

Journal name is by digital health

Slide 1- Induction to the topic

The article explores how people with mental health difficulties experience the digital therapeutic alliance, when using fully automated mental-health apps. Article also states rates of mental health difficulties are rising, Since COVID-19 pandemic and has increased demand while limiting access to traditional services like, face-to-face therapy, CBT, counselling, psychotherapy.

Slide 3- How they conducted the study

What makes the therapeutic relationship work.

The study designed its interview guide by using Bordin's, (1979) alliance theory model. To explore goals, tasks, and bond in digital app use. Participants were asked whether apps supported their goals, how they engaged with app tasks, and whether they felt any sense of trust or connection. Using this framework helped researchers compare traditional therapeutic alliance with the emerging digital therapeutic alliance in standalone mental-health apps.

The study used qualitative approach because it wanted to explore what people felt and experiences when using mental- health apps, rather than collecting numbers or scores.

The data were analysed using Braun and Clarke's (2006) reflexive thematic analysis, which helped the researchers identify patterns and develop themes from the interviews.

Slide 4 – material

The study followed a clear ethical process. It received university ethics approval, and all participants gave informed consent before taking part. People were told they could withdraw at any time. Interviews were handled sensitively due to the mental-health focus, and participants could skip any questions. Personal details were anonymised, and recordings and transcripts were stored securely under data-protection standards. Researchers also used reflexive notes to maintain ethical awareness throughout the study.

Slide 6 Findings-

Found five themes

Participants understood the app couldn't respond to risk or distress, which kept the relationship low-intimacy.

People's connections with mental-health apps varied because everyone used them for different reasons. People also trusted the app differently and shared different amounts of information. Since apps can't respond personally like a therapist, everyone ended up experiencing the relationship in their own way. Some wanted comfort, others wanted quick tools. People also trusted the app differently and shared different amounts of information.

The study showed that people do develop a sense of connection with standalone mental-health apps, though it is lighter and less emotional than with a human therapist. Bordin's traditional alliance theory goals, tasks, and bond, did not fully translate to digital use. Goals were not central, tasks were fixed, and the bond was limited.

Users talked about features that felt helpful in a digital way, like being able to use the app anytime, feeling comfortable opening up, getting gentle reminders, and receiving a bit of emotional support. But people experienced these things differently depending on their needs.

Slide 7– implications

When people form an emotional connection with a mental-health app, there is an ethical issue. As human therapist can act if someone says something worrying,

An app can't respond like a human. It can't recognise risk, act with urgency, or step in if someone is in distress or danger. So even if people feel a small emotional connection, the app can't offer real human responsibility or protection. The study explains that this is why apps are designed to stay low-intimacy and low-risk, so they don't create expectations they can't meet.

They avoid deep emotional conversations, so the connection stays practical rather than personal. People might feel supported, reminded, or guided, but they don't get the warmth, understanding, or emotional depth that comes from a real counsellor. The alliance with an app is more about using tools, not building a relationship.

Its findings about safety limits suggest that clear crisis signposting would be an important feature for future digital mental-health interventions.

Slide 8- conclusion-

A meaningful relationship can form, but it is usually different from a human therapeutic bond and varies by user.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice*, 16(3), 252–260.

<https://doi.org/10.1037/h0085885>

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>

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