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Intimate technology? Teletherapies in the era of COVID-19

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> Some personas are like, they like remote consultations. And they can speak in a more intimate manner when remote. It's intriguing, and them some cannot talk [of] anything intimate in this way, this is so alien this connection. (Psychotherapist)

Introduction

This chapter investigates teletherapies, aiming to produce novel insights into how human well-being is co-constituted with technological infrastructures.[1] Drawing upon a study on the diverse practices of remote therapy and counselling in the context of the COVID-19 pandemic, it explores the ways in which Finnish psychotherapists and other counselling professionals experience the related shift to teletherapies. As in several other countries (e.g. De Luca and Calabrò, 2020; Reay *et al.*, 2020; Silver *et al.*, 2020), in Finland the pandemic generated a huge digital leap, particularly to digital therapies and online counselling, even though traditional phone calls have been in use too. Rather than pre-defining teletherapies as similar or different to traditional therapies, as a point of departure, I suggest that technological infrastructures condition and shape the affective processes of support-seeking and support-giving in diverse areas from long-term psychotherapies to anonymous one-off advice. In particular, I tap into the question of how intimacy comes to matter in teletherapy practices. As the quote above, from a research interview I conducted, indicates, experiences concerning intimacy differ: Many feel that teletherapy can facilitate or prohibit the experiences of trust, proximity, confidentiality and security. Hence, to provide substantial insights into the ways in which intimacy matters in digital therapy, I look at the socio-material constitution of intimacy and its more-than-human constituencies (Latimer and Gómez, 2019). This chapter thus traces the ways in which intimacy is being made and unmade, of and with multiple entangled materialities.

Technological infrastructures are about more-than-human worlds and the materialities that are essential parts of therapy processes. In digital therapy and counselling, technology not only 'intermediates' human–human interactions but fundamentally shapes the co-constitution of the therapy sessions. Thus, the remote sessions cannot be reduced to sessions that now only take place through video calls or other means – but rather, technology mediates therapy and has at least a potentially transformative effect on the therapy process (for the difference between intermediating and mediating, see Latour, 2005: 39). These transformations should not only be understood as disrupting therapy practice or as making it less – or more – effective, even though efficacy as a topic is regularly discussed and debated in studies concerning teletherapy and telecounselling. Rather, these transformative processes are open-ended by definition and, as my analysis will illustrate, the similar conditions and practices result in multiple experiences, having varying consequences. From this perspective, the COVID-19 pandemic and the related shift away from in-person consultations are not pre-defined as an external disruption to therapy practice, but they provide novel networks for the relational co-constitution of therapy practices.

The data entail forty-one interviews in which psychotherapists, family counsellors, crisis workers, sex therapists and other counselling professionals were interviewed about their experiences concerning the role of technology during the global COVID-19 pandemic. Seeing non-human and human intra-actions as crucial for the production of well-being, this chapter departs from individualised and psychologised notions of well-being and views well-being as always conditioned by both non-individual and more-than-human agencies (Coffey, 2020). In this vein, it seeks to contribute to such materialist analyses of COVID-19 that, as a point of departure, see it as productive of a surfeit of assemblages that require the kind of materialist analysis that attunes to agential cuts and intra-actions (Sikka, 2021). With this approach, I wish to make visible the socio-material constitution of intimacies in teletherapy practices, thus enriching our understanding of affective intimacies by stressing how intimacy is co-constituted by several dynamic processes that have capacities to affect and become affected.

I have structured the empirical discussion introduced in this chapter along two different themes, which may appear to be different. I will first discuss the rethinking of intimacies and then introduce an empirical exploration of the capacities to both bring close and to distance as facilitated by remote therapy and counselling. Whereas several accounts of disruptions in reciprocal communication, technical difficulties, concrete distance between providers and clients and the feeling of a distance were described in the data, the descriptions of a feeling of proximity, novel observations and access to spaces that were previously held private were also popular, as well as alternative ways and modalities that brought forth new entanglements.

However, the seemingly different repertoires both illustrate how mental well-being is assembled through a process of entanglements and relations (see also Coffey, 2020: 4). Their detailed analysis allows the entangled agencies that play a role in professionals' experiences concerning teletherapies to be traced, highlighting the ways in which intimacy is made and unmade, and how affective relations shape the experiences of intimacy, or lack thereof.

Rethinking intimacies

In exploring more-than-human intimacies in the approach to remote therapy and counselling, this chapter enriches the current body of work on digital intimacies that has largely focused on sexuality. In previous studies of digital intimacy, topics such as sexual content, sexual expressions and sexual rights have been increasingly examined, yet other types of intimacies and their more-than-human constituencies have remained largely unexplored. Alternative approaches are scarce but exist: while Piras and Miele (2019) consider in their insightful analysis the technologically mediated patient-provider relationships as 'digital intimacy' that is characterised by familiarity that extends the face-to-face encounters, they nevertheless stress the primary locus of creation of such intimacy in this concept, reducing 'digital' to a platform for human-human intimacies. However, intimacy should not be reduced to human-only encounters or to certain pre-defined domains (Kolehmainen and Juvonen, 2018; Lykke, 2018; Lykke, 2019). The bracketing of intimacy to certain domains, such as sexuality, private life or interpersonal relations, has made it difficult for intimacy to be a subject of importance writ large (Latimer and Gómez, 2019). It has also led to associations of intimacy with 'positive' closeness, even if this is highly problematic (Latimer and Gómez, 2019; Kolehmainen and Juvonen, 2018; Zengin, 2016). In particular, affect theory provides important insight into how proximity and closeness are not neutral practices (see Introduction, this volume; Kinnunen and Kolehmainen, 2019). Nor is intimacy only a matter of human relations, as my chapter will further demonstrate.

In the production of a suitable framework for the exploration of more-than-human intimacies, I seek to draw upon those scholars who have discussed intimacy without foregrounding sexuality, and to continue this work further. Following Lauren Berlant (2000: 4), intimacy is a matter of 'connections that impact on people, and on which they depend for living'. From this perspective, consideration of technology – and in particular the internet – is essential in studies that focus on more-than-human intimacies. Networked connectivity has grown into a matter of infrastructure, reminiscent of electricity, gas, water or heating (Paasonen, 2018a), and intimacies surface and wither in networks of human and non-human actors (Paasonen,

2018b). Thus, intimacy therefore refers not only to connections between people but to the networked environments in which these unfold and the connections that are formed with devices, apps and platforms: these all impact people, and they are all depended on for living (Paasonen, 2018a). They are, in many ways, what living depends on, but also 'worlding practices' (Tsing, 2015; Stewart, 2017) that have an effect on how living itself can take place. In the multiple processes of teletherapies and remote counselling, the networked environments and connections have an infrastructural role but they also facilitate the more nuanced (un)makings of intimacy that have at least potentially significant affective, psychic and material capacities.

Digital technologies entangle with intimacies in various ways. As we are part of technological environments, rather than individual subjects who can manage and control technology (e.g. Kember and Zylinska, 2012; Paasonen, 2018b), digital technologies have become essential, everyday non-human companionships. They are intimate in the sense that they necessitate the conditions of human living, stressing the co-dependencies between human and non-human lives. They also work as a part of socio-material practices that produce the more subjective experiences of intimacy – such as trust, confidentiality, proximity and security (or lack thereof). Further, from my point of view technology is not the platform or venue for intimacies, but is at least potentially intimate. In therapy and counselling, as my analysis will illustrate, technology cannot be separated from experiences of intimacy nor reduced to mechanistic notions where it is associated with a passive platform for human-only action. Teletherapies thus provide a fruitful site for looking at more-than-human intimacies from this perspective.

Finally, digital intimacies, in their close connections with the virtual and immaterial worlds, also remind us that intimacy does not require physical proximity nor is it limited to the material presence of (at least) two human bodies. Thus, intimacy should not be understood through physical proximity only, especially as bodies and minds have capacities to communicate – to affect and become affected – largely in immaterial ways (Dernikos, 2018). In this chapter, I am interested in the ways in which sensory, material and affective registers prove crucial for well-being, regarding the way that these dimensions further inform the conditions of possibility for well-being (also Coffey, 2020: 4). These registers can operate at least partially virtually and in immaterial ways, as my analysis will show.

Data and methodology

For the purposes of my study, I conducted forty-one thematic interviews in which psychologists, psychotherapists, family counsellors, sex therapists,

crisis workers and other counselling professionals were interviewed about their experiences concerning the role of technology during the global COVID-19 pandemic. The data were collected in the summer and autumn of 2020 by me via Zoom (a cloud-based video communications app), except one interview which was conducted via phone call. The interviews lasted about one to one-and-a-half hours with a wide variance in duration. The shortest interview lasted approximately forty-five minutes. The interviewee was a busy therapist who had allocated forty-five minutes – the time they usually reserve for individual clients – for the interview. The longest one lasted over three hours (in two parts): I interviewed two professionals twice because I felt that we could not go through all the basic themes at once. Altogether I interviewed thirty-nine individuals, of which two were interviewed twice.

The interviewees resided and worked across the country. All the interviews were conducted in Finnish, even though many used several languages in their work, such as Finnish, Swedish, English or Russian. Some also worked partly outside Finland, i.e. they either travelled for work or had clients abroad. The informants were both male and female; the majority of them were women, and no one identified as non-binary, for instance. The youngest interviewees were in their twenties, whereas the oldest were in their late fifties. A great deal of them had several occupational qualifications, and many were also working two (or more) jobs, such as having a main job in the social and health care sector and additionally acting as a private practitioner part-time. Many were also studying at the time of the interviews, or were planning to acquire more professional competence in the future. Nevertheless, I will only use general occupational titles – such as psychotherapist or family counsellor – in this chapter, since the exact combinations of education, background and job descriptions might risk the anonymity of my interlocutors.

The interviews were semi-structured: I wanted to keep the interviews informal, yet I also had a list of themes and questions I wanted to touch upon. During the interviews, I asked, for instance, about personal information, education and work history, their current employment and job description and the clientele. I also asked about COVID-19-related topics, such as their experiences concerning remote work, the shift to teletherapies, reflections on the pros and cons of different technologies and the perceived impact of the COVID-19 pandemic on the well-being of both the professionals and their clients. The interviews were transcribed verbatim by a company specialising in transliteration services.

Almost all therapy and counselling services went virtual because of COVID-19 – a shift that many of my interviewees described as a 'digital leap', either in organisational or in personal terms. In March 2020 the first

wave of the pandemic hit Finland and soon the government declared a state of emergency. The state of emergency lasted for three months in 2020. During that period the authorities were granted additional powers, primarily those laid down in the Emergency Powers Act. Restrictions on social distancing were placed and recommendations concerning remote working in both public and private sectors given, which influenced the working conditions of my interviewees but also the everyday lives of their clients. Also, KELA, the Finnish State Pension Office that provides rehabilitation psychotherapy and financially supports those who have been granted access, gave specific recommendations and changed its policies, meaning that face-to-face encounters were no longer favoured but video calls and phone calls were seen to be appropriate. This all meant that single informants rarely had any say on how they should organise their work, because they were subject to employer recommendations concerning remote work and social distancing or, if they were private practitioners, they followed KELA's instructions. A few of my interviewees were already very familiar with digital therapy and online counselling to the extent that they felt the pandemic did not really cause any change in terms of work. Some had job descriptions that involved the development of digital infrastructures, and several had at least some previous experience of teletherapies. Yet for most of my interviewees, daily or otherwise intensified remote client work was an unforeseen and unexpected experience. Disruption was perhaps experienced temporarily; however, in general, the interviewees found meeting clients at a distance convenient and they got used to it, even if the majority still preferred face-to-face meetings.

In this chapter, I analyse the interviews through the lens of intra-action, arguing that teletherapy practices can be best understood from the perspective provided by this approach. The notion of intra-action is a key element of Karen Barad's agential realism, signifying the mutual constitution of entangled agencies (Barad, 2007: 33). The term does not suggest two distinct entities who interact with each other, but rather sees agency as a dynamism of forces and not as an inherent property of an individual or human to be exercised (Barad, 2007: 33, 141). It thus stresses how agents, bodies and events are 'always already entangled'. In intra-action, all designated 'things' are constantly exchanging and diffracting, influencing and working inseparably (Barad, 2007). This means that the networks of technologies, humans, discourses, animals and institutions discussed are produced in and through practices that set the conditions for the ability to study them. These assemblages are therefore not pre-determined but formed through intra-actions or agentic forces that exist only in relation to one another (Sikka, 2021).

In other words, rather than seeing therapy sessions or counselling processes as situated interactions between a therapist and a client, I argue that

they could best be understood through the lens of intra-action. The remote therapy and counselling sessions are about 'becoming' with the mutually constitutive networks of several actors, bodies, events and objects such as the therapist, the client, therapy modalities, technological infrastructures, psychic conditions, particular affordances of different mediums and material venues. Those processes of becoming have a transformative effect on all the parties as well as on the process itself. Hence, the lens of intra-actions allows attention to be paid to how the conditions of possibility for well-being are produced in the manifold processes of everyday life (McLeod, 2017; Coffey, 2020). In the case of mental well-being, this kind of lens is especially useful since it enables us to pay attention to those multiple agencies that take part in the production of psychic well-being – which is inherently tied to the relational networks of care.

From a Baradian approach, technical qualities and affordances only have limited capacities to act, but rather their capacities come to matter through the intra-actions. As my chapter will demonstrate, they themselves matter in different degrees and in several alternative ways that are, for instance, technical, affective, material or psychic. In other words, the open, participatory affordances of particular media cannot be reduced to the fixed technical attributes of particular technologies, as these affordances emerge only through the relationships between different practices, values and materials: something that becomes explicit when reflecting on the significance of capacity-building practices (Giraud, 2019). For instance, an analysis of my data stresses how video calls mediate, twist, limit and expand the therapeutic processes: in certain settings, the video screen enables something novel – shared connections, new observations, a novel feeling of intimacy and trust – to happen, whereas in other cases it limits the process by fostering a feeling of emotional distance, by omitting information or by distracting. Hence, even if in what follows I discuss two seemingly different aspects provided by technology in teletherapy practice, those aspects actually both stress how intimacy works across the series of intra-actions. Professionals and their clients, COVID-19 and related policies, material conditions, technological infrastructures and applications and technical qualities and user experiences re/de/assemble in various ways.

Intimate technologies

The shift to teletherapies was also a very concrete alteration in the way in which the therapy settings changed. Some of the interviewees were able to work from their offices, but most of them started to work remotely from their homes. There were vast differences in their preparedness: some already

had a spare room and suitable technical equipment, whereas others had to start from zero. Clients also had to find new venues. For many, home became the new venue for therapy or counselling. If there were alternative preferences or if home was not a potential venue for sessions, the mobile technologies still allowed clients to make (video) calls from cars, offices, saunas, walks and so on. Reportedly, there were also clients who preferred to have a break from regular meetings until face-to-face meetings were again an option, but in those cases, the reasons were almost without exception related to intense care responsibilities and had nothing to do with difficulties in accessing suitable technologies.

The interviewees used mainly video calls and phone calls in their work. Several noted that even if video calls enable access to visual information, they still omit the amount of information – from seeing the body as a whole to a variety of gestures, and from general appearance to minor facial expressions – the therapists and counsellors were accustomed to. For instance, a psychotherapist referenced a newspaper article detailing why video meetings may feel burdensome, reflecting her own experiences: 'with my clients, I'm not like half a metre away from their face. It's like you're constantly reading small clues attentively, and the whole and its message is missing'. However, the video connection also enables access to new information or knowledge. In the following, the interviewee recalls how the shift to video calls has enabled him to make novel observations:

> Video calls brought me [in]to the homes of my clients and to the circumstances they live their everyday lives in. Certainly I was able to make novel observations. […] Especially with those who have challenges with coordination, you really could notice the change of venue. Like someone just turns a washing machine on just before the appointment or disappears from a view for a while. (Psychotherapist)

While it is important to address relationality and entanglement, Eva Haifa Giraud (2019) argues that the ethics of exclusion should also be taken into account: the entities, practices and ways of being that are foreclosed when other entangled realities are materialised. From this perspective, the shift to digital therapies provides both novel entanglements with technology as well as the potential to block the actualisation of alternative realities. The above-cited psychotherapist, for instance, noted that the foreclosure of face-to-face meetings hindered many practical tasks that he had been doing with his clients. Yet it also contributes to the materialisation of an alternative entanglement, which in turn allowed the interviewee to access the everyday living conditions of his clients in an unforeseen way and to see the activities of his clients in a new light.

As already mentioned, several interviewees stated that it was a challenge not to be able to see their clients fully and thus access the amount

of non-verbal information they were accustomed to. Yet there were also experts who felt that the exclusion of visual information served their professional goals. In the following excerpt, the interviewee describes herself as an auditory person, for whom visual information is secondary. The materiality of intimacy (Latimer and Gómez, 2019) works through the headphones and the voice – in this case, physical proximity in itself does not operate as a material intimacy, but rather the proximity of human voice that the headphones carry close to the ear in a very literal sense:

> I'm an auditory person in general […] I don't even try to get that much out of my clients with my eyes, I get more. In a way the voice comes quite close to me, especially with headphones on, I feel the clients are really close to me and I hear a lot from their voices […] Then I also think here I can freely, I have here more means to self-regulate than in a client meeting […] I can sway [my] legs or sit cross-legged or twiddle my thumbs. In a way I can regulate my mood and proximity and distance more, I can maintain a suitable level of alertness. Because, well I don't know if I'm a little conventional but when clients come to my office I don't sit cross-legged in my chair. (Family counsellor)

Rather than relying on sight, the sense of hearing is important for the interviewee who describes herself as an 'auditory person'. This is an important reminder of how the technical affordances always work as part of assemblages – the capacities and agencies provided by video calls are a product of different entanglements, here stressing that visual and auditory information themselves do not have the ability to influence therapy sessions in pre-defined ways. Further, the interviewee finds the opportunity of being able to partially withdraw from view as entangled with experiences of proximity or distance, making it an example of how intimacies are made and unmade, entangled of and with multiple entangled materialities.

In a similar vein another interviewee, a psychologist, mentions clients for whom technology provides a possibility to use the chat function and write, rather than verbally express themselves: 'They then wrote their replies in the chat box and they were able to express their thoughts perhaps in a more comprehensive way than here at my office'. Both examples demonstrate that the newly found technical affordances enable the mobilisation of alternative means of communication, entangling such senses and modes of communication that may become marginalised in conventional face-to-face meetings. As Giraud (2019: 66) writes, the properties of any medium emerge only through its intra-actions within a particular assemblage. Here the properties of particular media technologies have consequences for the therapy sessions and for well-being. Yet they also highlight the changing degrees of comfort brought about by the shifting intra-actions – the new opportunities for feeling at ease and secure during the remote sessions.

The next interviewee had experience working for hotlines before her current work as a family counsellor. In the following, she reflects upon the perceived strengths of a phone call, which she associates with the possibility to reach out for support without having to show one's face. This is not about COVID-19 in particular, yet still demonstrates the perceived capacities of such technologies and mediums that have been increasingly in use because of the pandemic:

> [I] learnt the pros of a phone, like a person can vent one's anxious condition and whatever feelings without having to show their face, like you can just lie on the floor curled [up] and cry [in]to the phone. And also like someone who's a very shy and timid person can benefit from having the chance to speak from here and then someone will receive it all and respond. (Family counsellor)

The interviewee mentions the ability to just vent feelings, without having to show one's face. The invisibility enabled by phone calls disentangles clients from the anticipation concerning reciprocal communication, allowing them to lie down, cry and 'vent' feelings, reminding us that intimacy in its most conventional terms – familiarity with someone – is not regarded positive or desirable for all, nor seen as beneficial in every setting (Piras and Miele, 2019). The lack of familiarity enables an affective connection with someone – as a psychotherapist who also worked as a phone counsellor explained, the clients still seek a connection. Yet she also indicated that she feels less responsibility for hotline clients, with whom she does not form a long-term professional relationship and related commitment: 'Well I don't start like, patient-relationships there because I don't have anything, like background information or else concerning this person. Then I would be skating on thin ice if I started to build a responsible relationship there'. Yet it seems that anonymity also 'frees' clients from the expectations concerning reciprocal communication and continuation. Piras and Miele (2019), in their take on digital intimacy in patient-provider relations, differentiate between 'knowing the patient' and 'knowing about the patient'. In a similar manner, the interviewees cited above seem to associate the chat function or calls with a limited capacity to enhance their 'knowing about' the person seeking support or help, even if they enable access to a certain amount of information.

However, this also brings up questions related not only to the technical affordances provided by different technologies, but also in relation to intimacy. Here the accidental, potentially one-off anonymous encounters foster the socio-material conditions for intimacy: rather than an accumulation of proximity and trust, the intimate encounter is facilitated by distance and anonymity. Similar notions were advanced by several interviewees who noticed that for some clients anonymity is a pre-condition for seeking

support or help, at least in the initial first steps. For instance, a psychotherapist working for an organisation views the possibility of seeking support or help anonymously as 'extremely important', also stating that during the COVID-19 pandemic anonymous text chats provide a feasible way of reaching out. For many who are seeking support or advice, for instance, phone calls might prove challenging since family members may possibly stay within earshot, whereas chatting is often still possible in privacy. Thus, the data also challenges the binary between personal/impersonal in several ways by disrupting any presumptions of intimacy as something that evolves over time, requires in-depth knowledge and familiarity, and that can be accumulated – and capitalised upon – in therapy and counselling. Rather, the invisibility or anonymity allows the limits of one's privacy to be overcome.

Distancing capacities

The physical distance between a therapist and client is, however, seen as a problem by several interviewees. Proximity is often seen to enable a more intimate connection between a therapist or counsellor and a client. It is also assigned an important role in serving professional work as it enables presence, which in turn is considered a significant form of support. As an interviewee describes: 'capturing the feeling through the screen, well I haven't yet learnt how to do it, like if we start to be just quiet here, you stay there quiet and I stay here quiet, we're still lacking it, some sort of connection that we would still share if we were able to sit in the same room'. The physical distance here turns into mental and affective distance, or at least to limited or partial connection. In other words, and even if it is difficult to verbalise beyond the power of presence or similar descriptions, many refer to a transcorporeal energetic force that supports the therapy events if the human bodies share space.

   In the following excerpt, the screen is seen as a concrete barrier between the therapist and a client, which also prohibits the kind of support that the interviewee considers essential in the light of developmental psychology – even if she also mentions that she enjoys the possibility of adjusting the volume on her computer and can now hear clients better. Yet the video call stills marks a 'cut', excluding many practical exercises the interviewed psychotherapist had integrated into her therapy practice. I here understand 'cuts' as referring to boundary-drawing processes that come to matter through what they reveal or conceal (Barad, 2007) and cuts make some aspects of the phenomenon visible but other aspects less so (see also Coleman and Ringrose, 2013). Here, the screen blocks the 'co-becoming' by establishing physical distance that in turn renders the therapist and the clients separate from each

other, disentangling them in a manner that rather unmakes than makes intimacy – the interviewee associates distance with being alone. In the following, she recalls some of the reasons why many of the most practical tasks, from relaxation exercises to the tasks proffered by literature therapy, have been dropped:

> if they would go lie somewhere out of my sight away from the video connection I don't have any means to know what's going on. Like if some client gets really anxious, I cannot respond immediately and help. It would be possible in principle but the point of doing things together would be missing, like it would be more about me presenting or lecturing rather than us thinking together – I consider doing things together very important from the perspective of developmental psychology and developmentally, since many of my clients have been left without when children. Like they have had to get along alone, like the mother or the father or the parent or any adult would have been holding [their] hands and advised and showed them or played – like this remote work also distances from these kinds of things. Like then we are alone and in different places. (Psychotherapist)

In the following, it is not the distance itself but the feeling of distance that twists the therapy process. The exclusion of physical proximity is also fundamental here, but from another perspective than what was described above. If it was about the concrete distance mentioned above, here the distance would have affective and psychic relevance. The interviewee associates the foreclosure of proximity with different capacities. On one hand, the distance enables the client to talk about issues that are experienced as shameful and fosters a novel connection to such sides of personality that have previously been 'closed', yet on the other hand, distance has alienating capacities that make the therapist distant. Thus, distance – especially in the case of phone connection where invisibility hides a therapist within sight – has the capacity to undo intimacy to the extent that a therapist starts to feel like a fictional character:

> People are different in this matter, like some have even themselves put it into words that distance, and of course it has to do with their personality, distance has for instance opened up some sides they have found difficult to discuss face-to-face because of shame for instance, and then it has been very significant for their processes, like now there have been new dialogical connections to such sides of their personalities that have been closed, and it has been extremely positive. And then there are clients who experience it in a manner that […] I might feel more remote or distant […] Yet of course the phone connection makes it possible to more easily turn a therapist into some sort of a fictional character, like if it wasn't really a person but rather just a voice somewhere, like this kind of thing might become more visible [in person] than with video connection. (Psychotherapist)

Further, the change of venue itself bears significance. The therapeutic setting has been an important topic in several psychoanalytical theories, and the interviewees reflected upon the change of venue both from a concrete, material perspective and from a more symbolic perspective which also highlights the affective and psychic relevance of the therapy venue. For instance, one interviewee ponders: 'and what is the significance of the particular therapy room one enters [in]to and brings certain issues with oneself to and where those issues are kind of left too, like traditionally at least in some therapies it is considered quite important that there is this particular space and it stays unchangeable and it is safe, but now there was no "this space" like as a third'. Here, the interviewee refers to the therapy room as a 'third', pointing out how therapeutic space is, to start with, seen to be intra-acting in therapeutic processes. Similarly, a family counsellor I interviewed argued that the changes in the therapy setting – in particular, the impossibility to access the therapy room – changes the dynamics in a way that blocks therapeutic ideals from being realised:

> Well I kind of think that something therapeutic will remain unrealised when the clients didn't come. Even though at the same time there was a lot of good in that. Now I kind of am a guest at their homes and we're not in my kingdom and in a space I conquer as they don't come to my practice. Yet there's this another side that sometimes it was difficult to generate some sort of exploratory distance because they were in their home mood. (Family counsellor)

Another family counsellor says it was surprising to see how similar the remote sessions were, but also details some exceptions. She mentions a couple with whom violence, in particular self-harm, was an issue, relating that the other half (a non-violent partner) was a little hesitant to shift to remote sessions, saying something like 'you are there so far away, at a distance'. The interviewee associates this with the lack of trust in relation to how the situation evolves, since the client is unsure whether the situation will calm down, if it reaches a critical point, when the therapist is not in the same room. The agential power of a therapy room thus seems to vanish – because either it is not a part of the therapy assemblage at all (professionals and clients all at home or elsewhere) or only to a limited degree (therapist or counsellor working from their office but clients cannot access the venue in person) – in a way that shapes the intra-actions of therapy sessions in a significant manner.

She also spoke about a couple whose mutual relation was tense, recalling how they were a little cautious of talking because 'the atmosphere – may stay at home and hang over here', explaining that because the couple then continues to reside at home in the atmosphere created by the therapy

session, this might prove a challenge for them. Atmospheres, even if individually felt, always reach beyond individual subjectivities and belong to collective situations (Anderson, 2009; Seyfert, 2012). The above-mentioned cautiousness also highlights how atmospheres, even if their purposeful creation, maintenance and harnessing have limits (Kolehmainen and Mäkinen, 2021), are co-produced and intensified through entangled agencies. In other words, the clients are wary of creating such an affective atmosphere that might make it difficult for them to live out their everyday lives, and rather seek to avoid tangible tensions. Here affect, intimacy and atmosphere are central, pointing to the ways in which virtual, immaterial intimacies play a central role in the 'unfoldings' of everyday life.

Conclusion

Above, I have provided insights into teletherapy and remote counselling during the COVID-19 pandemic by utilising the Baradian concept of intra-action. Drawing upon detailed analysis of interviews with therapy and counselling professionals, I have further introduced two different sections: one which focuses on technology as intimate, and another that discusses the distancing and alienating capacities technology is perceived to have and is experienced as having in therapy settings. Contrary to what one might think, these two are not opposites: the distancing capacities are not distinct from those capacities that generate the feelings of proximity. Rather, they both exemplify the distributed agencies of entangled materialities. For Barad, it is the inseparability or entanglement of technologies, media, nature, humans and the environment that form the basis of her realist ontology (Barad, 2007). Yet from a Baradian approach, it is important to bear in mind that agency is not an attribute. From a Baradian approach, matter only becomes meaningful through intra-actions with other objects and 'matterings': matter's significance is only brought forth through ever-changing relationships with other entities. In the case of teletherapies, different technologies, software, platforms, applications and affordances come to matter in new ways – but various other matterings also come from homes and family settings, and from national COVID-19 restrictions to the different therapy approaches. Affects here are products of intra-actions but they also intra-act within particular assemblages, further contributing to the makings of intimacies (or lack thereof).

While in this chapter I have focused on technology, different phenomena from COVID-19 in itself and related policies (such as restricted access to therapy venues and other office spaces) to those particular issues that are special

to therapy and counselling sessions and processes (such as psychic conditions) all come to matter in teletherapy practices. Yet as I have illustrated above (often mobile) technologies, platforms, software and applications in particular have been transformed into essential agents in the maintenance and implementation of mental health care. COVID-19 has enacted the agency of mundane, everyday objects in remarkable ways (Sikka, 2021) and this also is evident in teletherapies. However, the increased reliance on technological infrastructures in the health care sector is not a random nor a top-down process, but workers engage in the processes of making technologies work in a situated manner (Schwennesen, 2021). This becomes very visible in the ways in which the socio-material constitution of intimacy is 'coordinated' by my interviewees: they, for instance, invest in regulating proximity and distance by adjusting the volume or screen view and try to make the technology accommodate their specific preferences by favouring either video calls or phone calls, or make attempts to consider what the differing personal characteristics of their clients might mean when the settings change.

Last but not least, my chapter also valorises several aspects concerning the more subjective feelings for and of intimacy, like the affective experiences of trust, proximity, confidentiality and security. These have to do with care and caring relations. Piras and Miele (2019) summarised their findings by arguing that one essential dimension of remote provider-patient relationships is that intimacy is experienced by patients as a feeling of being taken care of. My study indicates that the feeling of being taken care of – as well as the feeling of being able to care for clients – can be both intensified and heightened through technologies. For instance, rapport building is experienced as being both facilitated and undermined by different teletherapy practices. Further, my study highlights that in mental care, agency is distributed across various human and non-human actors: from professionals and clients to therapy venues, from psychic conditions to legislation, from technological equipment and software apps to economic factors. Hence, it departs from the more traditional notions of care, where care is seen as a human matter only and where the categories of caring- and cared-for play major roles (see Puig de la Bellacasa, 2012, 2017). Technological solutions might carry caring qualities with them, but not in any straightforward way. Different intra-actions iteratively constitute different phenomena and exclude others (Juelskjær and Schwennesen, 2012: 79–80). My study shows how exclusion has open-ended consequences for therapeutic processes, materialising alternative entangled realities (Giraud, 2019). The foreclosure of in-person meetings, and the related shift to teletherapies, materialise new entanglements that constitute more-than-human care in ways that can also enrich therapy and counselling practices.

Note

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