Hidden Violence in Romantic Relationships and Mental Health during Covid- 19 Era: An Exploration of Greek Counsellors' Experiences in Private Practice

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Abstract

The purpose of this study was the in-depth exploration of therapists' narratives who work with hidden abused receivers before and after pandemic years. More specifically, the objectives focused on highlighting thoughts and feelings regarding the phenomenon, therapeutic challenges, assessment, and overall treatment including Covid- 19 years when remote sessions were multiplied due to social distancing measures. Participants were 5 therapists from different psychotherapeutic approaches in Greece,working privately with clients who experience hidden abuse in their intimate relationships. The interviews were recorded and analysed using Interpretive Phenomenological Analysis (IPA). Retrieved from analysis, four themes appeared: Understanding Hidden Violence, Clients' Therapeutic Journey, Competent Therapeutic Process and Working in Pandemic.

Keywords: Psychotherapy; Mental Health; Pandemic; Hidden Violence; Interventions

Literature Review

The current study will be focused on the phenomenon of hidden Intimate Partner Violence (IPV) a term specifically used to underline behaviours intending to harm emotional well-being [1]. Prior research entitled these behaviours as 'concealed', 'unseen' or 'hidden' because of their less visible by- products if compared with physical or sexual abuse [2]. Psychological Abuse forms are viewed as less harmful, more socially acceptable and received fewer clinical and empirical attention through the years [3,4]. However, unseen violence is highly prevalent in mental health disorders [5-7].

A considerable body of research outlined numerous connections between IPV and mental health problems of its receivers [8-11] emerging a general debate around if the definitionsof hidden violence should focus on the behaviour itself or its consequences for the victims [12]. Psychological abuse (PA) includes any emotional, mental, or verbal battering behaviour towards a person [13,14]. All previous studies agreed that PA is more difficult to be identified because of its concealed nature to imply patterns of maladaptive interacting such as degradation, exploitation, and threats. On the other hand, controlling behaviours ,as the fourth form of IPV, include social isolation, stalking, exaggerated monitoring and restricting access to finances or employment. Economic Abuse (EA), especially, occurs when the abuser prevents the receiver to be economically independent [15,16].

Whereas physical and sexual abuse can be recognised and reported from even a single isolated incident -because of its observed by-products-,PA, controlling behaviours and EA are constituted by multiple schemas of interacting and

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sometimes are camouflaged as forms of love and humour and not as degrading and offensive [17-19]. Because of its camouflaging nature, PA is interpreted as 'unseen' or 'hidden' by many researchers [20,21].

To intervene on unseen abuse, one must be aware of its sub- categories [21]. Firstly, mental abuse provokes senses of worthlessness to receivers as it affects the mind. Emotional abuse targets victims' 'inner self' via intimidating their feelings and personality characteristics. Emotional maltreatment includes rejection, withdrawal, and degrading others' self- identity [22,23]. Verbal abuse on the other hand, occurs when others' language is used to deliver threats and insults achieving absence of self- esteem to the victims [24]. Those forms of abuse cause psychological and not physical and it is usually a predictor of more severe violent forms [25].

Even though disguised, studies prove that hidden violence isfrequentand itsconcealed effects are correlated with emotional and relational functioning [26]. In contrast to physical and sexual violence that can be more easily researched and recognized via standardized questionnaires, the existing literature proves professionals' difficulties in recognizing unseen abuse due to their unawarenessof its warning signs and symptoms [27].

The literature review suggests that unseen violence in childhood can predict later adulthood eating disorders [28] whilst other authors recognized its high prevalence in depression and depressive symptomatology [29]. Moreover, PA and Economic Abuse are common in suicide ideation [30], psychosomatic symptomatology [31,32] and post- natal depression [33].

However, even if the evidence on negative health and mental health impact is growing, the phenomenon remains 'hidden' in terms of conceptual clarity and difficulties in achieving representative sampling in research [22]. Limited researched or not, the disastrous effects of PA to mental health functioning highlight the necessity of examining its nature as people seem to seek psychotherapy for all the mental health burdens addressed, ignoring their abused condition [34]. For this reason, it is important to broaden the knowledge regarding the phenomenon in order to multiply therapy success and comprehensive prevention measures.

Theoretical Approaches

Approaching a theoretical explanation of the phenomenon, its concealed nature can be framed regarding low victimization acceptance. For instance, Poza, et al. [35] pinpointed that social shame, and its forthcoming emotional devastation preserves the situation due to 'male- chauvinist culture' and strict gender roles [35]. As a result, people, and

especially women, tend to forgive or forget lower violence levels confusing them with acts of love and interest [36]. Furthermore, if the victimization exists and abused women attempt to leave their couples, literature argues that they are more at risk of lethal violence than others who do not [37].

Many studies explained the phenomenon in relation to the lack of emotional regulation and conflict- resolution skills, suggesting abusers' greater need of regaining control in the relationship- a situation that can result in escalation of IPV [38]. Moreover, inhibition in disclosing abuse is represented as an 'obligation' of a good partner who enacts with enormous justifications over their experiences, as a set of ideology for a 'functioning relationship' [39]. Hidden IPV recognition underlines receivers activate decision on breaking up their relationship at early stages of psychological abuse. This determination is suggested as the most preventable measure against the escalation of the violence extent [23,35].

On the other hand, the state of women's inhibition of self-expression for the maintenance of the relationship is also represented in Jack's theory of 'Silencing the Self' as an attempt to conceptualize women's major depression in our society [40]. Jack's model highlights how women conceive their role in intimate relationships and explain that self-silencing is a coping strategy to avoid confrontation [41]. As a result, the person, unconsciously or not, decides to silence their feelings and thoughts while serving themselves to their significant other's needs. The experience of the 'loss of self' is emerged because of anger suppression and co-dependency [42,44]. Considering co-dependency as a mediator of the existence and enduring unseen abuse, the literature defines the phenomenon as a 'dysfunctional pattern of relating' characterized by a lack of free self-expression and a desire to achieve sense of purpose only through relationships [45].

Although thoroughly represented, some studies pinpointed researchers' reluctance to perceive women as abusers too [46,47]. They argue that hidden violence has not only male- perpetrators [48]. Brush [48] posits attention on awareness over women's aggression as an attempt to increase the quality of IPV interventions. Several authors have recognized interpersonal violence as a complex and dynamic dimension of human relating with multifaced forms and patterns [49-51]. For those authors, violence is not only gender- normed: it is rooted in social systems. For some authors, relationship itself is a bigger source of aggression than the gender [49]. In conclusion, social constructions on what is violent or not articulate the experience of unseen abuse receivers. Thus, research indicates that the interpretation of the reality is socially constructed and dependent on participants' meaning making procedures [51]. According to this position, violence begins from the moment receiver can identify it and name it. This approach

offers a different explanation regarding the concealed nature of non- physical violent forms.

Psychotherapeutic Process, Hidden Abused Clients, and links to Integration

The unacknowledged, hidden nature of abuse as long as the perceived relationship between the perpetrator and the victim are capable of burdening people's journey to therapy [52]. On the other hand, it is stated that therapists often ignore the social perspectives of their clients' issues and collude with symptomatology- which is usually the result of oppression experiences [53]. Experiencing hidden abuse can provoke senses of 'damaged self' with high levels of distress, dysregulation, and interpersonal difficulties [54].

Integrating research and practice, many authors suggested that symptom- focused interventions have shown promising results in reducing PTSD, depression and promoting safety to abused clients [55,56]. However, longer history of violence, higher distress and contextual challenges necessitates more complex interventions that will raise consciousness over unseen abuse patterns [34,57]. Emotion-focused therapy, for example, is viewed as well-equipped for the treatment of interpersonal trauma and emotional vulnerability [58,59]. On the other hand, receivers of hidden abuse sometimes endure lack of agency over their processes and external resources; aspects highly- essential for movement – towards- change [34]. Experiences with hidden abused clients often prove that change is more a continuum of a violent- free life and not a process through distinct categories [60], regardless the victim decides to terminate or not the abusive relationship [34].

Usually, IPV is a denied experience due to fears of change, pain, safety concerns and childhood trauma [52]. People are typically experiencing painful self- evaluations resulting in suppression and isolation [61]. Many techniques and therapeutic interventions have so far been applied and researched to define goal setting whilst enabling clients to participate actively in their treatment process. 'Labelling' the experience of abuse and lowering the high critical 'inner-voice' are viewed as crucial factors by many authors [61-64]. Despite their therapeutic application or not, PA, EA and coercive behaviours remain concealed with a strong impact to therapeutic outcome [21].

Therapists' Responses to Hidden Abused Clients

The existing literature suggests that counsellors in trauma work usually experience 'secondary traumatic stress' and 'vicarious traumatization' as a response to the demanding interpersonal work [65]. Exaggerated emotional involvement resulting from wanting to help the suffering person can lead to 'compassion fatigue' and 'burnout' [66]. On the other hand, personal history of trauma may cause further distress to therapists who do not maintain the appropriate distance between their own and their clients' burdening experiences [67-69]. In other words, repeated exposure to a phenomenon so frequent such as unseen abuse, may provoke vulnerability and oversensitivity to therapists, challenging their professional competence and demanding emergent self- care, personal therapy, and supervision [70-72].

Therefore, under an interpretative scope, this study targets to understand how therapists from different approaches experience psychotherapeutic process and cope with its challenges when working with hidden abused receivers. The study will be focused on Covid-19 era, where remotely working was multiplied due to lockdowns and restricting measures in Greece.

Pandemic, Intimate Relationships and IPV

Vulnerability on IPV during the pandemic has been thoroughly described by the ecological model of WHO as an attempt to address all the elements associated with this complex phenomenon [73]. Indeed, forced cohabitation, isolation and fear of contagion- as forms of coercive control- were viewed as catalysts of violence [74]. Moreover, negative psychological effects of quarantines (high levels of stress, frustration, confusion and depression) combined with indirect Covid- 19 consequences (eg. Economic uncertainty) provoked extra burden to people, causing an increase in alcohol and psychotropic consumption [75,76].

There exists an ambiguity regarding IPV's representation on coronavirus outbreak [77]. Some authors suggested that perpetrators in lockdowns had fewer reasons to enact with physical aggression because psychological abuse in terms of control and power was more effective and in congruence with the government's restricting measures [74]. Of course, augmentation of PA has devastating consequences on receivers' self- identity and mental health [78-80]. Additionally, pre-existing mental health illnesses exacerbated in pandemic highlighting positive correlation between IPV and psychopathology . The reduction of more 'seen' abuse due to the nature of forced cohabitation does not imply a simultaneous reduction of 'concealed' forms of violence. Thus, the study will be concentrated on counsellors' experiences while working with receivers of hidden abuse who searched for therapy due to extreme distress levels and not the unseen violence itself.

Post Covid- 19 Psychotherapy and Counselling

Psychotherapeutic process could not be unaffected by pandemic reality. Indeed, psychotherapists ordered to work

remotely with old and new clients achieving competency and dealing with working challenges very quickly [81,82]. Remote therapy includes video calls or/ and traditional telephones and smartphones. The expanded entrance of remote therapy [83] was convenient for many clients who were confident in using technology; yet, for several others proved difficult due to reasons of privacy or absence of internet access [84].

Challenges of remotely psychotherapeutic working were related to interpersonal signals and technical troubles. In a qualitative study, therapists expressed difficulties on limited 'view' of the clients, worries about confidentiality and isolated ways of practising the profession [81]. Several other therapists in the same study, expressed concerns regarding the lack of clients' 'embodied sense of self', fatigue due to concentration required, difficulties in maintaining boundaries and issues in transmitting experiential interventions efficiently. Indeed, remote therapy can burden the dissociative tendency of a client and impede emotional engagement. Clients participating in tele- therapy sessions may underreport their symptomatology. As a result, physical remoteness may lead to aggravation of the avoidance patterns and thus, delay the process of change [85]. Emotional distancing and inability to handle non- verbal behaviour subtleties is a huge challenge for almost all therapists [86].

Therapists' experiences over online working varied, as many of them, referred to opportunities in building professional confidence and working with non-geographically- near clients . The offering flexibility was underlined as a positive therapeutic factor that influenced therapeutic alliance in general [87,88].

Crisis intervention was a priority for many counsellors in pandemic attempting to encourage exacerbated distress emerged from social isolation. Fears of contamination and uncertainty, grief, and career counselling due to coronavirus loses of loved- ones and unemployment were also targeted [89]. On the other hand, many quarantined couples experienced their dysfunctional patterns of relating and confronted with the reality of hidden violence in their home lives [90]. For instance, Sandler [91] underlined that during quarantines, abusers, in order to gain financial control over the victims, prevented them from going to work due to fear-of- contagion [91].

The study will be focused on therapist's experiences in private settings with hidden abused receivers before, during and after social distancing era. The gained knowledge will enhance therapeutic competency whilst allow the individualized views of participants to be expressed regarding the phenomenon and their work with unseen abused receivers. Besides, enlightening the dark sight of unseen violence can be the most influential preventing measure against more fatal violent forms and mental health awareness [21].

Methods

This study will attempt to intensely scrutinize the lived experiences of the therapists by using Interpretive Phenomenological Analysis (IPA) [92,93]. Using participants' statements as a rich context, their lived experience will provide an in- depth conceptualisation of the phenomenon [94,95]. The outcomes of this study will enrich or challenge existing theories of the phenomenon and not generate new knowledge [96,97].

IPA was preferred for the study as it enhances a dynamic interaction amongst the participants (researchers and interviewees) [98]. All therapists were treated as co-researchers of the interpretation and meaning- making process. IPA's creativity will enhance the discovery of therapists' emotional and cognitive experiences related to hidden violence and will broaden the overall knowledge in the field with possible benefits to future therapeutic competency [99].

Sampling and Recruitment

Purposive and homogenous sampling was employed to guarantee that all participants' relevant experiences was attuned in study's objectives and aims [100]. Since the aims were related to deeper exploration over counsellors' working experiences on the phenomenon of hidden violence, the sample was small (5 psychotherapists) with certain inclusion and exclusion criteria [101] (Table 1). Ethical approval was granted by University of Derby Ethics Committee [102].

Inclusion Criteria	Exclusion Criteria
Private Working with a licenced Psychotherapeutic Approach	Experience gained from training programmes.
At least 5 years of professional experience with clients suffering from emotional and anxiety difficulties.	Absences of Psychotherapeutic Approach
Experience in remotely and online settings.	

Table 1: Inclusion and Exclusion Criteria.

Accordingly, experienced psychotherapists were voluntarily recruited via e-mails which included Information sheets of the study and Consent Forms. Most of the participants were women and their demographic characteristics are represented in Table 2. Of the 22 invited therapists, 5 participants agreed to be interviewed and thus, received a Debriefing Letter, right after their participation.

Participants' ID Number	Geographical area	Age	Gender	Psychotherapeutic Approach	Years of Experience in the Field
1	Thessaloniki	32	Female	Systemic & EMDR Therapist	7
2	Athens	43	Female	Integrative Therapist	12
3	Thessaloniki	38	Female	Gestalt Therapist	6
4	Thessaloniki	44	Male	Systemic/ Person Centred Therapist	17
5	Thessaloniki	33	Male	Integrative/ Systemic Therapist	8

Table 2: Demographic Data of Participants.

Data Collection

Semi-structured interviews with open questions were conducted in order to enhance participants' narratives in a non- directive attitude [103]. Targeting to formulate the context and the flow of the conversation, a pilot interview was used as a follow- up [104]. All interviews' duration was 40- 50 minutes approximately, an adequate time for an IPA study. Moreover, the interviews were conducted in Greek language and audiotaped. Afterwards, all data were transcribed and translated in English language. Audio recordings allow accuracy in data- process which, according to IPA's framework, improves the quality of the forthcoming analysis [105].

Procedure

Data protection and confidentiality issues were prior communicated openly and therapists were able to sign a Consent Form for audiotape. All therapists acknowledged their rights in participation and after the interview they received a Debriefing Letter which targeted further protect and support of the interviewees. The interviews were handled on therapist's private offices or via Skype- sessions.

Data Analysis

The present study's data were collected, transcribed with verbatim system and then, analysed according to IPA principles. Theoretical orientation of IPA assumes that people interpret actively on their experiences as 'self-interpreting' beings [106-108]. Researchers' active role in the analysis influenced the process of understanding therapists' working experiences by moving back and forth to enhance interpretive activity [109]. IPA's idiographic nature emphasized an in- depth exploration of the individuality before searching for generalizations [110].
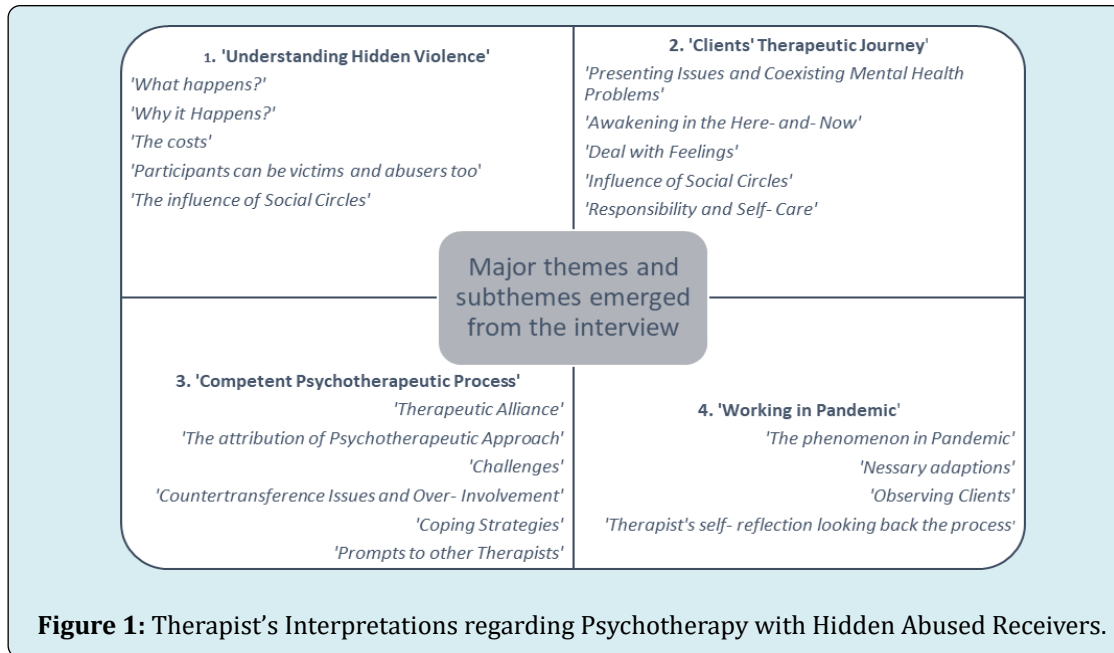
Ethical Considerations

Primary data contained in this research, first and foremost ethical approved by the Research Ethics Committee of the University of Derby. Thus, all data are consistent with the Policy and Code of Practice in Research Ethics of the same university. Moreover, the researcher considered carefully the BPS Code of Human Research Ethics [111], the Ethical Guidelines for Researching Counselling and Psychotherapy of BACP [112] and the Data Protection Act, 1998.

Protection of Participants

A thorough Risk Assessment Form was completed before any attempt of contact with potential participants. Some questions or the interview's context might cause psychological distress to some participants due to past traumatic memories in their personal or professional lives. Although the overall risk level was low, during every interview we were alert to remind participants' right of withdrawal whenever needed. All interviewees had the right to be supported by a Counselling Centre.

Results

As shown in Figure 1, for major themes emerged from Interpretive Phenomenological Analysis of the primary data: i) 'Understanding Hidden Violence, ii) 'Client's Therapeutic Journey', iii) 'Competent Psychotherapeutic Process' and iv) 'Working in Pandemic'.

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Figure 1: Therapist's Interpretations regarding Psychotherapy with Hidden Abused Receivers.

Discussion

The study findings contributed to the literature gap on the phenomenon and more specifically on how therapists' experiences with hidden abused clients view the therapeutic process and challenges with this population. Serious consideration was given to psychotherapeutic working with hidden abused clients during pandemic, when remote and online sessions were multiplied due to the social distancing era. Concerning all objectives of this study, 4 major themes (Figure 1) emerged.

Understanding Hidden Violence

The findings of the present study are in line with hidden violent forms terminology confirming that unseen abuse in all significant relationships is a 'restricted way of relating' and a deliberate attempt of manipulation [13-15]. Therapists agreed that the concealed nature of abuse impedes the awareness of its existence and thus, the forthcoming psychotherapeutic process [20-22]. Constant criticism and exaggerated controlling tendencies of suppression concur referencing hidden violence as any battering behaviour towards a person [14,17-20,23-25].

Study findings related to a conscious or not, consensus to self-restriction for violence receivers accords with earlier observations which attempted to approach explanations of the phenomenon employing patriarchy culture and traditional gender norms. Hence people, most of them women, prefer to choose inhibition over self-expression to avoid confrontation in their relationship [35,39]. These results reflect upon those of Jack [40] and Emran, et al.

[41] on how women enact self- silencing as a preventing measure over other's anger and disappointment [40,41]. Study's data also support previous findings on traditional gender roles in intimate relationships whereasconfirm PA's camouflaging nature, as it is usually confused or justified by acts of love, humour, and interest [36,39]. Awareness over hidden IPV presupposes recognition of boundaries violation and victimization acceptance [35,113]. By previous results, the current study demonstrated receivers' unconscious acts of 'self- punishment' as a repercussion of their perceived role in intimate relating. Happ, et al. [45] and other researchers highlighted that co-dependency and persistence to achieve life- purpose only through relationships can be viewed as a mediator of unseen abuse endurance, anger suppression and sense of a 'damaged- self' [42-45]. Through this study, violence persistence is also a sequel of childhood patterns of relating which formulated the context around what can be perceived as acceptable or not. This finding is underthe general debate of earlier studies around the appropriate ways in determining unseen abuse by its battering behaviours or by its observed consequences to the victims [12].

To acknowledge the consequences of unseen abuse, receivers must be able to name their experiences and correlate them with their current mental and emotional conditioning [18]. Indeed, many therapists agree that hidden violence usually results in psychopathology forcing people to seek psychological help to deal with their symptomatology and senses of unworthiness. These findings are consistent with the existing literature on correlations between unseen violence and psychological pain with mental disorders [28-33]. While people tend to ignore their abused experiences [34] a surprising finding of the current study was related

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to the representation of hidden violence as a 'source' that escalates the violent circle whilst both partners can be perpetrators and victims. In other words, abuse is not always linear as women can be perpetrators too, due to the context of relating and exchanging of power.

Challenging the previous attempts to explain IPV only in terms of gender inequalities and patriarchal culture [38-40,42-44]the presenting data fostered further insights into viewing aggression emergence from both genders as parts of human relating [49]. Control exchanging in social relating acknowledges the patriarchal framework of violence [114] and subjoins it into a bigger cluster where an intimate partner's intimidation is more a part of an established social relation than a consequence of inequality [48]. The findings of the research painted a detailed picture of 'violence camouflaging nature' where repeatability and intensity of someone's coercion can be a critical predictor of hidden abuse identification. In other words, social constructions of unseen violence interpret receivers' experiences in a more complex way [49-51]. Hence, these results indicate that focusing on individualized verbal constructions of violence can predict more successful interventions and prevention measures. Besides, social perceptions of unseen abuseexplain difficulties in recognizing its existence and therefore unawareness of its warning signs [13,27]; a fact that was highlighted by the current study.

Psychotherapeutic Process and Hidden Abused Clients

The psychological pain retrieved from unseen violence can lead people to therapy rooms with general senses of worthlessness, relationship concerns and an absence of self-esteem [34.53]. It is interesting to note that all participants of this study pinpointed that clients' presenting issues and primary requests are relatable with symptomatology irrelevant to their hidden abuse experiences. Perceived relationship concerns that conceal coercive patterns of interaction burden clients' therapeutic process [52,115]. However, treating individual psychopathology is viewed by therapists as an essential part of effective working and they try to correspond competently, even though they sense that clients' defensive mechanisms of denial and resistance restrain them to acknowledge the impact of unseen violence in their everyday functioning. By adding more details to the existing framework, unseen IPV is surrounded by denial, fears of change, childhood trauma, and avoidance of painful emotions such as guilt and shame for being victimized [34,35,52].

Regarding to competent psychotherapeutic practice, all therapists agree with previous literature underlined that professionals should respect clients' primary requests and initiate a collaborative goal-setting attitude by using symptom-focused interventions [55,56]. However, they all argue that disturbances of unseen abuse surpass 'behavioural matters' as receivers appear with extreme self-blaming andself-sacrificing tendencies, willing to save their relationships [116]. Besides, recognition of the complex nature of hidden IPV presupposes activating decisions on setting boundaries towards the partner or breaking up [117]; a difficult step for someone inexperienced in regaining a sense of self- agency [38]. The idea of leaving the abused relationship posits the receiver at a bigger risk of lethal violence and implies the loss of all the secondary benefits of the so-far endurance [37].

Even if alleviating the symptom is crucial, it is proved insufficient for clients with a longer violent history, higher emotional vulnerability, and interpersonal trauma [34,57-59]. Several therapists reported that the process of 'awakening' over violent experiences lowers the defence mechanisms of denial and resistance to change, revealing all suppressed emotions rooted not only in current but also in childhood clients' years. The findings are in coordination with prior research highlighting that corrective therapeutic relationships and emotion-focused therapies can soften devastating self- criticism and enhance a more compassionate inner- voice [58,61-64]. Moreover, owning responsibility and attaining awareness of the secondary benefits of abuse endurance can structure some vital self-care protection mechanisms enabling clients to experience self- agency by participating actively in their treatment process [118]. Through self- observation, clients must unlearn the tendency of ignoring their unmet needs and distance from the 'victimization' stance that forbids them to take action [35,119].

Very little was found in the literature regarding the contribution of psychotherapeutic approaches in working with hidden abused receivers [55,60]. Previous reports determined the importance of shaping appropriate and more complex interventions, promoting safety, and admiring every client's individualized violent-free pathway of change. Findings' significance placethe psychotherapeutic approach to the centre as it shapes the professional stance for open communication that will determine the client-oriented goal-setting. Furthermore, the approach is a 'tool' in which the awareness of the costs of violence- tolerance will emerge, reframing the damaged and worthy-of-aggression self-image [54].

Moreover, the current study influenced participants to address willingly their emotional over- involvement when working with the hidden abused population. Countertransference issues retrieved from therapists' personal lives and anticipation may challenge therapeutic

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procedures and cause ruptures to alliance; a fact also noted by prior studies [65-69]. Although the existing literature suggests the use of personal therapy and supervision as a coping strategy against the stated phenomenon [70-72], the current study's findings offer valuable pictures over the ways therapeutic failure can be prevented.

Working with Hidden Abused Receivers in Pandemic

The concept of psychotherapeutic working in pandemic was reported by many researchers attempting to underline its advantages and drawbacks [81,82,84]. Although many studies focused on the possibility of IPV escalation due to social isolation and forced cohabitation of dysfunctional couples, little has been written on unseen abuse. Sandler [91] pinpointed people's vulnerability to financial control whilst Mulqueen [90] viewed quarantines as a way of inevitablyconfronting the reality of hidden PA in home lives [90,91]. The data analysis of the current study seems consistent with previous research as many therapists viewed lockdowns as an 'alarming area' where the cruciality of pre-existing problems heightenedpressing people to search for professional help.

The multiplication of remote therapy was the only solution for both therapists and clients and adjustmentsto the new era were critical [83,84,120]. Indeed, therapists' observations regarding the necessary changes included experiential interventions [25], the timeline of the sessions, and in the quality of verbal and non-verbal communication. These findings concur with the existed literature [86]. Some other challenges of the participants were related to maintaining sufficient psychotherapeutic boundaries, especially with old clients, and achieving confidentiality and safety in long-distanced sessions. Crisis management, on the other hand, was also at the centre of efficient working in both current and prior research papers [89,121].

To conclude, the current study viewed pandemic and its related distress and insecurity as crucial factors of hidden IPV escalation [14,122]. Unseen abuse's emergence was implied by previous authors [123] whilst the participants of this study highlighted significant correlations between mental health and vulnerability to hidden IPV [74-76]. Retrieved from participants' statements it was clear thatthe complex nature of PA was more able to be acknowledged by its receivers in therapy and became a central issue in their psychological treatment during pandemic [74,78-80].

Conclusions

Overall, the current study's results proved substantial and consistent with the existing literature on hidden violent forms before, during and after the pandemic of Covid- 19 [124]. The analysis revealed further insight into therapists' lived experiences with hidden abused receivers in terms of their psychotherapeutic working via in-vivo and remote sessions. Exploring therapists' interpretations over therapeutic journey of hidden abuse clients, challenges and competency issues emerged, regarding the camouflaging nature of the phenomenon. The in- depth investigation of participants' working experiences, can offer new therapeutic implications over psychological treatment [64]. Accepting its theoretical complexity whilst being mindful of professionals' lived experience can contribute significantly to the field by shaping more immediate detection and prevention measures against concealed IPV [125]. Besides, as unseen IPV implies mental health difficulties and is viewed as a 'predictor' for more seen abused forms [126] the gained knowledge from the current study's findings can be used for more spherical interventions.

Furthermore, the study's results formulated a necessity for therapists to maintain a supervisory image of society rather than focusing only on individual psychopathologybecause some forms of abuse seem more socially acceptable than others [3,127]. Findings underlined that psychotherapeutic sight will be insufficient if professionals ignore their triggering emotions and the impact of unseen abuse in their personal lives. Simultaneously, analysis has significant implications for the understanding of all secondary benefits of clients' reluctance in distancing from their intimate abusers [128].

Limitations

Despite their huge significance, the limitations and weaknesses of the findings should be underlined [104]. Firstly, the current study followed a qualitative paradigm, which means that findings cannot be replicated as they encompass participants' subjective interpretations which impede research validity and reliability [129]. In addition, the snowballing small sample size is not representative, and the results cannot be generalized [93]. Moreover, the analysis reflects upon retrospective experiences of therapists who worked psychotherapeutically with hidden abused receivers. They shared their views on the phenomenon and its population; views that may be biased by their attitudes. The researcher's perspective during data analysis may be also reflected in the study as long astheir presence during data gathering may have affected participants' responses [130,131]. Although the aims of the research were focused on therapists working experiences, when answering general questions, some of them tended to express their general theoretical knowledge rather than their reflections on their lived experiences [132-146].

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Recommendations for Practice and Further Research

It would be substantial if future research continues focusing on the topic of unseen violence via qualitative and quantitative methods in order to offer new insights and make the phenomenon more 'seen'. Considerably, more work will need to be done to determine hidden violence experiences on people showing up in therapy rooms before and after the pandemic and future research can examine a wider range of therapists who work not only with heterosexual but also with homosexual couples; this can allow acquisition of a more spherical understanding towards therapists' attitudes and competencies over unseen abuse. The quantitative methodology can guarantee more representative sampling formulating bigger clusters of different unseen abused forms [143].

For sure, the study findings fulfilled its objectives and aims and the in-depth analysis can be a helpful guide for new and older therapists to become more aware of hidden violence's impact on everyday functioning. By acknowledging its high complexity, professionals can approach the psychological treatment of exact psychopathology with more sensitivity and integration. For example, combining methods in alleviating the symptomatology while simultaneously being ready to confront any defensive mechanism or secondary benefit of unseen abuse receiver can be significantly helpful. On the other hand, study findings highlighted the necessity of preserving therapists' self-care against exaggerating emotional involvement, anticipation, and burnout. The current study has taken into serious consideration all therapeutic challenges and difficulties which will enrich the readers with some opportunities to explore coping strategies to overcome their professional stress [144-149].

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