



# Teletherapy Matters – Mental health and materialities of care in domestic more-than-digital assemblages

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## ABSTRACT

Teletherapy involves the coming together of humans and nonhuman agents to accomplish a therapeutic encounter. This article presents novel insights into the ways in which the absence or presence of different creatures, spaces and objects, both digital and non-digital, contribute to psychological therapies at a distance. Building on contributions from more-than-human theory, science and technology studies (STS) and the sociology of health, we identify these beings and things as active and co-constitutive of therapeutic care. Empirically, our analysis draws on in-depth interviews with 39 Finnish therapy and counselling professionals conducted after the onset of the COVID-19 pandemic, when they turned from in-office appointments to teletherapy during periods of stay-at-home and social distancing public health orders. The professionals conducted remote therapy from their own homes while their clients engaged with them from their own domestic settings. Findings show that in particular, these professionals saw the home setting (both their own and that of their clients) as an important component in these heterogeneous more-than-digital assemblages of care. In some cases, therapeutic capacities were opened by these assemblages. However in other situations, opportunities for professionals to provide support were closed by the distractions and affective atmospheres of the domestic settings in which both professionals and their clients were attempting to enact a successful therapeutic encounter.

## 1. Introduction

Teletherapy, or the offering of mental healthcare online or through an audio or video connection, has become increasingly prevalent in recent years: particularly since the outbreak of COVID-19, when many health services moved online to prevent the spread of the novel coronavirus (Aviram and Nadan, 2024). This shift from the traditional in-person consultation to remote therapy and counselling has shed new light on the role of more-than-human matter and materialities in therapeutic processes. While online services are often considered as immaterial and not as ‘real’ as in-person services, this is far from the case. In teletherapy, human (and sometimes nonhuman) bodies come together in assemblages with digital devices and software as well as with non-digital objects, places and spaces (Downing, 2021; Downing et al., 2021; Kolehmainen, 2024; Rishworth et al., 2024; Tucker and Goodings, 2017a).

The aim of this article is to adopt a more-than-human perspective to produce novel knowledge on the ways in which these beings and things

come together to play a role in remote psychological therapies. Our analysis draws on in-depth interviews with Finnish therapy and counselling professionals, conducted after the onset of the COVID pandemic as part of Intimacy in Data-Driven Culture, a research consortium funded by The Strategic Research Council at the Academy of Finland [327391]. In Finland and many other countries, the onset of the COVID pandemic involved a turn to remote work practices across a range of professions, including mental and other healthcare. Finland is the most digitalised country in the European Union (Statista, 2024) and has a strong emphasis on digitalising its healthcare sector (e.g. Helén, 2024; Iisakka and Alastalo, 2024). Nevertheless, previous research has pointed out that while Finnish therapists and counsellors were comfortable with using digital technology in their everyday lives, this did not mean they were familiar with remote consultations in the context of work settings (Kolehmainen, 2024). Among the participants of this study, only a few were already very experienced with online mental health therapy and counselling. The participants were therefore faced with the challenge of quickly mastering teletherapy technologies so that they could continue

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to provide their services. Both various popular platforms for videoconferencing (e.g., Zoom, Skype, Teams) and software designed specifically for healthcare or psychotherapy purposes (e.g., video-conferencing tools tailored for medical centres) were used. There were also some interviewees who preferred to use phone calls or let the clients decide the most suitable device or application they wished to adopt for the therapy session.

In psychological research examining psychotherapy during the first years of COVID, the immediate change in the physical therapeutic space in response to public health social distancing and lockdown rules has been identified as one of the most crucial changes (e.g. [Shklarski et al., 2021](#); [Yamamoto et al., 2021](#)). The therapists had to work, in collaboration with clients, towards recreating the therapy room – a safe space – online ([Yamamoto et al., 2021](#)). This change in the mode of therapy had practical implications, such as the increased challenges in finding privacy when both the professionals and the clients attended sessions from homes with housemates, partners, children and assorted pets nearby ([Isaacs Russell, 2020](#), [Isaacs Russell, 2021](#)), and psychological implications, such as the loss of the consulting room as a containing physical space for the clinician and for the patient ([Isaacs Russell, 2020, 2021](#)). Previous research has found that witnessing patients interacting with the people, animals and things in their homes offered the therapists novel insights and information that benefited the progression and depth of the encounter. However, from the professionals' perspective, the visual access to clients' homes they were offered did not fully compensate for the limited access to clients' body language ([Shklarski et al., 2021](#); [Yamamoto et al., 2021](#)).

This article seeks to contribute to the extant psychological research through its research design and theoretical standpoint, analysing nonhuman beings and things as active and co-constitutive of therapeutic care. The increasing digitisation of mental healthcare means that mental wellbeing is co-constituted with and through the relations formed with digital technologies, platforms and applications, and these also generate new caring relations and forms of support ([Tucker and Goodings, 2017a](#); [Flore, 2020](#); [Kolehmainen, 2022, 2024](#)). Even if mental health care, especially psychotherapy, is generally considered an abstract form of care, supposedly taking place 'between two minds' ([Isaacs Russell, 2015](#)), material elements are always a part of therapy in both in-person and digital settings. In our analysis of interviews with therapists and counsellors, we consider how objects, nonhuman animals, place and space become part of remote therapy assemblages. Building on contributions from more-than-human theory, science and technology studies (STS) and the sociology of health, we see these creatures and things as active and co-constitutive of materialities of care and wellbeing ([Buse et al., 2018](#)).

Through an exploration of how materialities make a difference in teletherapy, this article provides insights onto how they come to matter ([Barad, 2012](#)) – that is, make a difference in people's lives by generating agencies and capacities that contribute to mental wellbeing. This is a more-than-human approach to digital mental health care: a perspective that to date has been little applied to practitioners' experiences of delivering online counselling and therapy. Previous research on digitised mental health care has mostly focused on users' perspectives on apps, platforms and social media for the provision of information and peer support. Our research directs attention to practitioners and the technologies they use for teletherapy, such as video calls and online meetings using a variety of platforms. We outline the ways in which a turn to sociomaterialism thinking opens new possibilities for understanding how the human and nonhuman agents in online therapy can come together in ways that contribute to the flourishing of both practitioners and clients. This analytic direction holds significant potential for bringing to light the complexity and multiplicity of forces at work in the therapeutic or counselling encounter ([Barraclough, 2021](#); [Kolehmainen, 2022](#)).

In what follows, we first present the theoretical underpinnings of the project and review key findings from previous research on the

sociomaterialities of digital health more generally, and teletherapy more specifically. We then move onto introducing the data and methods, followed by presenting the findings, demonstrating how more-than-human spaces, materialities, objects and nonhuman bodies come to matter in digital therapy and counselling.

## 2. Theoretical underpinnings and previous research

From the more-than-human perspective, humans come together with other living things and with non-living things in ways that generate relational connections, affective forces and capacities for action ([Lupton, 2017, 2019a](#)). Agency is conceptualised as distributed between humans and other agents in constantly changing assemblages: a view that stresses distributed agency that does not privilege one particular activity or actor over another. Karen Barad ([Barad, 2003](#); [Barad and Kleinman, 2018](#)) uses the term 'intra-actions' to denote how these encounters generate forces and agencies. Donna Haraway ([Haraway, 2003, 2016](#)) refers to the multispecies relationships and kinships with creatures and things that create affective bonds and capacities. Rosi Braidotti ([Braidotti, 2019, 2020](#)) calls for an affirmative ethics that acknowledges the positive ways in which humans intra-act with nonhumans for mutual flourishing. This scholarship has informed and inspired our research design, since we find them helpful in raising the question of how different types of matter and materialities come to matter in remote psychological therapy and counselling.

Another relevant line of inquiry is scholarship in the sociology of health and STS that stress how materialities are not merely a backdrop for care interactions but play an active role in constituting relations of care ([Buse et al., 2018](#); [Marks, 2021](#)). Research has pointed to how apparently mundane aspects such as the presence of favourite mementos, pets or gardens can support people's health and wellbeing in informal care arrangements ([Buse et al., 2018](#); [Cozza et al., 2021](#); [Duff, 2016](#)). Research on the materialities of care ([Buse et al., 2018](#); [Marks, 2021](#)), matters of care ([Puig de la Bellacasa, 2012, 2017](#)) and caring matter ([Méndez de la Brena, 2022](#)) shed light on the ways in which different assemblages of humans and matter may provide care. The materialities of care approach demonstrate how attention to mundane materialities can make visible the ordinary, tacit and non-verbal aspects of care practices ([Buse et al., 2018](#)) and how the practices and relations of care enabled and demanded by material things may enhance wellbeing ([Marks, 2021](#)).

Maria Puig de la Bellacasa's (2012, 2017) concept 'matters of care' expands ideas of care and materiality onto more-than-human things and explores the significance of care for thinking, knowing, and living in more-than-human worlds. Setting matters of care into a dialogue with critical disability studies and queering it, Dresda Méndez de la Brena (2022) uses the concept of 'caring matter' to pinpoint the ways in which more-than-human matter may provide care when human-provided care is absent or insufficient. This line of inquiry has also been employed in the examination of the integration of digital technologies into mental healthcare. For example, as a part of their research of social psychiatry out-patient setting, [Schneider-Kamp and Fersch \(2021\)](#) analysed the integration of an mHealth platform into the social psychiatry assemblage while considering the mundane materialities, such as the coffee room of the healthcare professionals and the homes of the patients, in the constitution of care relations.

Sociologists have also applied more-than-human theoretical perspectives to examine the ways that humans' bodies and selves are imbricated within complex entanglements of digital devices, software and data and how capacities for action are opened or closed through the distributed agencies generated by these intra-actions ([Flore, 2024](#); [Lupton, 2019a](#); [Lupton et al., 2022](#); [Thorpe et al., 2020](#)). In recent years, a more-than-human approach has gradually been employed in digital health research to examine aspects such as women's use of health and fitness apps and wearable devices ([Lupton, 2020a](#)) and how they employ pregnancy and infant monitoring apps as a way of engaging in caring

surveillance of their children (Lupton, 2019b). Other research has addressed young people's use of digital health technologies across the spectrum available to them (Lupton, 2020b; Rich and Lupton, 2022), digital sex tech and sexual data (Flore and Pienaar, 2020; Saunders, 2023) and women's use of apps and wearable devices for fitness and sporting pursuits (Thorpe et al., 2020), and Fitbit users (Esmonde and Jette, 2020). There is also a growing body of research adopting more-than-human perspectives to analyse how people experience digital mental health. Most of this scholarship focuses on how apps and wearable devices are designed or used by end-users for promoting and improving their mental health (Flore, 2020, Flore, 2024; Fullagar et al., 2017; Fullagar and Small, 2019; Simmons et al., 2024; Tucker and Goodings, 2015, 2017a, 2017b). Another useful concept for our work is that of affective atmospheres, which addresses how assemblages of health and recovery *feel* to those who are the recipients or deliverers of care, in all meanings of the word: emotional and multisensory (Lupton, 2017). Some scholars have discussed the affective atmospheres of care related to digital mental health devices and services (Tucker and Goodings, 2017a).

Another body of literature is developing that acknowledges the more-than-digital dimensions of people's encounters and intra-actions with digital technologies. This is an approach that could be described as a subset of more-than-human theory, as it focuses on how people are engaged with online technologies and mobile devices together with non-digital things and spaces. From this perspective, it is emphasised that other agents are always part of online and device use: whether it is other people, other creatures, non-digital things and the spaces in which these technologies come together with humans. This is a far more complex understanding of the relationship between 'the analogue' or 'real life' and 'the digital' or 'online' than is usually portrayed in social research (Lupton, 2021; Lupton et al., 2018; Moores, 2012).

Taken together, this research is valuable in identifying the socio-material and affective dimensions of design and use of digital mental health technologies, demonstrating how intended users are imagined by developers and how the affordances of technologies come together with human bodies to open or close capacities for action. Far less empirical research has addressed the sociomaterial dimensions of the experiences of mental health therapists in using digital devices and services for professional practice. There is a small number of previous research that features reflections by practitioners on the embodied and sensory dimensions of offering online therapy (Simon, 2024) or identifying what is lost or gained for both clients and practitioners when conducting teletherapy (Molden, 2024; Stilman, 2024). Such accounts demonstrate recognition by practitioners of the complexities of moving to online therapies.

One study, involving interviews and focus groups with both Israeli clients and therapists involved in online couples therapy, found that the therapists reported difficulties in establishing a therapeutic relationship with clients online due to not being able to physically share a space. Nonetheless, for some therapists, being able to offer therapy when couples were together in their own homes was seen as beneficial to the couples' sense of allegiance to their own relationship. Other therapists offered insights that while they were not able to observe all their clients' body language, being able to see their faces in close-up on a screen could generate a closeness that otherwise could not be achieved (Aviram and Nadan, 2024). Research by Downing and colleagues (Downing, 2021; Downing et al., 2021), involving a more-than-human analysis of interviews with Australian-based psychologists about their experiences of offering teletherapy after the outbreak of the pandemic, surfaced several important insights. Focusing on the concept of the holding environment as an affective atmosphere, Downing and colleagues emphasise the ways that their interviewees improvised with affective, embodied and relational strategies to create a safe, trusting and therapeutic space online.

These analyses, therefore, represent one way of rendering the intangibility of such phenomena as atmospheres, affects, imaginaries and memories into materialisations that inspire the kinds of forceful

multisensory responses that can deepen human connections with the more-than-human worlds in which they are located. Together, this body of scholarship supports and guides our aim to explore the absence and presence of different types of matter in more-than-human assemblages, and how they intra-act to generate feelings, agencies and capacities (Lupton, 2019a) in the context of teletherapy. Our research builds on this preliminary body of work by expanding into the context of Finnish counselling and therapy in pandemic times and drawing on a substantial set of interviews conducted with a range of practitioners.

### 3. Methods

#### 3.1. Recruitment

A total of 39 psychotherapists, family counsellors, psychologists, crisis workers, sex therapists and other counselling professionals were interviewed about their experiences of using digital technologies in their practice during the early phase of the COVID pandemic. The interviewees were recruited in different ways, including by an open call on social media (e.g. on both the first author's personal Twitter and personal Facebook accounts) as well as on the home page of Intimacy in Data-Driven Culture, a research consortium funded by The Strategic Research Council at the Academy of Finland [327391] and contacting several national organisations providing counselling services in Finland. Thus, the interviewees self-selected for participation. Aligning with the ethical guidelines of the Finnish National Board on Research Integrity (TENK) and the guidelines by the Ethics Committee of the Tampere Region, no statement of ethical approval was requested. All the participants were adults and all of them gave their informed consent.

#### 3.2. Data collection

All interviews were conducted in Finnish and with one exception, recorded via Zoom (a popular video conferencing application) between June and October 2020. One interview was undertaken by phone because of technical challenges experienced by the interviewee. The interviews lasted about one to one-and-a-half hours with a wide variance in duration: from 45 min to over 3 h. Two of the interviews were conducted in two parts on the initiative of the first author, as the interviewees had responded in such a reflective and wordy manner that she felt that two sessions would be needed to cover the basic themes of the interviewing guide. The interviewing guide (see Appendix) operated as a checklist, but the questions were not necessarily asked in order. Following each interview, brief summaries of the discussions were written by the first author. Once all the interviews had been completed, the interviews were professionally transcribed verbatim and translated into English.

The interviewees self-identified as women (30 participants) and men (9 participants). Most were aged between 30 and 54 years (31 participants), apart from six interviewees aged 55–59 years and two aged 25–29 years. To maximise participant anonymity, we refrain from providing personal information when introducing data extracts. Further, we implement the best practice recommendations of Saunders et al. (2014) regarding anonymity by using general occupational titles instead of disclosing the exact combinations of education, background and job descriptions (also Schneider-Kamp and Fersch, 2021). For instance, the family counsellors were psychotherapists, but here they will be referred to by their main job description as family counsellors. Thus, the occupational titles depicted below (Table 1) are indicative rather than all-encompassing.

All the participants worked in therapy or counselling for clients, even if some occupational titles might suggest otherwise. The client groups and themes they worked with were manifold: e.g., rehabilitation psychotherapy patients; couples' issues or divorce/separation; victims or perpetrators of violence; sexuality.

**Table 1**

Interviewee details.

1	psychotherapist	14	coordinator	27	psychologist
2	school psychologist	15	crisis worker	28	psychotherapist
3	family counsellor	16	family counsellor	29	family counsellor
4	psychotherapist	17 + 30	school social worker	31	sex therapist
5	family counsellor	18	sex therapist	32	violence worker
6	psychotherapist	19	sex therapist	33	sex therapist
7	crisis worker	20	crisis worker	35	psychotherapist
8	separation worker	21 + 34	psychotherapist	36	expert
9	family counsellor	22	sex therapist	37	psychotherapist
10	family counsellor	23	family counsellor	38	psychotherapist
11	violence worker	24	crisis worker	39	psychotherapist
12	family counsellor	25	psychotherapist	40	psychotherapist
13	family counsellor	26	family counsellor	41	family counsellor

### 3.3. Analysis

The analysis of the data was led by the first author, who had conducted all the interviews in Finnish and then translated them into English. Once all the interviews had been conducted, the first author invited the second author to collaborate on the analysis due to her expertise in the topic and conceptual approach used in the study (e.g., Lupton, 2017, 2019a). The second author has also conducted similar research on teletherapy in a different country (Downing et al., 2021). Preliminary discussions of the study findings and approach to analysis were conducted between the authors during a research fellowship undertaken by the first author at the second author's institution, and these collaborations continued once the first author had returned to her home institution.

The first analytic strategy applied for the data was topical thematic analysis: a method for identifying and analysing patterns within data (Braun and Clarke, 2006, 2014). With the goal of achieving an overall view of the data without trying to fit it into a pre-existing coding frame, the first author conducted inductive analysis with a data-driven approach (Braun and Clarke, 2006). Coding was performed manually and the first author worked systematically through the entire data set to identify repeated patterns across the interviews (Braun and Clarke, 2006). The themes resulting from this strategy were manifold: the shift to telework, regional issues, home surroundings and family members, in/visibility, the pros and cons of remote therapy and counselling, different media formats, technical difficulties, cybersecurity, anonymity, and collaborations between different service providers. As a way of getting started, this approach provided a valuable means to map patterns in the interviews (Lupton, 2019a).

With the goal of reporting the findings in a way that would not compromise depth and richness, as well as deepening the author's research interests, the first author also conducted a 'theoretical' thematic analysis where analysis was driven by specific theoretical interests (Braun and Clarke, 2006). This further generated novel themes such as digital screens and networked care – also materiality. In the second stage of the analysis for the present article, both the authors focused on matter and materialities, which also allows for detailed analysis of some aspects of the wide data set. Working with data and the methodology and concepts provided by more-than-human health research (Lupton, 2019a) guided our analysis. We employed a method best described as 'thinking with theory', which is about allowing theoretical concepts to guide analytic focus (Jackson and Mazzei, 2012; Mazzei, 2014). During an iterative process, we read the interview transcripts informed by the analytic perspective outlined earlier. Being interested in how humans incorporate and improvise with material objects and places, we further focused on identifying the entanglements between mental health care and different types of matter and materialities. Building on the first

author's initial interpretations of the interviews, the second author drew on her extensive experience in her other research in digital health and analysing qualitative materials in reviewing the analysis and deepening it using the thinking with theory approach (Lupton, 2019a).

The three sections that are analysed in the findings section do not stand for three themes, but they epitomise different aspects of the absence and presence of different matter and materialities in the data. For this article, some interview excerpts were slightly edited by both authors (one a native Finnish speaker who has English as a second language, the other a native English speaker who knows no Finnish) to shorten them for readability and to achieve translations that presented a vernacular English language style while maintaining authentic Finnish manners of speech.

### 4. Encountering more-than-human companions

The role played by other living creatures has rarely been considered in digital health research, which maintains a human-centric focus. Yet our interviews found that multispecies living (Haraway, 2003, 2016) is one potential component in teletherapy assemblages. This was accelerated by the pandemic and related incorporation of home environments into therapeutic encounters. One psychotherapist (Participant 1) preferred working from his summer cottage, where his dog 'was the only listener'. Another psychotherapist (Participant 6) noticed that video calls have made it possible for clients to introduce 'their homes or pets, one client introduced their whole family'. Pets were given also importance as components in the clients' well-being and recovery. For instance, a crisis worker noted how the presence of a dog helped one of her clients to feel grounded during therapy. She felt that this would perhaps not have been possible in the conventional therapy setting:

*[Y]ou can stay in your own safe environment which also provides a grounding and a stabilising environment. This client of mine always has a dog next to them, so that when we deal with very challenging issues causing an increase in their alertness and they are no longer very present, then they can ground themselves by patting their own dog. (Participant 24, crisis worker)*

In this account, the encounter with a dog transformed the home into a safe space. Further, the client can be seen as becoming with their companion species in a way that exemplifies how we all are constituted in intra-actions of more-than-human kinship (Haraway, 2008). Here, the way the client's state is transformed cannot be separated from the difference the presence of their dog makes.

In this way, the possibility of stroking a dog generates relational connections and affective forces that enable the client to become differently: to feel safer and more grounded, which in turn generates capacities to deal with 'very challenging issues'. The novel entanglement between the client and the dog further increases professional capacities for reflecting and intervening in the happenings of the therapy session.

In another example, a psychotherapist commented on how the relationships that clients maintain with pets provide significant insights in the online therapeutic encounter. This therapist referred to the ways in which clients' responses to the presence of their pets allowed for insights into the clients' state of mind:

*Well pets have been introduced by probably all clients who have them, so they have proved a very important part of the therapy. [...] And for instance, how the client is responding to, like how they instruct a dog or talk to their cat or other aspects, that has opened up new perspectives on the client for me. (Participant 34, psychotherapist)*

In the accounts above, the presence of animals was seen as unquestionably supporting the work of therapy professionals. In a similar vein, another psychotherapist (Participant 38) recalled how she was able to see pets occasionally, which was then followed by perhaps 'a chat, like what's name of the said pet' as well as 'different kind of crossing of boundaries', as these discussions would not have taken place without

the transition to teletherapy.

Yet pets were not always considered welcome. A family counsellor (Participant 23) reflects upon the difference brought by the transition to remote sessions, also mentioning the potentially disturbing effects the pets have:

*There you have those cats jumping on their laps and dogs come over to have a look, so this all brings something extra to it. It may be distracting for a while. Yet I always try to tie it to the lives of my clients, because the elements at home are important for them. That's where they reside, right [...] there are also different schools of thought and theories concerning where the 'aha moment' of therapy occurs. Whether it takes place here in my office, here during a therapy session or somewhere outside it. (Participant 23, family counsellor)*

While here the encounters with pets are labelled as potentially disturbing, the family counsellor quickly points out that 'the elements at home', including the animal companions, are part of the everyday lives of the clients. Thus, from a professional perspective, they should be integrated into therapeutic encounters. This is further supported by taking a stance towards considering where efficient therapy actually takes place. These observations recognise distributed, more-than-human agencies at play, yet also acknowledge how multiple agents might work also as narrowing down the interviewees' professional capacities to achieve successful therapeutic encounters.

More-than-human companions also include inanimate animal objects. As one example, a school psychologist reflected on the change of venue from a consulting room to the home during online consultations.

*And sometimes, a parent of a younger pupil might have joined [the online consultation] for support for a while. And then there are different opportunities to talk about those issues from home. If we have discussed sleeping, then a child might have shown – like, well that's where I sleep, this is my bed and this is my bedtime toy. And in this way, we lay our hands on the very topic this child is talking about. (Participant 2, school psychologist)*

This participant commented that a home environment could support work with child clients by quite literally facilitating engagement with such material things as a bed and a cuddly toy in the home setting. This is one reminder of how the practices of care should be considered as part of multisensory enlaced world-making (Buse et al., 2018; Pink, 2012), including in domestic settings.

## 5. Activities with everyday objects

In addition to nonhuman companions, the shift to the home environment makes several non-living objects and things accessible during therapy sessions. Participants noted that clients' intentional engagements with activities enabled by this availability reconfigured therapy and counselling sessions. These engagements were often seen as disrupting the therapeutic relationship. For example, a psychotherapist compared in-person sessions with remote appointments conducted from home:

*[C]lients walk to their kitchen holding a phone, and then [during the therapy session] they have breakfast, some have filled the washing machine with laundry, they've done their nails, they've joined a session with a facial treatment mask on – and all kinds of things they wouldn't kind of do otherwise [laughing]. One client even remarked that it feels like the therapy has transformed into – like when they perform these calls from their homes [...] it's like calling a friend. (Participant 34, psychotherapist)*

The participant noticed that the absence of these 'all sorts of other things' at her office helped her clients to concentrate, but by contrast, there were potentially more distractions in the home setting. The engagements and activities the clients perform with multiple objects and activities available to them in the domestic setting may create an

affective atmosphere that constrains the agential capacities of a therapy session. Similarly, a psychotherapist explained that clients who have challenges with coordination and focus did things that they 'don't normally do during sessions', such as jumping up to get a coffee or having a washing machine rumbling away during the appointment (Participant 4).

A family counsellor associated the shift to home with a lack of exploratory distance, further mentioning several objects which do not support the therapeutic engagement. The relational capacities and intensities that emerge from clients' engagement with them are not welcomed into the teletherapy assemblage, as they generate an unwelcome affective atmosphere:

*[S]ometimes it was difficult to generate some sort of exploratory distance because they were in their home mood. [...] people almost came in their pyjamas [or] they come from their kitchen clutching sandwiches and with full mouths. So sometimes I felt that a transition would benefit them. [...] I found it most difficult that, when strong emotions arise and I'm just a tiny head on screen [...] a completely different mental landscape compared to when at home you have the familiar items which you'd like to throw. (Participant 16, family counsellor)*

Here the familiarity can be seen as increasing the capacities of the everyday objects at home, which further is viewed by the counsellor as challenging their necessary authority as an expert. The usual transition between domestic space and expert therapeutic space is not possible in teletherapy, and nor is physically intervening when the client may become agitated. In the wake of the familiarity and the everyday, the objects accessible at home also invite the clients to act in particular ways, which the interviewed counsellor found a professional challenge.

However, the availability of entanglements with matter is not always framed as an unwelcome side-effect of remote sessions. A family counsellor (Participant 13) explained that 'sometimes it is good if you can hand a tissue or something to the client'. The new entanglements enabled by home surroundings were also seen as supporting particular groups of clients. For instance, a crisis worker (Participant 7) explained that 'very anxious clients perhaps liked phone appointments because it allowed them to have a walk or wash the dishes simultaneously', 'to do something that made the situation easier to them'. In some cases, the clients' newly supported activities thereby result in enhanced therapeutic capacities.

## 6. Making spaces matter

A few of the interviewees were able to continue working from their offices, but for the most part, the pandemic led to extended periods of staying at home and working remotely. For some interviewees, the transition to remote therapy conducted from their own homes rather than their offices meant laborious efforts to find a suitable place and to make space matter in a meaningful way. However, remote sessions were seen as a better option than wearing face masks to reduce COVID transmission risk during a therapy session. Medical mask wearing has been a widespread sociomaterial practice of care and infection control in healthcare settings even before the COVID pandemic (Lupton et al., 2021), but for many professionals, they were considered totally incompatible with professional therapy due to obscuring part of their faces and those of their clients. For example, a psychotherapist (Participant 6) stated bluntly that 'one cannot do therapy wearing a mask'. Indeed, a family counsellor (Participant 26) said that they valued remote appointments precisely because clients can avoid using facial coverings in this way:

*If the issues regarding shame are very big, perhaps then you need a live gaze, providing an approval that you can say anything out loud. I have this one client who has never wanted to meet me otherwise than face to face. I do think the issue of shame is a big deal there. I think that a remote connection is way better than wearing masks. I'd rather meet [clients] this*

way than [in-person] from behind a mask – it's about the same shame issue. (Participant 26, family counsellor)

Interestingly, this family counsellor seems to contrast the very concrete materiality of masks with the materiality of the digital. While the screens might protect people from potential contamination from the virus during remote sessions (Gourlay, 2022; Kolehmainen, 2024), here the technology is nevertheless contrasted with the protection provided by facial coverings. In this way, the visibility of facial coverings makes the protective isolation offered by digital technology appear almost as invisible and immaterial. A therapist's capacity to provide and sustain a holding, safe environment in digital psychotherapy has been discussed and debated (Downing, 2021; Downing et al., 2021). Here face masks are linked to the impossibility of creating such a supportive atmosphere that allows for psychically holding a safe space for the client.

Making an interpretation that a professional wearing a mask would be seen by clients as an attempt to protect oneself from the clients, this interviewee connected facial coverings and feelings of shame. Mask wearing as a sociomaterial practice of care proliferates in unexpected ways, producing new relationships between humans, objects, and technologies that are embedded within specific networks (Lupton et al., 2021). The medical mask can be viewed as a boundary-object that, in producing a barrier towards the Other, may indeed generate 'Othering' (Sikka, 2021). It is notable that while face masks do not cover the eyes, it is the expressions conveyed by the lower half of the face, especially the mouth, that perhaps are seen as blocking non-verbal communication between clients and practitioners.

In the account above, face masks were seen as 'too' visible in contrast to onscreen encounters. In the example given below, the materiality of the digital is again contrasted with off-screen materiality. A family counsellor rejected as unsettling for clients the filter provided by the Teams online meeting platform for blurring one's background in the home setting. She thought that it was only by moving furniture around that she could ensure that an appropriately professional and therapeutic background for clients was secured:

*The room that became my office was a guest bedroom. And the furniture was positioned in way that opposite the desk there was wallpaper featuring a Disney-like castle from Central Europe. And I thought that this doesn't perhaps provide the best possible background image. On Teams it's possible to use a filter to blur your background but, I don't like it. [The background] needs to be a calm one where there's nothing disturbing in it. (Participant 3, family counsellor)*

Paying attention to the screen background is thus considered important from a professional perspective, which is one example of how the digital therapeutic setting is expanded with the help of different matter and materialities. In particular, several interviewees wanted to enhance feelings of predictability, calm and continuity by selecting neutral, not too prominent backgrounds when working from home.

In addition to these types of concrete matter and materialities, 'immaterial matters' (Dernikos, 2018; Blackman, 2012, 2014) were discussed and reflected upon in the interviews. A sex therapist (Participant 18) emphasised that in order to maintain a boundary between work and private life, even sharing a 'white kitchen wall' with clients when working from home would not be ideal. Whereas a family counsellor (Participant 9) laughingly remarked that he did 'not want to consecrate our bedroom for bringing in my clients', a psychotherapist (Participant 39) who worked in her bedroom denied that her 'work would remain alive here'. As a family counsellor reflected on the significance of home as the therapy venue for her clients, she also moved on to discuss the more abstract capacities and intensities, such as the safe places brought into being through more-than-human assemblages:

*Perhaps the most common feature was some kind of homeliness, like [clients] were on their home ground. Yet in my mind that was linked to the question of what significance does it carry that these things take place there at their home. And in case the discussion is proceeding towards a*

*good end, good memories are created in connection to home, kind of safe spots based on these discussions, and that's great. (Participant 5, family counsellor)*

Here, the discussions during sessions are thought to matter – to have capacities to transform home spaces into therapeutic places of safety that perhaps remain largely immaterial, invisible and intangible but which nevertheless become essential components in teletherapy assemblages. Through the more-than-human assemblages and affective atmospheres of which therapists are part, they might make themselves felt and registered at the homes of the clients. This way, the agential capacities generated through these assemblages provide a 'relational extension' of care. Relational extension is the attachment to and detachment from materials through which specific kinds of relations are achieved and through which world-making is accomplished (Latimer, 2018). Here these domestic safe places can be thought to expand the care provided by the counsellor, thus providing non-human care outside the session and the availability of professional support. The safe spots thus temporally extend the care provided beyond the duration of a digital counselling session.

## 7. Discussion and conclusions

This article has shed light on the ways in which the absence or presence of different materialities come to matter in online therapy from the perspective of therapists and counsellors. We have built on and extended previous research adopting a more-than-human approach to analysing the experiences of professionals conducting online therapy colleagues (Downing, 2021; Downing et al., 2021), by focusing on aspects that have hitherto not been fully considered. Our findings showed that the home setting (both that of the therapist and that of the client) was seen as an important component in heterogeneous more-than-digital assemblages during the COVID pandemic. When humans, nonhuman creatures and materialities of place and space assembled in the domestic environment, mediated with and through digital technologies, affective atmospheres were generated. These atmospheres, in some cases, opened therapeutic capacities, but in other ways, diminished therapeutic capacities and thus closed opportunities for mutual flourishing. In any event, both clients and professionals were 'becoming' differently in these novel circumstances.

First, we examined how encounters with nonhuman animals featured in some teletherapy assemblages during the pandemic. In particular, the clients' mundane engagement with pets were valued by the therapists, since this allowed the therapists to learn from clients (Yamamoto et al., 2021). Witnessing clients' encounters with their pets enabled the research participants to make novel observations and get insights into their clients' states of mind. This way, introducing nonhuman companions into therapy sessions also enabled professional co-becoming differently to take place. Moreover, when the pets were purposefully invited to join therapy sessions, the clients' recovery and wellbeing were supported by the presence of their beloved animal companions. From therapists' perspectives, the affective forces generated through such assemblages could be beneficial to the therapeutic encounter by helping clients feel more relaxed and safer. In particular, the multispecies encounters with nonhuman animals (Haraway, 2003, 2016) generated capacities for clients and professionals to address challenging issues and make abstract topics more concrete. However, the presence of pets was also experienced by therapists as potentially disturbing and distracting if the animals made sudden noises or movements. Our findings suggest that while the presence of nonhuman animals in domestic more-than-digital assemblages may either enhance or diminish the therapeutic capacities of those assemblages, they nevertheless are important components in the therapeutic encounter and therefore are worth further scholarly and clinical attention.

Second, we produced insights into the engagements and activities the clients perform with multiple types of inanimate matter and

materialities available to them in the domestic setting. The conventional therapy rooms may entail a variation of objects and things, depending on the type of interventions the therapist employs (Yamamoto et al., 2021), but here the available items were not initially meant to be part of therapy sessions. This was seen as partly troubling by the interviewed professionals. All actors in these newly generated more-than-digital assemblages have agency; but always with and through other actors (Lupton, 2020c). Yet the configuration of everyday objects into teletherapy assemblages often worked against the agency our research participants attempted to achieve, since it did not support their professional goals. These more-than-digital assemblages could prove to be distracting for both client and professional, detracting from the possibilities of opening therapeutic capacities. In some situations, it is only through limiting the clients' engagement with familiar things and objects at home that enables creating and sustaining the kind of affective atmosphere that provides a holding therapeutic environment (Downing et al., 2021). However, with certain groups of clients, the availability of sensory activities involving access to mundane objects and items was seen as beneficial for the therapeutic relationship. These findings suggest that paying further attention to the embodied and sensory engagements in the domestic setting would allow for a deeper understanding of the strengths and weaknesses of teletherapy.

Third, we analysed how domestic spaces mattered and were made to matter as part of more-than-digital assemblages of care. The transition to remote therapy instigated by the COVID pandemic meant laborious efforts on the part of therapists to find a suitable place in their homes for working, and to make the combined online/domestic space matter in a meaningful way. However, remote sessions were seen as a good option if compared with the idea of wearing masks during an in-person therapy session. This complicates the imaginaries of how mask wearing operates along the lines of care and carelessness (Lupton et al., 2021) and reminds us about the ambivalences and contradictions in care practice (Kolehmainen, 2025). Further, the research participants invested in ensuring that the backgrounds which were visible for their clients during online sessions were plain and neutral: they sought to 'translate' the office space online (see Yamamoto et al., 2021). In this way, they were able to generate a professional affective atmosphere in the otherwise mundane domestic setting, helping to make themselves and their clients feel more comfortable. These findings invite considering how spaces can be made to matter in ways that provide a safe affective atmosphere for online mental healthcare.

As we have shown, just as in-person therapeutical encounters are dynamic assemblages of humans and nonhumans located in place and space (Andrews and Duff, 2019), more-than-human agents come to matter in remote therapy conducted in domestic spaces. The professionals we interviewed strove to accommodate their clients' preferences for 'feeling at home' and thereby accomplish feelings of safety and wellbeing while balancing their own needs to feel less at home and more in a professional setting. These practices of care were complicated, requiring therapists to closely consider the appropriate approaches to incorporate non-digital agents into the digital therapeutic assemblage in ways that allowed for productive affective atmospheres for the humans involved. It meant constant improvising and tinkering (Kaziunas et al., 2018), requiring professionals be responsive to clients' needs but also to their own professional obligations to accomplish the kind of care they felt was necessary. While sociomaterialism theory has been criticised for failing to incorporate the psychic and the psychological in its theorising (Blackman, 2012, 2014), our study paves the way for such research where matter and materialities are not separable from 'the mind'; rather they are all part of the co-becomings that take place and intra-act in the explored teletherapy assemblages.

#### **CRedit authorship contribution statement**

**Marjo Kolehmainen:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Data curation, Conceptualization.

**Deborah Lupton:** Writing – review & editing, Writing – original draft, Methodology, Formal analysis, Conceptualization.

#### **Ethics statement**

The interviews were collected in 2020 during the first author's employment at Tampere University. The Ethics Committee of the Tampere Region does not require ethical review for studies of this kind. This research follows the principle of informed consent. The first author is committed to follow the ethical guidelines of the Finnish National Board on Research Integrity (TENK) in her research.

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#### **Appendix. The interviewing guide (translated from Finnish to English)**

##### **Background information.**

*The interviewer fills in a form detailing the following information about the interviewee.*

1. Would you tell briefly about yourself, for instance gender, where do you live, how old are you?

*Turn the recorder on.*

2. Do you live by yourself or with a partner? What is your family like?
3. Briefly describe your job. What kind of work do you do? How long have you worked in the field?
4. What kind of education do you have? What kind of work experience do you have from the period preceding your current job description? What made you to enter the industry?
5. How do you spend your free time?

##### **Everyday client work.**

6. What kind of client work you are engaged with? What do you like and dislike about your client work? Describe briefly the pros and cons of your work.
7. What is a typical encounter with clients in your job, or is there one? What kind of client groups are you meeting in your work and what is common to your clients – or do the clients have a common denominator?
8. What kind of issues of challenges do your clients face in their relationships, such as in couple or family relationships, friendships, or in collegial relationships?
9. How do your clients feel about technology? For example, have they had any concerns about digital media or smart devices? Or has technology rather been a resource or a source of joy for them?

- How do you see your life situation in relation to your work? For example, how do you assess the significance of your personal experiences for your work?

### Impact of the COVID pandemic on work.

- How do you find the significance of technology in your work? What role, for instance, does internet technology play in your work?
- How has the spread of the coronavirus and the resulting state of emergency affected your own life, such as your relationships and work?
- Have the limitations and guidelines regarding the pandemic changed your job description or the way you work? Have there been any changes, for instance in client numbers?
- How does the pandemic manifest itself in the everyday lives of your clients? For example, how has it impacted their well-being? What kind of new challenges have they faced?
- Has the corona crisis changed the role of your technology in your client work? For instance, have you shifted to remote consultations or are you receiving more inquiries via email, for instance?
- How have you experienced the client work that is mediated by technology? Has the pandemic brought new working methods that have become or are becoming permanent?

### Thank you for your participation.

### Data availability

Regarding those interviewees who have given their permission for subsequent data archiving, the transliterated interview data will be made available at the Finnish Social Science Data Archive.

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