and invited them for an individual member-checking session. The first author met with seven participants who responded to the invitation and presented them with the findings for their evaluation. All of them asserted that the findings reflect their own personal experience.

Findings

Three main themes were identified from the experiences reported in the interviews. The themes describe a path that starts from an experience of loss, through the adaptations the therapists had to make to cope with the loss, and then leads to innovations and future perspectives. These three themes were labelled: (1) Losses, (2) Adaptations, (3) Innovations (Figure 1). Supportive data with more quotes are presented in the supplementary material.

Losses: "The Grief that We Need to Deal With"

Losses in the Creative Process

Many of the therapists felt the pandemic-imposed restrictions on the therapeutic process and created challenges. Both in terms of tele-therapy and social distancing, the creative arts therapists had to cope with losses in their professional lives and had to adjust to a different setting. The therapists had to leave their clinics or studios and work from their home office or outside. Many therapists felt these restricted conditions did not allow the work to be as spontaneous and playful as before, and some even described mourning the loss of the creative process. They described the specific difficulties creative arts therapists had to deal with. These included the lack of synchrony, touch, shared space and materials which all affected the foundation of the creative process, and the basis for the creative arts therapies.

> There's a tremendous amount of grieving we need to do. Because we have excelled
>
> in the intimacy of connecting live through creative communication. Whether that's
>
> art, movement, dance, music, whatever it may be … And the grief that we need to
>
> deal with around not being able to offer that [live creative communication].
>
> (Elliot, art therapist, Canada)

Sally, a dance movement therapist, described what she missed in the creative process, while comparing the online therapy to in-person sessions.

The ability to be able to move together, or to be able to shift and respond. …the physical cues, the nonverbal, kind of like the space to breathe, kind of be physically in the same space feels very different when you're just staring at a screen ... [Before the pandemic, during the in-person sessions], I always used to think Oh, I love this part ... [when] we will be off the couch, right? ... Yeah, I really missed that in-person experience, ... that sense of being able to kind of connect in that way. (Sally, dance movement therapist, USA)

Loss of Shared Physicality

Many therapists felt that the lack of shared physicality restricted the therapeutic process. Some talked about the effect it had on clients who required a hug that was out of reach, others were frustrated by the difficulty of reading the nonverbal communication from a distance. To many, it was the presence itself that was missing.

I think about energy exchange and how it feels when you're in person with a person. Picking up on their nonverbal. And I think you get a lot from their faces [on Zoom] – you can really tune into that – but there's nothing like noticing someone's foot tapping – or like, seeing how they're holding or moving their body that can kind of give – like that subconscious thing that makes you a good therapist – that makes you tune into the right kind of question to ask ... It's a big adjustment to learn how to do it that way as best as you can so that the client knows you're fully there. (Julia, music therapist, USA)

Veera, a dance movement therapist from Finland, described the impact of the lack of touch on the therapeutic relationship.

As a therapist you need to be quite close to create the intimacy and the safety of like a baby and the mom .... This was impossible from a distance. ... There were some clients who were actually really craving for the touching parts of the exercises ... It

was sad. And I had to remind myself that they will be able to survive, and I just had

to make sure that they understood – I mean completely understood, not just as their

adult brain, but also as the child inside who was wondering what they did wrong,

why is "mommy" not touching anymore? ... Some clients complained and got a bit

frustrated. There was even some anger.

Loss of Safe Space

Many therapists felt the therapeutic environment after the outbreak of the pandemic was no

longer safe. The shift to online therapy during the pandemic evoked feelings of involuntary

exposure in some of the therapists, when they had to deal with the lack of privacy in their

clients' homes and their own surroundings. Some described feelings of invasiveness. Sarah, a

drama therapist from Israel, who works with adolescents and adults with eating disorders,

discussed the breached boundaries between the sessions and the outside world that were

blurred during online therapy:

> There were things I could see that – you know, a girl who has no space. That all the
>
> time somebody enters her room. When her mother, who is supposed to know she's
>
> in therapy, doesn't protect [her privacy]. Doesn't protect the space [the therapeutic
>
> environment]. ... I could see even more, and more clearly, the breached spaces. The
>
> lack of protection. ... And I think there is something in these breached boundaries;
>
> we will have to figure out how we re-protect ourselves, our clients.

Noa, an art therapist from Israel, discussed the self-disclosure that involuntarily occurred

when she had to work online from home:

> And I think there is something very exposing [in the online setting]. I had to think
>
> all the time about myself as a therapist, because at the clinic it's at the clinic, and
>
> they [the clients] don't know anything about me, and here [in the online setting]
>
> they suddenly saw things at [my] home. ... If we're playing a game that needs to be

brought from the house, then all of a sudden, they see me and I feel more exposed, so "show me the dog" and "get this for me", and "aah… you have a fridge like ours." So, it needs to be [taken into consideration] ... How much it exposes, how much it doesn't...

Losses in the Therapeutic Interaction

Some of the therapists felt that the core principles of therapy had been violated. In particular with respect to online therapy, many argued that there is no comparison with face-to-face interactions, and mentioned how much they missed in-person interactions and wanted to go back to the physical closeness. Hanna, a music therapist from Israel, even referred to the virtual space as a shadow or a memory of what existed before the pandemic.

> We were more or less running on empty throughout these two months [the first lockdown]. I think solutions can be derived from many attempts, but, I mean, the bottom line is – it felt like therapy has been canceled. And it felt like we were just checking this task off the list. There was hardly any interpersonal interaction. Almost no music. There was practically no conversation about what's bothering the child. ... we were reduced from 100% to 10%. We continued– we were running on empty, on memories of what it was like before.

Loss of Trust in the System

Several therapists cited their suspicion, anger, and resistance to the way the workplace, official agencies or the government was dealing with COVIID-19. Lim, a psychodramatist from East Asia, referred to the restrictions imposed by the government.

> And I think it is mainly how, how we perceive what the government did about the situation. We are in a very sensitive situation, a sensitive period of time as [citizens of my country] ... I saw how the government treats us all, especially how they are dealing with COVID 19. Yes, so I think that's it's a combination of feelings and

suppressed feelings, because we have, we want to say we want to speak up, but then

they, this seems like ... the leader pretends. Just pretends. Pretends to hear what you

say. That is terrible. The most terrible part.

Grace, a music therapist from the United States commented on how education and health

policies were dealing with racial discrimination with respect to treatment during the

pandemic:

We've heard about issues ... of nonwhites not getting the medical interventions that

whites are getting. You know, ... this discrimination has come up in so many parts

of our infrastructure of the country, that education, you know, is broken. The health

system is broken. Racism has just, you know, seeped into every part of everything

that it can and has a huge impact. So, if that was part of it, I don't know.

Loss of People

Therapists reported that clients dropped out during this period. Some clients could no longer

afford therapy, whereas others did not want to adjust or try tele-therapy. Some were not

emotionally able to continue therapy, because they had other concerns related to the

pandemic.

There were clients who went on Zoom, but did not return after the session. .... So, at

the beginning I did it free of charge. And then when I started to charge, some

evaporated. Some said they would come back, but the ones that didn`t return to the

clinic never came back. There were, I think, three or four who never returned. One

was a teenager who from the outset did not want any contact. I couldn`t connect to

him via Zoom ... And someone else, a very anxious mother, didn`t bring their child

back. We did a few sessions on Zoom, and then we stopped. And another two as

well. (Noa, art therapist, Israel)

Several therapists had to face the loss of clients, colleagues and family members who caught the virus and passed away. Grace, a music therapist who works with older adults with intellectual disabilities described her loss experience:

 ... One of the individuals ... I got to see her twice a week, one to one. And she was a lovely lady, lovely. ... And we would just have a great time together, making music, talking, sharing. She ended up having COVID ... it's sad to think that she won't be there anymore. And another one ... I've known her since eighty-six [1986]. ... she would just be so overcome whenever someone died, she would just break into tears. ... she would always ask, you know: 'am I going to die?' .... When I heard that she passed, there was that – that sweet thought I had that now she knows .... (Grace, music therapist, USA)

Adaptations: "It was a Big Spontaneity Test"

Creativity as a Resource

The creative arts revealed themselves to be a therapeutic tool not only for the clients, but for the therapists as well. The therapists' creativity was a source of strength to many of them, both as a coping mechanism and as a way of navigating tele-therapy. Many of them were surprised at the adaptations they were able to make. Katherine, a drama therapist from Australia, emphasized the creativity of the creative arts therapists as an important skill that helped her to adapt better to the online setting.

 ... Particularly, like in talking to my colleagues within the mental health service about how people [mental health care professionals] were transitioning, I did feel like we [the creative arts therapists] were really well-placed to be creative in the way that we could engage. So, I was surprised. I surprised myself, I guess, in that – in that ability to respond. ... [I did] things that I would never have done before.

Johnathan, who works mainly with adults with PTSD and substance abuse, described how his spontaneity as a psychodramatist helped him to adjust to the new situation despite his concerns:

> Once the pandemic started and we were forced to go online, ... I got consultation from colleagues who had been doing it online and started to slowly use it. And I was pleasantly surprised that it was much easier than I imagined. Everything I learned was applicable online. Just a couple of things needed to be changed or modified. ... Yeah, [at first] I was resistant [to the shift to online therapy]. … it felt like it would be a lot harder ... to help someone if they were really overwhelmed in the process, because they weren't in the room with me. ... I felt like I had more control and was better able to help people if they were in my office rather than on telehealth. ... So, I guess it was a big spontaneity test, having to have an adequate response to a new situation. (Johnathan, psychodramatist, USA)

Adapting Methods

Some therapists found that some methods could be adapted to the virtual setting. Despite the challenges of tele-CAT they maintained that therapy still seemed to benefit clients:

> I think it's similar to what it was before, people need to get used to a creative form of therapy. ... And it's going actually really well. I think I've found it, it helps. Some of the things that are not so helpful are connection problems. That is a disaster when this happens, when somebody is talking to me and then they freeze and I'm like:"I'm sorry, I didn't hear that. Can you please repeat?" And then they have to go again and, you know, but it works, ... I don't know. I would prefer to do it face to face. I feel like people are more connected ... and there's more a range of things that we can do, if that makes sense. But something because our training, the movement, the dance movement therapy, it's really focused on people's nonverbal expressions. ...

Little nonverbal hints that I have from their face. Even if they move posture and just

everything is useful to me to observe. So, yeah, just making the most of what I have

with them. (Nicole, dance movement therapist, UK)

Adapting the methods and building the relationships in the online setting took time and

learning. Giorgia, a dance movement therapist from Italy, talked about the perceptual

adjustments that had to be made to enable expression online:

Mainly I think I felt that ... it was okay. ... Some people were suffering more, but

some people actually got adjusted and we could find ways to participate. Truly. The

body was very much alive. Even if we're flat, you know. It's interesting. Yeah, I

think maybe as dance movement therapists we have been trying all the time you

know, to express ourselves. And I think [in the online setting] we were afraid to, but

we were just starting out. We had to learn how [to develop our] personalities and

act… so each time I made sure that they [my client] could be in touch with their

body, their breathing, ... being comfortable and... Each time I would do little things

that when we meet in person, we tend not to do very much . Yeah. Or sometimes it's

even just taken for granted. But now nothing was taken for granted anymore."

Table 2 presents various adaptations made for tele-CAT by the creative arts therapists.

[Insert Table 2 about here]

Coping Mechanisms with the Crisis

Alongside the help the therapists provided to others, they implemented numerous coping

mechanisms in their personal lives. Many of them used art, sports, and forms of meditation as

self-care, and some mentioned the importance of creating and maintaining a community.

Sally, a dance movement therapist from the United States, described the ways she was coping

with the lockdowns and with the social crisis that occurred in the US during the pandemic:

> A bunch of ... dance movement therapists created a group for us to kind of process
>
> our feelings and work on our own issues around, struggling with the things that
>
> were happening in the country... And so, I do a lot of dance and a lot of movement
>
> online. And that's really kind of where I find myself feeling most grounded and
>
> connected to myself. So, whether through yoga, or breathing and meditation daily…

Grace, described the way the arts and the professional community helped manage the losses,

and the part she took in processing the pain of loss:

> The [memorial] ceremony we did last year for the three staff people [who caught
>
> the virus and passed away] was beautiful ... They had a beautiful canvas, that photo
>
> painting kind of thing that they do. They had those three up on easels. They had the
>
> family members speak. It was lovely. ... They asked us [the music therapy
>
> department] to do some particular songs and special music. ... I wrote a song; we
>
> went into the studio and we all played our instruments and they used that for the
>
> background of this video that they put up on YouTube. ...

Innovations: "Kind of a New Direction"

Personal and Professional Growth

Aside from adaptations to face the losses, many therapists found the pandemic to be an

opportunity for them personally and professionally and used it as a substrate to grow from.

Some reported professional growth, a change in career, or finding an emotional balance: "So,

for the first six months or so, I was only working 10 or 15 hours a week, but it created a lot of

space for me to write; and I actually wrote a textbook ..." (Johnathan, psychodramatist, USA)

Julia, a music therapist described how she developed a feeling of control over her life and a

sense of balance between personal and professional life that applies to the future as well:

> And so, I ended up finding, like, kind of a new direction during this time too .... So,
>
> I'm seeing my moving forward in a way where I'm doing both clinical and some

teaching. And that feels much more balanced to me. I feel like it's in my control - I'm in my own control. No one else is making my decisions. I can decide my own safety, you know, while we're still working through this pandemic, be there for my kids when they need me. So, it feels like some different new balance has come out of this that's going to stay after the pandemic moves away.

Enhancement of the Therapeutic Process

Some therapists also thought the virtual space enhanced parts of therapy or made it more accessible to specific populations. Some felt even closer to their clients in the virtual setting. Sarah, an Israeli drama therapist who specializes in eating disorders, described the differences in her encounters with her clients, most of whom are adolescents and young adults:

... I think I have found the essence of therapy, which is in the connection. I mean, I really think that everything I tried to initiate inside of me was my ability to be with the clients. Actually, joining them, the place they`re in either on the phone or via Zoom. Like really, I really felt like I was activating all my powers to be with them. And then all kinds of very beautiful moments were created. Mainly with clients on Zoom, because I really had this direct encounter, that in a sense crossed boundaries a little. And it did, I mean, it entered their homes. And then you couldn't ignore it. I mean, everything that was in the home began to be in the therapy. Entered the therapeutic environment.

Chloe, a drama therapist from Australia, who works mainly with neurodivergent children, found that for some of her clients there was an enhancement of the therapeutic process:

I found that working with children who are on the spectrum, they were – the majority of them was [were] absolutely loving it. ... A lot of my clients who are on the spectrum have kind of anxiety. They don't necessarily enjoy coming into my office. And all that transition between home and school and school and therapy and

all of that is quite a stressful thing for them. So, for them to be able to sit in their

little bubble at home, make [made] them feel so much, so much safer and secure

that we actually got a lot deeper in our therapy sessions because we didn't have to

tackle the anxiety that we normally have to tackle when they come to my office.

New Broader Access to Therapy

Many therapists suggested that tele-therapy could make therapy more accessible and that it

will give the creative arts therapies more room to develop. Some saw the therapy during the

pandemic as an accelerator for social processes that were already occurring such as the

increase in the use of advanced technologies in the field, or new directions in the nature of

creative arts therapies itself. Elliot, an art therapist from Canada, explained the importance of

developing something new with his clients and with his professional community:

> I have actually had, I think some of the most reinvigorating experiences ... since
>
> COVID, that in some ways it wiped away so much of the malaise or anxiety or a
>
> complicated relationship to the form and left us with something new to build
>
> together. We built a new play space together. ... It's liberating in terms of how we
>
> can support each other as colleagues and community.

Lilly, an art therapist from Canada suggested that the pandemic could foster a change in the

therapeutic setting. She emphasized the importance of making each and every session

meaningful and beneficial to the therapeutic process:

> I would think that in many cases, short-term therapy is becoming more ...
>
> established through Zoom – through this kind of thing. Because of the need to have
>
> every session… like… THE session… because you don't know what will happen
>
> next week, ... whether they will be able to come ... whatever is going to happen –
>
> okay? It's an unstable world right now .... But even [for] people that usually come
>
> once a week to do therapy … So, I think that the thinking of the therapists has to

change a little bit to make sure that every session – no matter if the person comes

back again – that there will be some benefit from that one session still.

Although Lea, an Israeli music therapist who mainly works with children and adolescents,

was hesitant about using the new technology herself, she imagined the future as a world full

of new technological advances:

So, I'm telling you that in terms of – what will take place in the future, I guess of

course that Zoom and all these sorts of applications and all these – I don`t even

remember the word – that are innovating music, that allows all kinds of things,

…this stuff will be more prevalent. [Although] where I am now, I don`t think I

would take part in this thing. Maybe, I don`t know … [but] I'm sure that when it

happens, it will be effective and great and marvelous. I have nothing against it. I

think the world goes the way it goes because this is how it goes.
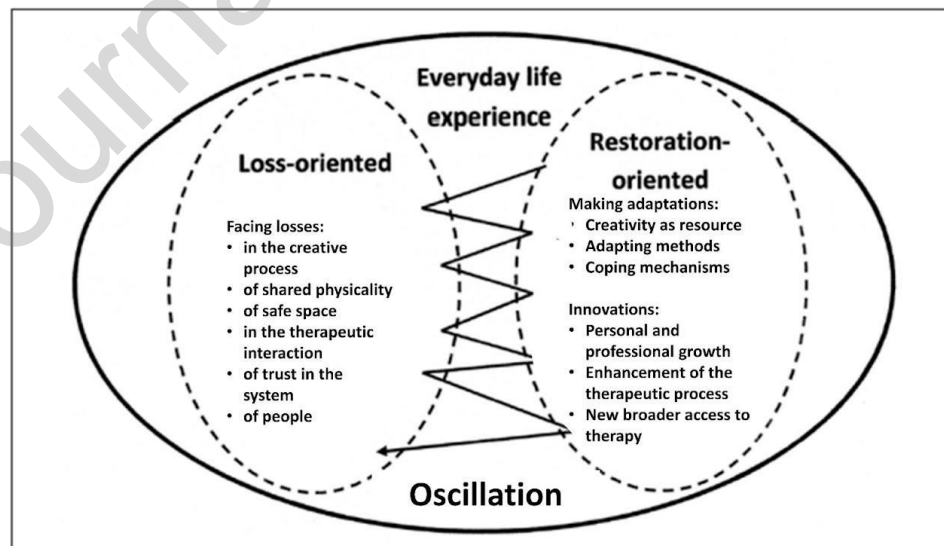
[insert Figure 1 about here]

Figure 1. The thematic map presented based on the dual-process model of coping with

bereavement

Discussion

The present study focused on the experiences of creative arts therapists from a range of countries during the first year of the pandemic. Three themes were generated from the interviews: losses, adaptations, and innovations. Each theme related to two main issues: the consequences of the shift to tele-therapy, and the effect of the pandemic on the therapists' lives more broadly.

The therapists described three significant experiences of loss as a result of the pandemic. The first experience refers to a more metaphorical loss of losing their standard format of and space when working with their clients. This experience of loss is consistent with other studies on the impact of the pandemic on creative arts therapies (Atsmon et al., 2022; Feniger-Schaal et al., 2022; Geréb Valachiné et al., 2022).

The second loss experience refers to the loss of people (e.g., clients, colleagues, and family) who died due to the pandemic or who were isolated and cut off from their lives as a result of lockdowns and other related burdens caused by the pandemic. The third experience is that of the loss of trust in the system because their voices were not heard by authorities and policy makers.

In addition, the therapists described resources that helped them to adapt to the new situation and cope with these significant losses. The losses and changes at times led to an experience of personal and professional growth, innovation and expansion of the therapeutic space. This dual experience corresponds to Stroebe and Schut's (2010, 2021) Dual Process Model of Coping with Bereavement which posits that coping with loss involves tasks in two distinct domains: (a) *the loss-oriented domain*, which refers to activities that deal with the separation from a lost attachment figure and includes tasks such as grief work, processing of painful emotions, and a search for meaning; and (b) *the restoration-oriented domain*, which refers to attending to life changes, doing new things, distractions, developing new roles and relationships. Healthy adaptation to loss can be present in oscillating (i.e., swinging back and

forth) between these two opposing orientations in a dynamic give-and-take fashion, until a point of satisfaction is achieved and maintained in both domains.

Figure 1 represents the thematic themes that were generated from the data, based on the Dual Process Model of Coping with Bereavement (Stroebe & Schut, 2010). The figure presents the oscillation between the two distinct domains of themes: the large ellipse represents the overall everyday life experience, the left ellipse represents the themes that relate to the loss-oriented domain, while the right ellipse represents the themes that relate to the restoration-oriented domain. The dashed borders of the inside ellipses represent the permeability between these two domains. As shown in Figure 1, the findings illustrate how the therapists interviewed shifted back and forth dynamically between dealing with these two coping domains. On the one hand, the therapists described the difficulties associated with facing multiple losses and changes in reality caused by the pandemic. On the other hand, they described their creative efforts to adapt to the new situation and, at times, experiences of growth and innovation at both personal and professional levels.

This dual experience was captured in relation to the forced shift to remote therapy. The therapists described an experience of loss since the online setting restricted the creative processes in session, but at the same time, how the new setting brought out the unique creative possibilities of CAT and the development of innovative creative methods and techniques. They also described the losses created by the shift to tele-CAT in terms of the changes in the therapeutic space, the lack of shared space with the client, the lack of boundaries between the home and "therapy" space (both for clients and therapists), and difficulties relating to the body. Nevertheless, the findings point to the restorative aspects of the shift to the online space, including the accessibility of therapy despite the social distancing, more peer support, training and supervision online, and for some, the online context felt in some way closer and more containing. This dual experience of both positive

and negative aspects corresponds to findings on tele-psychotherapy, tele-CAT and the online setting during COVID-19 reported elsewhere (Bianchi et al., 2022; Biancalani et al., 2021; Ellman, 2021; Feniger-Schaal et al., 2022). For example, this dual experience echoes studies on psychotherapy during the pandemic which show that many psychotherapists experienced significant interruptions to their practice due to lack of experience with tele-psychotherapy prior to the lockdown, patients' lack of privacy at home, and difficulties in communication-related to limited nonverbal communication in the online setting (Boldrini et al., 2020; Wind et al., 2020). At the same time they found their experiences with tele-psychotherapy to be better than expected with more opportunities to provide therapy during the lockdowns (Poletti et al., 2021).

The creative arts therapists here described engagement with the arts as a resource to cope with the shift to online therapy, but also in a broader sense, as a mode of self-care that helped them to cope with the losses caused by the pandemic. The findings show that engagement with arts in its various forms helped to process the loss experience (for example in arts-based support groups and artistic ceremonies for the deceased), and also to maintain a restorative orientation by providing distractions or by establishing online artistic communities to support creative arts therapists. The findings echo other studies indicating that high levels of engagement with arts constituted a potent buffer against subsequent COVID-19 anxiety, by instilling greater resilience and emotion regulation abilities (Ahn & Park, 2022; Keisari et al., 2021; Mak et al., 2021). Thus, the CATs may make a unique contribution to coping with the impact of the pandemic and losses due to its artistic component by serving as a potential resilience factor.

The therapists developed creative adaptations including finding new methods and techniques for the creative and embodied processes in the online setting, and innovative use of digital means and technology. A previous study reported an association between

therapists' creative self-efficacy and feeling comfortable with computer use, and their confidence in adapting to online practice (Feniger-Schaal et al., 2022). This may explain some of the more successful adaptations described by the therapists here, who were able to make the shift creatively. It is consistent with studies indicating that creative adaptability (i.e., an individual's cognitive-behavioral-emotional ability to respond creatively and adaptively to changes and stressful situations) is associated with spontaneity, openness to experience, resilient coping, emotion-regulation, and emotional well-being (Orkibi, 2021).

In general, the first year of the pandemic brought about major challenges but also emotional burdens both for the clients and the therapists. The findings provide evidence that therapists experienced a wide range of coping stressors due to the shift from in person to remote therapy, and in relation to the adaptations that needed to be made for the new situation. These results are consistent with findings that have discussed the burden and the stressful experience of health care professionals during COVID-19, as well as the need to provide adequate support (Chigwedere et al., 2021; Kisely et al., 2020). Thus, creative arts therapists need appropriate support during periods of health crises, which may involve using art, since this was found to be a significant coping resource for this population.

Limitations and future directions

Since we interviewed 20 therapists over a period of 9 months during the first year of the pandemic, this study did not cover therapists' views after vaccinations became widely available. Vaccination was a game-changer in the sense that it increased the sense of safety and health for some, while vaccine hesitancy increased the sense of deprivation and distress for others (Palgi et al., 2021; Vergara et al., 2021). Another limitation was the diversity of the participants in terms of disciplines, where specific insights related to each CAT discipline may have been missed (see for example, Atsmon et al., 2022). Further study is needed to achieve a clearer understanding of the effects of shifting to tele-CAT on each discipline.

In addition, there were only a small number of therapists from East Asia and Australia, and no therapists from Africa, when compared to participants from Europe, the US, and Israel. We took a global perspective to summarize the effects of the pandemic on therapists and did not include an examination of cultural and policy differences across countries. Because cultural differences have been shown to influence teachers' responses to crises (Zadok Boneh et al., 2021), and influence CAT practice (Chang, 2016; Hadley, 2013; Sajnani and Dokter, 2022; Talwar, 2019), the support they need may differ depending on context. Future studies should examine cultural differences in CAT including differences in experience related to racialization, gender, socioeconomic status, ability, religious/spiritual beliefs, age, and sexual orientation for example, in different countries during the pandemic. It is also important to mention that diversity in cultural contexts can limit the theory drawn from the data. Moreover, the current study did not report on the type of CAT training or credentials of interviewees. Future studies that focus on creative arts therapists should also examine the training of the therapists as this may have an influence on the way they adapt to the pandemic and the use of tele-CAT.

The findings show that the shift to tele-CAT can lead to progress and development in the field. At the same time, however, this development demands further consideration, including the need for ethical guidelines for online practice, specific training, development of digital methods and applications that can support the creative process in the online setting, and dedicated supervision for therapists who work online. The findings show that future training of CAT should also include specific training focusing on how to conduct tele-CAT. Training should include issues such as: framing a safe therapeutic environment in the online setting, practicing creative methods and techniques that can be used in the online setting, involvement of new technologies that can support the creative process, and considering specific ethical issues related to the online environment. The findings affirm previous

observations and insights concerning the training needed to shift to tele-creative arts therapies (Sajnani et al., 2019; Sajnani et al., 2020) and underscore the importance of providing sufficient psychological support to therapists during extraordinary stressful events.

Author notes

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Table 1

Participants

Pseudonym	Discipline	Age	Gender	Country	Years in practice	Main client population	Age range of the main clients	Private or Public Sector
Noa	Art therapy	39	F	Israel	11	ASD and other	Children/ Adolescents	Both
Maya	Art therapy	45	F	Israel	16	ASD and other	Children/ Adolescents	Both
Lilly	Art therapy	78	F	Canada	40	Behavioral problems	Children/ Adolescents	Public
Elliot	Art therapy	47	M	Canada	9	Multiple populations	Adults	Public
Giorgia	Dance movement therapy	67	F	Italy	37	Anxiety and depression	Adults	Private
Nicole	Dance movement therapy	25	F	UK	2	Dementia care/ Anxiety and depression	Older adults	Public
Sally	Dance movement therapy	50	F	USA	10	PTSD/anxiety and depression	Adults	Private
Veera	Dance movement therapy	43	F	Finland	3	Anxiety and depression	Adults	Private

Nancy	Drama therapy	43	F	USA	7	Anxiety and depression	Adults	Private
Chloe	Drama therapy	43	F	Australia	15	ASD and other	Children/ Adolescents	Private
Sarah	Drama therapy	44	F	Israel	13	Eating disorder	Multiple ages	Both
Katherine	Drama therapy	37	F	Australia	10	Severe mental illness	Children/ Adolescents	Both
Alison	Intermodal arts therapy	38	F	Canada	10	Behavioral problems	Children/ Adolescents	Public
Lea	Music therapy	59	F	Israel	25	Anxiety and depression	Children/ Adolescents	Both
Hanna	Music therapy	51	F	Israel	22	ASD	Children/ Adolescents	Public
Grace	Music therapy	58	F	USA	33	Nursing home and dementia care	Older adults	Public
Julia	Music therapy	42	F	USA	19	PTSD and children with developmental disabilities	Multiple ages	both
Antonio	Psychodrama	38	M	Spain	7	Anxiety and depression	Adults	Private
Johnathan	Psychodrama	28	M	USA	3	PTSD and addiction	Adults	Private
Lim	Psychodrama	40	M	East Asia (country is masked for anonymity)	1	PTSD	Children/ Adolescents	Both

Table 2

Adaptations made for Tele-CAT by the Creative Arts Therapists

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Adaptations for tele-CAT by the creative arts therapists

Adjusting the camera

The therapists had to adapt to the fact that in the online setting they do not see their clients directly, in an unmediated manner. The therapeutic process was mediated and filtered by the camera and the screen.

Nicole, a dance movement therapist works mainly with older adults and caregivers at a care home. The group sessions were delivered via a television screen with the help of staff members who operated it. Nicole referred to the physical and technical adjustment she and her clients had to make in order to work together:

"Apart from the one to ones [online individual sessions] where I only see their face, I asked for the group, [that] the camera [will show them fully and show all of them ... So they're ... facing the camera and I can see every bit of them [their body expression]."

Chloe, a drama therapist, described how she learned to create the impression of eye contact, even on screen, by looking at herself.

"You kind of get used to it, (learn to) know how to look at somebody and look at the camera (and at yourself at the same time). So, it looks like you're looking (at the other person) ... which was very hard to do to start with, but it just became easier and easier."

Some therapists chose to use the camera as a therapeutic tool. Elliot, an art therapist who usually works with groups, referred to the benefits of turning away from the camera. This allowed the clients to focus while still taking part in the session.

"And this is the neat thing about art therapy and Zoom is you can turn away from the camera. You can, I don't know that they should necessarily forget that I'm there or that the other members are there, but this this opportunity just to focus on the page or to focus on the piece of cardboard or collage or whatever it is they're working on. And I can rest my attention."

Adaptations of the setting to the online mode

When the pandemic broke out and therapy shifted to online, the creative arts therapists had to adjust the setting to the new conditions. The quotes refer to the adjustments the therapists made to create a safe and consistent therapeutic setting.

Antonio, a psychodramatist from Spain, referred to the adaptations his clients made to find a private space for the sessions during lockdowns.

"But also, I work with some patient[s] from the car. The patients use the telephone [to have private quiet space]."

When the sessions shifted online, Sarah, an Israeli drama therapist who works with adolescents and adults with eating disorders, could not see her clients as usual. In order to maintain therapeutic holding and continuity, she made changes in the time frame of the sessions.

"At the day care I had them, but not necessarily therapeutic sessions. It was phone calls, things like that. ... and even when it was possible to have a therapeutic session it wasn't as long. It was like half an hour or so."

Grounding techniques
Many therapists used grounding techniques such as mindfulness tools or breathing to help their clients and themselves adapt to the new online setting.

Sally, a dance movement therapist, used grounding techniques to help her clients cope with the global crisis and to feel present in the online setting.
"So, I do a lot of work with like grounding and breathing. And I will do that online to kind of help people feel like their present moment. Maybe some like coping skills and stress management techniques."

Mirroring as a therapeutic tool
Some therapists used the online setting as a platform for mirroring techniques and used them as a way of both adjusting to the online setting and as a promoting tool.

Johnathan, a psychodramatist, used the fact that the clients see themselves on camera in the online setting as an opportunity for mirroring, and encouraged them to reflect and to face themselves on the screen.
"On Zoom, in psychodrama terms, the client is constantly in the mirrored position. They're always seeing themselves .... And some clients find that really uncomfortable[...] Um, but I'll intentionally use that as opportunities for interventions for, um, speaking to themselves, for seeing themselves, for getting more comfortable being with themselves and seeing themselves accurately."

Nicole used mirroring techniques to bridge the physical distance between her clients and herself.
"I don't know, for example, I have this client that she's not moving much, but sometimes she will do this [performing]. Just to see me better. And then I start doing this as well, and then she feels that I understand her."

The pacing is much slower
Some therapists have found it better to take things slowly in the online setting, to allow their clients to adjust to the transformation.

Johnathan, who specializes in working with PTSD clients, emphasized the importance of a slow pace of the therapeutic process in online therapy.
"I, you know, take things very slow online compared to when I'm in person. ... So the pacing is much slower, and I do a lot more strength-based work before doing any trauma work, online."

Create safe space
The therapists redesigned the therapeutic safe space to find new ways to create the safe space in a world that was no longer safe.

Giorgia, a dance movement therapist who works mainly with adults, described how she helped her clients create a safe space for themselves, and used rituals and methods from the in-person sessions that helped her clients feel safe.
"So, I dedicated a lot of detailed, um, time and direction for them to really feel there and then ... to really create a space inside the space where they were. We call it ... this sphere or personal place ... so each time I made sure that they could arrive and be in touch with their body, breaths, ... being comfortable and ... being aware of sight, maybe sometimes sound so they could really create some kind of deep awareness in a safe space. ... Each time I would do some little things that when we meet in person, maybe we do very little. Yeah. Or sometimes it's even just given for granted. But now was, nothing was for granted anymore."

Working with materials
Many therapists used materials present in the online setting, such as art supplies, props, furniture and objects.

Many therapists used materials that were available in the clients' home environment. Lilly, an art therapist who works with adults, noted:
"You can use art therapy. You can use art. You can look, people can use whatever they have in the house. … And they can improvise, and they can be – they can be creative."

Some therapists worked with materials themselves and shared them with the clients. Nicole demonstrated how she used props to stimulate her clients and encourage them to participate in the online session.

"And with props, I mean. For example, I use colorful scarves or ribbon sticks or percussive instruments or different things, really, and what I found with my one to ones is that I tell them all, I have something for you, would you like to take a look and then I start showing them the props. And with some of them, it works because they start choosing colors and they instruct me what to do with that."

Maya is an Israeli art therapist who works mainly with children, some of whom are on the autistic spectrum. She bought art supplies and took them to her clients who could not afford to buy them.

" I want to say that (for) some of my clients, whom I knew could not afford (art materials), or the ones in a more severe mental state, so I prepared packages with art supplies, and I delivered them all over the city."

Using digital resources

Some therapists have found joy and playfulness in experiencing with the different and new options and features the online setting has to offer.

Chloe, a drama therapist, works with children and adolescents with ASD. She and her clients used a virtual reality online platform to try different costumes and sets.

"We explored things that the computer could do, like the virtual background screens, and we would put on duck masks and dog masks and sit on the grass and do that kind of stuff, so, and I learned a lot because I had never even used Zoom before." (Participant 1)

Alison, an intermodal arts therapist, used the features of the platform to compensate for the lack of shared physical space. She and her clients shared and created art together.

"But there is a drawing board with Zoom, and you can bring up any document that you – or video! – that you can pull up on your computer screen, so… to do with… Working with anxiety, or anything like that. Like, you can have your client color the pieces on a chart; you – you can – you can do a lot of the things" (Participant 7)

Preparing in advance for the creative process

Some therapists realized they had to prepare in advance for sessions in the online setting, so their clients could create a suitable environment and conditions for art making.

Maya mentioned the efforts she and the school had to make to prepare the children adequately.

"Usually, they got an explanatory page about what was going to be in the studio, what materials to prepare…. They had a lot of preparation to do of "go to a quiet place", and the camera and so…. Yeah. It required a lot of work, anyway."

Choosing an appropriate artistic method

Creative arts therapists had to consider many factors when choosing an appropriate art method for the online setting. Some of the methods that worked wonderfully in person could not be used by the therapists, some had to be adapted to the virtual format, and new methods were developed.

Some therapists preferred to use techniques that could be done in different spaces, and then share the outcome. Chloe elaborated:

"So, we've done lots of guided drawing. We would both draw something and had to guess what the other one was drawing, that kind of stuff … We would be making things out of playdoh and all that kind of stuff…. With some of our clients, I made… little worry monsters and we squashed them at the end."

Some therapists chose techniques that included interaction or working simultaneously. Nicole explained how she moved together with her group, even though they could not share a physical space.

"And when this seems enough, I kind of say to them, well, we've done lots of talking. How about the body? Shall we do some movement? And then they're sitting in the chair in their chairs and I'm sitting in my chair. Sometimes I move back so they can see me more. You know, I guide them through a body warm-up …. And everyone starts doing what they need to do."

Some therapists used miniatures, puppets, and other objects to embody and represent the whole body, which could not be seen fully on the screen. Antonio told his clients to use their hands to play the role of themselves in couples' therapy.

"It's not the same with the camera, but I used the same thing. The dramatizations, for example, … [using the client's] hands. Couple['s] problems, for example [dramatized with hands]. … [One hand] doing one role [and the other hand] the other."

Some therapists, especially in music therapy, found the asynchronous sound and picture in the online setting to be an obstacle. Julia, a music therapist who works with adults with complex trauma, preferred receptive methods such as sharing music instead of playing together. Receptive methods were also used in other fields.

"So - sharing, like learning how to share your music over that. … The clients, maybe they might have a different experience if they're wearing headphones versus not wearing headphones.… Learning that sometimes it's okay for the client to play the music if they would like me to listen…. And different ways that we can, you know, maintain that connection, their musical connection, even though the synchronicity isn't great."

Some therapists found it easy to adapt their usual techniques to the online setting, and felt the sessions were just as rich in methodical variety. Sarah, a drama therapist, elaborated:

"I mean, monologues were written, stories were told, there was, like, all along there was creative, artistic work. Using objects. Games. Guided imagery, images. Like, really, every single thing we use."

Highlights

- We explored the experiences of CA therapists during the first year of the pandemic
- Therapists described significant experiences of loss as a result of the pandemic
- Losses and changes also led to an experience of personal and professional growth
- This dual experience corresponds to the Dual-Process Model of Coping with Bereavement
- CA therapists need appropriate support during periods of health crises