The Online Therapeutic Relationship: Examining Tradeoffs between Convenience and Depth of Engagement

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I confirm that the work contained in this thesis is original except where other sources are cited.

Abstract

This qualitative, phenomenological study gathered data from ten online therapists in order to answer the following questions: How do online practitioners/therapists experience the therapeutic relationship with their clients online? How do online practitioners experience the process of developing and maintaining the therapeutic relationship with the clients online? Semi-structured interviews were conducted via Skype with a sample of nine online therapists and analyzed by means of interpretative phenomenological analysis (IPA). The main finding of the study was that there was a trade-off between depth of and convenience in online therapy. The loss of physical presence affected both the therapeutic relationship and the therapeutic alliance in ways that required therapists to be more mindful of how to structure the relationship, and build the alliance, in a manner that compensated for the shortcomings of the online medium. As such, it was concluded that online therapy is most appropriate for less complex clinical problems in which the online medium poses fewer risks to the either the therapeutic relationship or the therapeutic alliance.

Table of Contents

Chapter One: Introduction

1.1 Background of the Research Topic

More and more households have daily access to the Internet to get help with everyday tasks such as shopping, banking, entertainment, and/or communicating with friends and families. Recent technological advancements have touched most professions and this trend is also apparent in the mental health service, which is evident by the increasing number of online counselling services. This expansion of the Internet is also evident in counselling services available online (Kraus, Stricker, & Speyer, 2010).

The Web-based counselling offers improved access to professional therapists with a decrease in the types of shame and stigmatization that can be associated with traditional face to face therapy (Mallen, Jenkins, Vogel, & Day, 2011). Barak, Klein, and Proudfoot (2009) reported that there was an early demonstration of the Internet that consisted of a simulated mental health care exercise at UCLA and Stanford University that took place as a part of the International Conference on Computer Communication in October of 1972. However, the development of Internet-based self-help support groups might have been the forerunner to modern day online mental health care programs (Gackenbach, 2007). Today there are many such groups, demonstrating that there is a potential for online discussion and treatment of mental health change (Kraus, Stricker, & Speyer, 2010). There is no precise date to determine when online personal therapy began to occur, but certainly therapists have communicated with patients and other therapists by way of e-mail for many years. For example, a mental health care program called “Ask Uncle Ezra” was developed at Cornell University to assist students, and the service has been in operation since 1986 in order to ensure that students have the support that they need at a low cost (Bigdoli, 2004).

1.2 Purpose and Objectives of the Research Project

The purpose of the present study is to inform the practice of online counselling by adding to the existing growing findings concerning the use of online counselling services, by using qualitative methods and more specifically Interpretative Phenomenological Analysis (IPA) (Smith et al, 2009) to explore how therapists experience the therapeutic relationship with their clients online. More specifically, the study focuses on how the therapeutic relationship, integral part of counselling, is established virtually when there is physical distance between counsellor and client. Hence, the aim is to evaluate the quality and the process of how the therapeutic relationship is developed over the Internet with the lack of physical proximity and/or visual cues. Process factors, such as empathy, support, and working alliance are explored in order to ascertain how they are established and experienced online, by investigating in detail the experiences of professionals who offer therapy services online.

Finally, despite the growth of online counselling, it is not necessarily the case that theorists have had the opportunity to achieve a deep understanding of what it means to perform therapy online (see Ross, 2011 for a discussion of some of the limitations of the existing body of research). With more counsellors attempting to offer services over the Internet and more demand for online therapy from clients (Ivey, Ivey, & D'Andrea, 2011), it is imperative that counsellors understand and clients are informed on how the therapeutic relationship develops and is maintained in an online environment. So, in addition to the above aims, this study is also interested in increasing awareness around the subject area within the counselling profession so that counsellors, counselling training establishments and counselling service providers can adopt a more informed perspective of this modality of practice.

The study is conducted from a relativist stance. Although some conclusions are reached about differences between online and traditional therapy, these conclusions are based on the data provided by the participants and do not represent absolute"truth".

1.3 Research Questions

The research questions in this study were:

1) How do online practitioners/therapists experience the therapeutic relationship with their clients online? In particular, how does the online environment affect/influence the therapeutic relationship between the counsellor and the client?

2) How do online practitioners experience the process of developing and maintaining the therapeutic relationship with the clients online? In particular, how is the therapeutic relationship between the counsellor and the client affected when the therapeutic work takes place online, with the absence of physical proximity?

1.4 Reflexive Statement

In general, as a person, I am interested in computers and technology. Especially with the vast development of the Internet and opportunities of its use, I have developed a curiosity and interest in how relationships develop in an online environment when you cannot see the other person. More specifically, my interest in online counselling developed when as a counselling trainee in my first year I did an online search when I was trying to find a personal therapist as part of the requirements of my Counselling Course. I was surprised and almost shocked to find out the vast number of counsellors who offer therapy services on the Internet, as it had never crossed my mind that therapy would be possible to take place in an online environment when counsellor and client are not physically in the same room. This interest grew and I was fascinated by this new area and modality of therapy. Although I have to admit that originally I was very

doubtful of how it was possible to develop a therapeutic relationship online when you can not see your counsellor. During the journey of undertaking this project, my view about online counselling has changed a lot and I am now very positive that, despite the limitations of online counselling, such as lack of non verbal communication, I believe that online relationship can develop and therapy online can be very beneficial and therapeutic for the clients. It also has a lot of potential for certain client groups such as those who are reluctant to attend face-to-face counselling for a variety of reasons, including the associated stigma of seeing a counsellor and the degree of time commitment required to attend for regular counselling sessions (Bedrosian, 2007.

As a face-to-face practitioner in the early stages of my career, I have no experience of online practice, but my personal interests and experiences in conducting this research have provoked a professional interest in pursuing this method of practice in the future. Undertaking this study has also added to my experience and competence as an Internet user and I feel more confident using computers and the Internet. I am keen to extend my practice as a counsellor to include working online either as an alternative or in addition to the face-to-face work. Finally, undertaking this study has made me realize the importance of specialised training in online counselling, and has contributed to making a decision about following specialised training in this field in the future.

Chapter Two: Literature Review

2.1 Introduction

The purpose of the literature review is to critically discuss and evaluate theories and studies that are applicable to online counselling, including historical, theoretical, and empirical perspectives of online counselling. The following topics will be covered: (a) the historical development of online counselling, (b) an evaluative framework for online counselling, (c) online counselling and the therapeutic alliance, (d) online counselling and transference, and (e) online counselling and counter-transference. In the introduction to the literature review, the logic of this structural approach to online counselling will be defended in terms of the importance of the therapeutic alliance.

The therapeutic alliance has been investigated across different therapeutic orientations and different therapeutic settings (Barber, 2000; Loeb et al. 2005; Newman & Strauss 2003; Vogel et al. 2006) with the general finding that it is one of the most important predictors of therapeutic success. Research by Lambert (1992) suggested that alliance factors are likely to account for nearly 30% of the variance in therapeutic outcomes across different theoretical orientations, which means that if online therapy tends to produce weaker therapeutic alliance than traditional therapy, then it has a disadvantage against traditional therapy.

The personal connection made between the counsellor and the client consists of very complex and multifaceted dynamics. However, according to Meissner (1996), the therapeutic alliance, transference, and counter-transference are the most important predictors of therapeutic success. Therefore, these three variables are appropriate categories through which to analyse the strengths and weaknesses of online therapy.

2.2 Historical Development of Online Counselling

Online counselling is considered a subset of telemedicine, which the Oxford English Dictionary (2013) defined as "The remote medical diagnosis and treatment of patients by means or with the aid of telecommunications technology, e.g. by use of the telephone or videoconferencing for consultation, remote-controlled robotic assistance in specialist surgery, etc." (p.153,para. 1).

Different definitions and terms have been employed to describe therapy provided over the Internet. Some of these terms include: E-Therapy, online counselling, cybercounseling, cybertherapy, Internet counselling, e-mail therapy, and Web counselling (Barak, Klein & Proudfoot, 2009). Barak, Klein, and Proudfoot (2009) determined that there were four basic mental health interventions online, as follows: "(1) web-based interventions; (2) online counselling and therapy; (3) Internet operated therapeutic software; and (4) other online activities (e.g., as supplements to face-to-face therapy)" (p. 5). E-therapy, online therapy, or online counselling are terms used to illustrate the process of online mental health care in which the therapist and the individual being counselled are not in the same physical location (Ainsworth, 2001). The National Board for Certified Counsellors (NBCC, 1997) has described Web counselling as 'the practice of professional counselling and information delivery that occurs when client(s) and counsellor are in separate or remote locations and utilize electronic means to communicate over the Internet' (p. 1). For the purposes of this paper, and drawing upon the definition provided by Barak et al. (2009), e-therapy or online therapy will be defined as: The use of the Internet to perform any type of professional therapeutic interaction between a qualified mental health professional and a client. Furthermore, the term *e-therapy* requires a specific definition. According to Ainsworth (2001), therapy over the Internet can be categorised in one of two overarching processes: Advice or e-therapy. In the former, the therapist offers specific,

concrete information in the form of psycho-education to clients with well-defined, specific difficulties, by providing one or a few responses. E-therapy is appropriate for more complex and distressing life situations, such as overwhelming difficulties that have been an issue over the long term and which need mental health support to overcome. E-therapy differs from advice as it involves the establishment of an ongoing, personal relationship between the client and the therapist rather than a one-time answer to a particular mental health question (Ainsworth, 2001). The focus of this paper will be on e-therapy rather than advice.

According to Latifi (2008), telemedicine first emerged in the 1960s. Although doctors and medical professionals had long used telephones to communicate with patients, it was not until the 1960s that the medical profession came to routinely use technology in order to facilitate both the diagnosis and treatment of patients, not merely communication with patients. Online counselling as an established practice dates from the late 1990s. According to Dawn DuBois (2004), there were only 300 online counsellors in 2000. DuBois, who was herself an online counsellor, noted that she began to accept online patients into her practice as early as 1995. True online counselling was more or less impossible before the mid-1990s, since the World Wide Web had not yet introduced and the only means of online communication between providers and patients was e-mail. The earliest reference to professional online therapy in the literature appears to be Sherman's (1991) mention the East Coast Hang Out (ECHO) online service, which provided fee-based online therapy via e-mail to its members. However, it was not until the late 1990s and early 2000s that references to online counselling began to appear with more frequency in the counselling literature.

The literature on telemedicine suggests that there are three basic strengths of employing telecommunications technology for remote diagnosis and treatment. The first strength is

logistical. According to Kim, Yoo, Park, Choa, Bae & Kim et al. (2009), telemedicine took root in the 1960s as a way of allowing medical professionals to extend diagnosis and treatment to poor patients who were unable to travel frequently to hospitals. Online therapy is thus a service that can be used by "people with limited mobility, time restrictions, and limited access to mental health services" (King et al., 2006, p. 176) and 'people living in remote locations, working, travelling and relocating to other countries can consult their counsellors online' (King et al., 2006, p. 176). Physically disabled people, those unable or unwilling to have face-to face therapy, are able to 'visit' an online counsellor (Bloom, 1998; Childress, 1998; Goss & Anthony, 2003; Griffiths, 2001: Murphy & Mitchell, 1998; Robson & Robson, 2000). In addition, people with mental health issues who feel stigmatised by the physical presence of the therapist as in face-to-face therapy might feel as if online therapy is a better option for them (DuBois, 2004). Online counselling also offers an answer to geographical, language, cultural and time zone boundaries (Goss & Anthony, 2003; Griffiths, 2001). The second strength is administrative. According to Agarwal and Lau (2010), the move to telemedicine allowed medical professionals to automate more processes and to store documents electronically (email and instant messaging), thus saving money and also making it easier to keep and retrieve patient data. The third strength is cost - effective. For example, according to Elford, White, Bowering, Ghandi, Maddiggan, and St. John (2000) argued that "Psychiatry is an ideal telemedicine application because the diagnosis and treatment of mental illness are accomplished primarily through audiovisual communication" (p. 74). To the extent that telemedicine—and particularly online counselling—facilitates audiovisual communication in a manner that matches or even trends the potential for such communication in face-to-face settings, online counselling can be considered a tool that is clinically useful, not just as a means of bringing efficiencies and cost savings to healthcare.

Part of the clinical usefulness of online counselling lies in the expansion of choice for both health care providers and their patients. Before telemedicine, treatment options were largely determined by factors of proximity and wealth. Unless they were wealthy and had the means to travel, people obtained treatment from providers who were geographically close to them. By the same token, providers had to attend to patients in their locales. The debut of telemedicine, and particularly of telemedicine conducted through the Internet, allowed patients to choose health care providers at any distance (for example, on the basis of the clinical specialty of the provider) and also allowed therapists to choose patients based on criteria other than distance (for example, on the basis of the patient's problem). Online counselling thus allows both the patient and the provider to obtain a better clinical fit than might be the case if both parties were limited by proximity.

Five primary approaches to conducting counselling on the Internet have been described, namely "e-mail, secure web-based message systems, real-time text exchange (chat), videoconferencing, and voice over Internet phone" (Ainsworth, 2001, p. 4). According to Ivey, Ivey, and D'Andrea (2011), e-mail is the most common mode of interaction between client and therapist. Secure-based instant message systems such as direct computer-to-computer interfaces are more secure than e-mails but they are also more expensive and less practical, because of the greater sophistication needed to link a computer directly to another computer (Hlavacs, Weidlich, & Treutner, 2011). A chat can take place between client and therapist through an online chat system, where it is possible to write out a conversation in the same way as speaking (Mallen et al., 2005). Chat operations are still relatively time-consuming and require good typing skills from both the therapist and client, but provide the opportunity to think between responses.

This might result in some difficulties in communication, such as misunderstandings and misinterpretations of the content and possible ruptures in the relationship.

Videoconferencing or the use of technologies like Skype would be the ideal mode for interaction between clients and therapists because these methods more closely resemble face-to-face counselling, in that they allow two-way dynamic conversation between therapist and client, including both audio and visual interaction (Shandley, Klein, Kyrios, Austin, Ciechomski, & Murray, 2011). However, as mentioned above, this modality is still in the developmental phase in counselling psychology due to the novelty of the medium for some counsellors and their clients (Epstein, 2011).

Beginning as experiments in the ECHO group and other online communities in the early 1990s, online counselling became mainstream with the rise and increasing popularity of the World Wide Web in the mid-1990s to early 2000s. By 2004, there were as many as 5,000 dedicated online counsellors (DuBois, 2004) and the number was over 50,000 by 2012 (Hanley, 2012). Clearly, then, online counselling has evolved extremely rapidly, going from a niche to mainstream practice. Online counselling has achieved popularity so quickly that there is relatively little scholarship on it, compared to scholarship on traditional therapy. However, there are a number of discernible themes in the literature on online counselling that deserve close attention and evaluation.

2.3 An Evaluative Framework for Online Counselling

In order to identify and investigate online counselling's strengths and weaknesses, it is necessary to begin with a general model of therapeutic success against which the components of online counselling can be compared. According to Lambert and Ogles' (2004) three-stage sequential model of common factors in therapy, therapy succeeds because of (1) a strong, warm,

and supportive relationship between the therapist and client; (2) learning factors, referring to clients' corrective insights and knowledge; and (3) action factors, in which clients take purposeful steps to change. Pomerantz (2008) summarized this model as follows:

> *In brief, this sequential model suggests that psychotherapists of all kinds help clients by moving them through three common steps: connecting with them and understanding their problems; facilitating change in their beliefs and attitudes about their problems; and finally, encouraging new and more productive behaviours. (p. 235).*

The three-stage sequential model suggests that any form of psychotherapy—including online therapy, regardless of the orientation of the therapist—has a chance of success that is proportional to its ability to support the three stages of alliance, learning, and action change. There are, however, other models. For example, Chambless and Ollendick (2001) argued that certain forms of therapeutic treatment are more appropriate for certain disorders or patients, and that the idea of a single model for therapeutic success ought to be rejected.

Based on these two theoretical approaches, there are two ways in which to critically evaluate the strengths, weaknesses, and other characteristics of online therapy. First, based on Lambert and Ogles' (2004) three-stage sequential model, online counselling's ability to (1) support the therapeutic relationship, (2) facilitate client insights and attitudinal changes, and (3) facilitating clients' change actions can be evaluated. Second, based on Chambless and Ollendick's (2001) model, online counselling's ability to function as a modality uniquely or highly suited to solving certain kinds of problems or helping certain kinds of clients can also be evaluated.

2.4 Online Counselling and the Sequential Model of Therapeutic Success

The first component of the Lambert and Ogles (2004) three-stage sequential model is the therapeutic relationship, which, according to Meissner (1996), consists of transference, counter-transference, the real relationship, and the therapeutic alliance (p. 4). The therapeutic alliance, according to Rangell (1976), consists of "The persistent and ultimately predictable and expectable relationship on the part of the patient of the steady, reliable, reasonable, fair, kind, tolerant, non-judgmental, but also non-corruptible attitude of the analyst…the new relationship that is specifically and uniquely analytic" (p. 420). Meissner characterized the therapeutic alliance as the patient and provider's occupation of mutually-supporting and predictable roles characterized by negotiated and interactive processes[1].

Traditional definitions of the therapeutic alliance have been criticized. Loewenstein (1969) noted that "The terms 'therapeutic alliance' and 'working alliance' may have the disadvantage of failing to cover the fact that patients are willing to get well but not to work, while others are ready to work but not to get well" (p. 585). Meissner (1996) concluded that the concept of therapeutic alliance is somewhat inexact, and can vary not only based on the kinds of patient attitudes noted by Loewenstein but also on the basis of age, environment, motivation, and many other factors.

In some definitions, the therapeutic alliance consists not only of the productive interactions between patient and provider but also of transference and counter-transference. Transference refers to the patient's transfer of attitudes and feelings, typically from the past, into the present relationship with the therapist. Typically, the patient transfers a wished-for relationship on to the therapist. Counter-transference refers to feelings generated in the therapist

[1] The therapeutic relationship consists of the feelings and attitudes that therapist and client have toward one another and how these are expressed (Duncan et al, 2010), while therapeutic alliance is defined as the collaborative and effective bond between therapist and client and it is an essential element of the therapeutic process (Martin et al, 2000), Thus, therapeutic alliance is essential for a good therapeutic relationship to develop and also a good therapeutic relationship promotes a good therapeutic alliance.

by the patient's transference. For example, the therapist could respond inappropriately by providing the patient's wished-for relationship or by failing to manage the transference process in a respectful and therapeutically-productive manner.

Based on these definitions, it is possible to evaluate online counselling in terms of how well it succeeds in terms of supporting the therapeutic alliance, transference, and counter-transference.

2.4.1. Online Counselling and the Therapeutic Alliance: Weaknesses

Online therapy has had its detractors among some traditional counsellors and therapists in the past because of the notion that the inscrutability inherent in the Internet interaction does not make it a problem-free process for both counsellor and patient to develop a trusting and open relationship (Lester, 2006 ; Wells et al., 2007). Among the challenges of online counselling most commonly reported is the concern that counsellors might not be able to interpret clients' emotions, ideas or values in an online setting as compared to face-to-face counselling (Moritz, Wittekind, Hauschildt, & Timpano, 2011). These challenges were recognised and attempts were made to address them by Murphy and Mitchell (1998) in a symposium concerning e-mail therapy. Issues such as whether warmth, caring, and compassion can be communicated via text and the lack of non-verbal information via that medium were discussed.

However, critics of online counselling still argue that it is difficult for a client to deal with the online absence of traditional in-person communication cues, which means that they might not gain the same value online as in face-to-face (Rickwood, 2010). Finally, text communication between counsellor and client can be open to misunderstanding (Kraus, Stricker, & Speyer, 2010).

To overcome such challenges, there were suggested techniques such as ‘emotional bracketing’ (i.e. include emotional material in brackets) and ‘textual visualization’ (i.e. provide the client with images, non-verbal cues in order to give a context to understand counsellors’ words (Murphy & Mitchell, 1998). Murphy & Mitchell’s (1998) results indicated that clients claimed high levels of comprehension using these methods; however, these results are not necessarily reliable, because there was no control group and no experimental setting. There is substantial research that has claimed—based on surveys of therapist and client satisfaction and impressions—that clients and therapists can have a substantive relationship through Internet-based processes (see for example Knaevelsrud & Maercker, 2006; Tantam, 2006), but all of this research is limited by the fact that it has not been based on comparison of communication in online versus traditional therapy. For this reason, among others, many traditional therapists and psychologists remain sceptical regarding the potential of online therapy (Goss & Anthony, 2009).

2.4.2. Online Counselling and the Therapeutic Alliance: Strengths

One benefit of online therapy vis-à-vis the therapeutic alliance has been the disinhibiting effect of online communication. According to Johnson (1998) the online disinhibition effect refers to the phenomenon of less social self-controlled behaviour online than in an off-line environment. With respect to online therapy, disinhibition can allow the client to pursue lines of self-inquiry, which they might not feel comfortable to do with the therapist in the room (Suler, 2002), enabling clients to discuss core issues even from the first exchange of e-mails with high degree of honesty and intimacy. This can help to develop rapport and facilitate the therapeutic relationship (Suler, 2004).

The nature of online communication means that the counsellor is perceived less of an authority figure (Owen, 1995, cited in Rochlen, Zack & Speyer, 2004). Speyer and Zack (2003) reported that a more equal and collaborative relationship develops online when the same type of communication (e.g. text) is used by both the therapist and the client. Nagel's (2008) case study account of online therapy, written from a practitioner's perspective, described an online chat room environment as more value-free than having therapy with her clients in her office because of the fact that she made fewer value judgments of online clients (due to having fewer sensory cues to serve as the basis for such judgments).

In counselling via text (e.g. e-mail or chat/IM) the process of clients writing about their problems allows them to externalise their problems and to develop some distance which promotes therapeutic change (Murphy & Mitchell, 1998). Distance, as in Nagel's (2008) case study, is probably due to the fact that there are fewer sensory cues in the online medium, which makes it more difficult to form (and be misled by) value judgments, and easier to focus on problems and their resolutions. Murphy and Mitchell's (1998) study, which was about the healing effects of writing about emotional experience through e-mail, also showed that psychological change can be achieved when writing about emotional experiences, albeit only when subjects were willing and able to write at length. Another significant advantage of online therapy is that it provides access to clients' perceptions and behaviour as they occur, allowing the client to write an e-mail to the therapist when feelings occur and not wait to talk about it days later as would happen in face-to-face therapy (Murphy & Mitchell, 1998).

Online therapy via asynchronous communication, such as e-mail, allows for reflection for both clients and counsellors. Suler (2000) called this the 'zone of reflection'. Moreover, both counsellors and clients are able to maintain full text records with clients examining and thinking

about the therapist's responses, which are contained in correspondence, even years later (Chechele & Stofle, 2003).

In summary, it appears that the main advantages of online therapy as cited in the therapeutic alliance literature are convenience (Goss & Anthony, 2009) and a form of distancing that makes it easier, at least in some circumstances, for therapists to isolate focus on the presenting problem (Nagel, 2008). The noted disadvantages are the lack of sensory cues (Suler, 2004), which in turn can create communication disruptions. It is also possible to develop a critique of online therapy that draws on literature in other domains. For example, Morozov (2011) critiqued online experience as consumerism par excellence, reducing human relationships to bits and bytes trafficked over a network. The traditional therapeutic relationship can play out over months and years. However, Morozov (2011) has argued that there is a pressure on all online relationships to be easily categorised, quickly processed, and generally rendered convenient. It is thus possible to argue that the challenge of online therapy does not lie in its technical details, but in the danger of migrating human experiences to a venue that diminishes them. This theme has been discussed broadly by theorists of technology such as Morozov (2011), but does not figure prominently in the professional literature on online counselling.

Another strength of the online therapeutic alliance is that of problem focus. According to Jackson (2013), meta-analysis of thousands of individual cases of online therapy reveals that the online modality is more strongly associated with faster problem resolutions, even when controlling for factors such as the nature of the original problem. Jackson suggested that this phenomenon was due to the online modality's nature. When clients and therapists engage online, both parties appear to be more focused on problems and solutions (Wagner, Brand, Schulz, &

Knaevelsrud, 2012). According to Jackson, this focus on problems has been perceived positively by clients of online therapy.

Jackson's (2013) findings have important implications, regardless of how they are interpreted. One possibility is that people who engage the services of online therapists may themselves be more solution-focused. Like other consumers who turn to the Internet to make a purchase or conduct a transaction of some kind, online patients appear to expect a relatively rapid and straightforward resolution of their problems (Jackson, 2013). However, it is not known whether there are significant differences between the magnitude of the problems that bring clients into online therapy versus traditional therapy. Jackson's meta-analysis suggested that the range of problems in both modalities is the same, but this point was not backed by the kind of statistical analysis (such as independent samples *t*-tests) used to test the difference between two groups. If it turns out that online therapy is disproportionately attractive to clients with relatively manageable and straightforward problems (see for example White, Stinson, Lingley-Pottie, McGrath, & Vijenthira, 2012), then the solution-focused characteristics of online therapy constitutes a strength. Clients are seeking solutions and online therapists are offering solutions. On the other hand, the literature also mentions more complex problems, in some of which the client is mandated to visit a therapist (Duff & Bedi, 2010). In other instances, the problems that the client discloses in therapeutic sessions may turn out not to be the problems on which the client and therapist focus later.

Much of the literature on online therapy concerns discrete problems with standard solutions. For example, social anxiety disorder and post-traumatic stress disorder are two problems that have well-known etiologies and various standardised approaches for treatment (see for example Andersson, Paxling, Wiwe, Vernmark, Felix, & Furmark et al., 2012; Wagner et al.,

2012). It is possible that clients of online therapy self-select for such treatment on the basis of a specific need related to disorders of this kind. If so, then the solution-focused characteristics of online therapy (as discussed by Jackson, 2013) would constitute a strength of this modality. It is possible, however, that the solution-focused nature of online therapy could be a weakness in those instances in which the presenting problem is not the real problem, or in which there is some other benefit to more of an open-ended exploration that does not point to an immediate solution.

Any discussion of the online therapeutic alliance that did not take account of age would be incomplete. The literature on online therapy has acknowledged that, for the vast majority of clients under the age of 30, online therapy does not constitute a non-traditional intervention. Younger clients have grown up utilising the Internet, text messaging, and other forms of electronic communication (Hanley, 2012). Youth is an important predictor variable in determining the relative satisfaction of therapeutic clients with face-to-face versus online modalities (Germain, Marchand, Bouchard, Guay, & Drouin, 2010). Indeed, for some members of the younger generation, online interaction is the default mode of interaction (Hanley, 2012). Unfortunately, statistically-oriented studies on online therapy have often failed to control for age as a variable; still, the qualitative literature has drawn on the case study format to illustrate how comfortable younger clients are with online therapy (Hanley, 2012). Indeed, in some cases, it appears as if younger clients are far more comfortable with both self-disclosure and therapeutic engagement in an online versus a face-to-face therapy (Hanley, 2012).

Finally, equality of access should be emphasised as one of the leading strengths of the online therapy. As Jackson (2013) argued, the first wave of therapy that took place over the Internet was largely limited to digital elites, that is, people who were ahead of the curve in terms

of technological knowledge and adoption. However, with the passage of time, the Internet has become increasingly democratised. The costs of Internet access, both in terms of money and technological know-how, have steadily decreased over time, such that it no longer makes as much sense to speak of a digital divide (Jackson, 2013). This democratising effect of the Internet is still subject to certain boundaries; for example, to be able to participate in online therapy, clients must be able to type and use various types of online technology. However, within these limitations, online therapy opens up access to many people who were otherwise blocked—by factors such as distance, money, or time—from participating in traditional face-to-face therapy. According to Jackson, the spread of online therapy is another indication of the Internet's ability to reduce differences between social classes. Online therapy gives more power to the client, who through this modality has one more option for treatment that did not exist before the Internet (Jackson, 2013). Jackson's meta-analysis revealed that many clients of online therapy were treating therapy in an a la carte manner, choosing online therapy in certain instances (for example, for the solution of specific problems) and continuing to engage in traditional face-to-face therapy for other issues. When face-to-face therapy was the only alternative, clients were necessarily limited.

Of course, understood from a certain perspective, what Jackson (2013) characterised as the solution focus of online therapy can be a weakness. In traditional face-to-face therapy therapists often drawn on techniques such as silence in order to facilitate reflection (Duff & Bedi, 2010). The value of such a therapeutic silence appears to be limited in online contexts. In face-to-face therapy, clients are aware that the therapist is purposely being silent; in online therapy clients might ascribe silence to a technical problem and otherwise fail to integrate silence into their understanding of the relationship between therapist and client.

2.4.3. The Therapeutic Alliance in Online Therapy: Empirical Studies

The previous two sections of the literature review introduced the potential of online therapy to either add to, or detract from, the strength of the therapeutic alliance depending on the characteristics of the online medium. The purpose of this section of the literature review is to review some of the empirical studies in this field in order to determine whether online therapy has been observed to lead to stronger or weaker therapeutic alliances in practice.

There have been a number of recent studies that have investigated the impact of online therapy on the therapeutic alliance. For instance Barak et al. (2008) performed a meta-analysis of 92 studies that evaluated the effectiveness of online therapeutic programs and found a positive outcome, very similar to the effect size of meta-analytic research of traditional face-to-face psychotherapy outcome studies. In a response to the critiques expressed by sceptics of online therapy, there have been several therapeutic process studies that have explored the therapeutic dynamics which are linked to online therapy of different types (Rochlen et al., 2004; Sandahl & Lindgren, 2006; Stummer, 2006). These studies have determined that the therapy processes that occur as a result of interactions online are similar to the in-person types of therapy, though they might also have some independent factors which come into place (Hanley et al., 2009; Leibert et al., 2006; Postel et al., 2010). There are also some discrepant results among some of the studies in online therapy. For instance Cook and Doyle (2002) explored whether the therapeutic alliance can develop online when client and therapist are geographically distant by using the Working Alliance Inventory (WAI) to perform a comparison of the working alliance between online therapy clients and traditional face to face therapy clients. Results indicated that WAI levels were higher for the online group compared to those in face to face counselling even though the WAI was developed and validated for use in face to face therapy and not online therapy.

However, one potential difficulty with the results was that the clients were at different stages of their therapy during the research. Some clients had completed between one and three therapy sessions, whereas others completed more than five sessions. This difference in sessions could result in potentially different effects in the reported stability and satisfaction in the therapeutic relationship with the counsellor.

In contrast Mallen et al (2003) found higher ratings of disclosure, closeness, and satisfaction for clients having face-to-face therapy experiences compared to those online. However, Mallen et al. (2003) found that online therapy and traditional therapy were identical in terms of the perceived emotional understanding of clients—which means that, at least in this one study, the online medium did not impede the emotional perceptions of clients vis-a-vis therapists and therapy. Lewis et al. (2003) researched clients' and counsellors' experience of cyber-counselling in an analogue study via videoconferencing. Counselling students were assigned to either counsellor or client roles. Counsellors were also offered a counselling skills class. Following three sessions of cyber-counselling both clients and counsellors were interviewed about their experiences. The findings indicated that cyber-counselling was a different experience compared to face-to-face counselling as the counsellors found that they had to adapt their counselling skills to the online process. Although clients and counsellors reported a good relationship, they did not feel emotionally connected, echoing the findings of Mallen, Day, and Green (2003). The use of counselling students in the roles of both counsellors and clients might be considered a potential limitation to the study and only using cyber-counselling as the modality might also limit the ability to generalize to the other modalities of Internet counselling. However, in a similar study, Rees and Stone (2005) reported that counsellors felt that an alliance in

videoconferencing based therapy was likely to be lower than in traditional, in-person therapy sessions, in contrast to Lewis et al. (2003) finding.

Rochlen, Land, and Wong (2004) discovered that men who were likely to have a higher than average level of emotionality were also likely to want to use online counselling over face-to-face counselling. This represented an important finding that could lead to uncovering what types of clients might benefit more from online counselling over face-to-face counselling. Bickmore, Gruber, and Picard (2005) demonstrated that the therapeutic alliance might be created even when working online, consistent with the earlier discussion on computer programs used in treating anxiety disorders. Thus, there might be personal variables of the participants that affect the development of the therapeutic alliance that have not yet been identified.

Also, Young (2005) found that the attitudes of clients who were counselled through online chat groups did benefit from the process. Interestingly, although participants cited convenience and anonymity as favourable benefits associated with the online chat groups, privacy and security issues were also listed as client concerns. Leibert et al. (2006) compared clients' perceptions of the therapeutic alliance and client comfort levels with online counselling (e-mail and chat) to face-to-face counselling. Quantitative methods were employed such as The Working Alliance Inventory-Short Form (WAI-S) and the Client Satisfaction Inventory-short Form (CSI-SF) and two open questions to qualitatively explore clients' experience of online counselling. Results showed that working alliance levels and satisfaction were inferior to face to face counselling. The Working Alliance emerged as a predictive factor of the therapeutic outcome.

Knaevelsrud and Maercker (2006) evaluated 48 participants in their study who had experienced a previous traumatic event for levels of working alliance in an online therapy,

finding a positive correlation between good treatment outcomes and clients' perceptions of the therapeutic relationship. By comparing data provided by clients who had obtained both online and traditional counselling, Reynolds, Stiles, and Grohol (2006) determined that therapeutic relationships in e-mail based counselling could resemble therapeutic relationship in face-to-face therapy, although the reasons for this similarity were not explored in depth.

Furthermore, Fletcher-Tomenius & Vossler's (2009) study examined the therapist's experience of trust in online therapeutic relationship and used qualitative methods aimed at understanding the experience of trust in online environments from the counsellors' perspective. Interviews of six counsellors were conducted and analysed by using Interpretative Phenomenological Analysis (Smith 2003), as a method of analysis. Findings revealed the importance of trust in the therapeutic intervention online. Although, there were similarities between trust in face-to-face and online environment, there were also differences, including the fact that the overall bond between therapist and client was seen to be weaker in the online environment. This study has shown that therapeutic alliance can develop in an online environment. However, the research was only focused on trust, one component of the therapeutic alliance and was lacking in terms of the process of how trust develops online. While being similar in methodology to the current study, the work of Fletcher-Tomenius & Vossler (2009) examined only one of the qualitative dimensions of the client-therapist link in online therapy.

There are also studies suggesting that the alliance developed in face-to-face therapeutic settings might be stronger than the alliance in online settings, but this research has limitations. For example Ghosh, Marks, and Carr (1988) demonstrated that in-vivo exposure through a computer-based approach was successful in the treatment of 40 agoraphobic patients; over half of this population reported having less agoraphobia after online therapy. A comparison between

exposure via the computer program, exposure with the aid of a therapist, and a self-help process was found to demonstrate little to no difference. In addition, there have been several studies investigating the effectiveness of computer-aided vicarious treatments for obsessive-compulsive disorder. One such study Greist et al. (2002) created an online and interactive voice-based system using exposure for obsessive-compulsive disorder patients. Comparison between the computer program and a program led by a therapist instead showed that treatment led by the therapist was more successful. However, further analysis indicated that the clients using computer interactions who completed one of the three modules of the program were likely to improve as much as clinician-instructed patients, suggesting compliance with computer condition might have been an issue or that clients did in fact prefer face-to-face treatment. One of the implications of this finding is that, at least for obsessive-compulsive patients, in-person therapy might be a better means of ensuring compliance.

Computer-aided systematic desensitization programs have been successful in treating test anxiety (Buglione, Devito & Mulloy, 1990) and specific phobia (Chandler et al., 1988). There have also been several studies on computerised approaches to vicarious exposure in the treatment of anxiety disorders, which require the clients to act as counsellors in a live-action simulation allowing the client to work through different scenarios which are connected with their own individual anxiety disorder or problem (see for example Newman, Consoli & Taylor, 1999). These simulations have been found to be efficient in treating different kinds of specific phobias (Gilory et al., 2000; Smith et al., 1997), but it is not known whether traditional therapy would have done even better. A study using computer-aided CBT sessions in the treatment of Generalised Anxiety Disorder and social phobia showed promising results (Newman, Consoli & Taylor, 1999), such that well over half of subjects reported reduced anxiety and social phobia

after the intervention, but much of this research was performed in combination with in face-to-face therapy, so the contribution of online therapy to the results cannot be reliably isolated. Nonetheless, these studies raise the possibility that, in certain contexts, the alliance between patients and providers might be stronger in face-to-face than online settings.

Although the studies on the therapeutic alliance in online therapy are limited, both in number and in the comprehensiveness of study design, they still support the conclusion that the online environment, no less than the face-to-face environment, supports the building of a strong therapeutic alliance, with the exception of certain clinical conditions that somehow benefit more from a face-to-face alliance. Apparently, the online medium itself is not an impediment to a therapeutic alliance and may prevent advantages over face-to-face alliances in some situations.

2.4.4. Online Counselling, Transference, and Counter-Transference

The research on online counselling and transference indicates that a certain kind of transference is more likely online than in face-to-face environments (see for example Suler, 2004). Childress (1998) claimed that there is an increased potential for transference relationships to develop online where the counsellor becomes a sort of blank screen for the client. However, these conclusions are based on methodologically-limited approaches to the problem of transference. Barak's (2007) work on suicide prevention through the Internet cited past studies indicating that the Internet encourages an "ambiguous interpersonal environment…that enhances client transference" (p. 977). This conclusion was not based on a direct comparison of transference in face-to-face versus online settings. Such a comparison would be difficult unless it were carried out (a) on the basis of a validated instrument for measuring transference and (b) on participants who were willing to engage in both traditional face-to-face therapy and online therapy in order to provide comparative transference data to researchers or (c) probably more

likely a randomised control trial type of study. In the absence of this kind of experimental approach, conclusions about the nature of transference in online counselling are necessarily limited in nature.

One unambiguous conclusion related to the online environment is that containment is stronger. According to Brown and Stobart (2008), containment consists of "a safe and reliable setting" (p. 3) that is characterized by boundaries and trust. In this contained setting, it is safer and more productive to explore strong emotions, maximise the value of the therapeutic encounter, and preserve the analytical faculties of the therapist. Brown and Stobart (2008) noted that one of the most obvious forms of violating containment lay in the crossing of physical boundaries, especially inappropriate touch. Theoretically, containment can be violated by word or action, but in the online environment there are certain basic barriers of proximity that enhance containment. At the most fundamental level, both the therapist and the client are physically safe in the online environment, isolated as they are from the possibility of inappropriate physical contact. At the same time, as the literature reviewed earlier demonstrated, the boundaries enforced in the online setting are not so stark as to prevent the formation of a good therapeutic alliance.

To sum up, the literature suggests that the online medium is conducive to transference, but to a kind of transference that is necessarily limited in intensity by the stronger containment existing in the online medium. However, this conclusion is not based on comparative studies of how transference operates in face-to-face versus online studies and should therefore be taken with a grain of salt. Finally, there does not appear to be much, if any, scholarly work on the topic of counter-transference in online therapy, although Brown and Stobart's (2008) analysis suggests

that the stronger containment boundaries in online therapy would act on the therapist in the same way as on the patient, preventing strong types of counter-transference from taking place.

2.5 Conclusion

The literature comparing the therapeutic relationship in online or e-therapy programs to traditional face-to-face therapy programs is mixed in terms of the results. Some findings indicate more positive associations for online therapy (Nagel, 2008; Postel et al., 2010); some findings indicate more positive associations for traditional face-to-face therapy (Lewis et al., 2003). Such discrepancies are also found in the research literature investigating the value of the therapeutic relationship in face to face therapy. This could be due to differing methods of operationalising and measuring the components or qualities of the therapeutic relationship. One method to keep the alliance variable consistent would be to use a definition of the therapeutic alliance consistent with the results of factor-analytic studies (e.g., Andrusyna et al. 2001). Using an empirically derived definition of the therapeutic alliance would keep this quality consistent across studies.

However, the findings discussed in the literature review do suggest that it is possible to form a therapeutic alliance online with the absence of nonverbal and visual cues. It is imperative though that more research is conducted in particular exploring the process in online therapy to determine how this alliance presents itself in different therapy situations and conditions that can foster it. The limitations of the studies that have used qualitative methods to explore the working alliance in online therapy environments suggest that there might be gaps in the literature in terms of the process of how the therapeutic alliance develops online. Therefore, this research fills this gap by offering more understanding to this new growing medium of therapy online and potentially by contributing to this area of research.

Chapter Three: Methodology

3.1 Introduction

The purpose of this chapter is to define and defend the methodology used to conduct this study. The chapter consists of the following components: (3.2) Research paradigm and epistemological position; (3.3) principles of Interpretative Phenomenological Analysis (IPA); (3.4) data collection, (3.5) data analysis, (3.6) ethical considerations, and (3.7) reflexivity. The chapter is mainly devoted to describing and justifying the kind of phenomenology used to adduce meaning from the data.

3.2 Research Paradigm and Epistemological Position

Counselling psychology research traditionally, from a research paradigm view, follows a post-positivist position (Neimeyer, 2008). According to positivism there is an objective reality which is separate from the perceiver (Dane, 2010). According to this view, this reality can be accessed by the use of objective quantitative methods in order to verify a hypothesis (Creswell, 2009). The majority of research in online counselling has been within a realist/post-positivist paradigm which is a version of the traditional positivist approach to psychological science. In terms of the ontology, post-positivism is similar to positivism in claiming the existence of one objective reality, while it is different from positivism in that it takes reality to be imperfectly apprehensible (Lincoln & Cuba, 2000). The main methodologies associated with this paradigm are quantitative or mixed methods, verification, and/or falsification of hypotheses, in which any bias are controlled by the researcher maintaining an objective and detached role towards the participants and the data (Dane, 2010).

My study is paradigmatically positioned within the philosophical underpinnings of counselling psychology, responding to the fact that the therapeutic relationship in online

counselling has been mainly investigated from a post positivist perspective. This approach has been problematic and limiting in terms of not taking into account the participants' individual experiences of the online relationship (Fletcher-Tomenius & Vossler, 2009). As a consequence, the aim of this study was to examine the participants' lived experiences of the therapeutic relationship in online therapy, by using qualitative methods of data collection and analysis of the participants' accounts, which is different from the majority of previous studies in online counselling. The epistemology implied by this aim is phenomenology, which is focused on treating the experiences, feelings, and thoughts of participants as the centrepiece of analysis (Smith, 2004).

Within this paradigm, the role of the researcher is interactive and his or her values, beliefs and lived experiences cannot be separated from the research process, but they should be acknowledged, reflected and bracketed off but not eliminated (Ponterotto, 2005). This is in contrast to the realist / post-positivist paradigm, in which the researcher maintains a detached role.

IPA supports social constructionism claim that people's experiences and understanding of their lifeworld is influenced by sociocultural and historical processes. IPA is positioned towards the lighter end of social constructionist continuum claiming that individuals have an active role in their understanding and interpretation of their lived experiences.

My study follows an interpretive/constructionist paradigm in its claim that socio-cultural and historical processes are important in the way online therapy and the relationship online is experienced by the people who practice it. The role of language is important in this study as a tool of how participants express their experiences and the meaning making of them (Smith, 2004). However, this study does not consider lived experiences as a mere construction of

language or discourse, but sees lived experiences of the participants representing the empirical realities and meaning making of their experience of online therapy and the therapeutic relationship online. Therefore, the present study is placed at a weaker end of the constructionist continuum, and claims that people have an active and creative role in influencing and be involved in the formation and the development rather than the construction of their sense of meaning. Interpretative action between people influences the formation of the meaning (Smith, Flowers, & Larkin, 2009).

3.3 Principles of Interpretative Phenomenological Analysis (IPA)

This research aims at exploring how therapists make sense of their experiences of the therapeutic relationship with their clients while counselled online.

IPA is a relatively recent qualitative approach developed specifically within psychology. It emerged from the work of Jonathan Smith (Smith, 1996) in the 1990s and is now being used widely in UK to conduct research in health, clinical and social psychology. IPA is concerned with trying to understand experiences and how participants make sense of their experiences, and their personal and social world (Smith, 2003). Therefore, it attempts to explore the meanings which those experiences hold for the participants. An engagement with the participant enables the researcher to make sense of the meaning of their lived experiences contained in their account. This adheres to the objective of the present study to explore the subjective experience of practitioners who offer online counselling; how they make sense of their experience and how they understand their relationship with their online clients. By employing qualitative methodology and semi-structured interviews, mostly used to conduct IPA research, the researcher aspired to produce fuller, richer accounts of participants' experiences, and allow more flexibility in the collection of these accounts (Smith, 2004).

IPA is phenomenological in that it explores and understands the individual's personal perception, or account, of an event or state as opposed to attempting to produce an objective record of an event or state itself. IPA research is a dynamic process and the role of the researcher is active in that process. The researcher is trying to get close to the participants' personal world and understand the point of view of those who experienced it based on his or her own conceptions through a process of interpretative activity. The role of language is important in IPA as it is the means the participants employ to communicate their experiences to the researcher. As the research questions seek to understand the online therapeutic experience from the inside out that is, from the perspective of therapists it is necessary to choose a framework for data collection and analysis that puts the subjects' construction of reality first.

3.3.1 Phenomenology

Phenomenology is concerned with the study of human experience and the way in which things appear to consciousness (Langdridge, 2007). Phenomenology is a philosophical approach aimed at understanding people's lived experiences by focusing on their perceptions of the world in which they live and the meaning of these experiences for them. IPA is influenced by Husserl's concept of phenomenology (Langdridge, 2007). According to this view, people make sense of the objects that enter their world through their subjectivity and perception of them, which results from the individual's relationships with others, objects, language and culture. Therefore, consciousness is a key concept of accumulation of knowledge by focusing on the perception of the world and how this is experienced. Reality is perceived through consciousness. Intentionality, a key feature of phenomenology, claims that we are always conscious of something. Based on this view, every experience is experience of something, a phenomenon, whether this is a visual, auditory or a cognitive experience (Langdridge, 2007).

As mentioned earlier, the practitioners' experience of the therapeutic relationship of online counselling has been placed on the side within qualitative studies in the literature, in favour of an investigation of suitability, exploration of online counselling as a new medium and comparison to face to face therapy studies. Therefore, in the present study, phenomenologically, the focus is on the participants' lived experiences of offering online counselling and their experience of the online relationship with their clients. In order to avoid influencing in any way the participants' information of their experiences and enforce limitations on the analysis, a pre-existing theoretical framework of analysis was not introduced in this study (Smith, 2004)

3.3.2 Hermeneutics

IPA also draws from the theoretical perspective of hermeneutics, which is involved with the process of interpretation. Hermeneutics and phenomenology are linked in that phenomenology is involved with the examination of a meaning that can be hidden in the way it appears (Creswell, 2009). IPA emphasizes that research is a dynamic process and the role of the researcher is active in that process as one tries to get close to the participants' personal world. The researcher's own conceptions influence the interpretation and they are required in order to make sense of participants' personal world through a process of interpretative activity. Thus, IPA follows a two-stage interpretation or a double hermeneutic, where the researcher is trying to make sense of the participants trying to make sense of their experiences. In the present study the researcher aimed at making sense of the participants trying to make sense of their own experiences of their personal and social world, which follows the double hermeneutic of IPA (Smith, Flowers, & Larkin, 2009). So the interpretation of the participants' experience of the therapeutic relationship in online counselling took place in two stages of double hermeneutic process (Smith, Flowers, & Larkin, 2009). The present study attempted from an empathic

hermeneutic perspective (Smith, Flowers, & Larkin, 2009), to understand the experience of the therapeutic relationship in online counselling from the participants point of view, by experiencing how was it for them which led to the decision of the researcher to conduct the interviews online to try and experience an interaction online. During the interviews and the analysis of the participants' accounts, the researcher employed a critical hermeneutic perspective. Following these two processes, empathic and critical, the interpretation which follows a double hermeneutic of IPA, allowed for richer analysis of the participants accounts of their experience of the therapeutic relationship online (Smith, 2004).

3.3.3 Ideography

Finally, another theoretical strand of IPA is ideography, the detailed study of phenomena, which opposes the nomothetic (that is, the kind of generalising, law-oriented approach used in the sciences) allowed by traditional psychological research (Smith, Jarman & Osborn, 1999). The present study aimed to develop a deeper understanding of the phenomenon of online counselling based on the detailed accounts of the individual experiences of the participants. This goal could not have been achieved by employing a nomothetic approach, which, according to Creswell (2009), is not appropriate for investigating phenomena that are subjective, contingent, and highly unique to subjects.

3.3.4 Symbolic Interactionism

IPA acknowledges symbolic interactionism. Symbolic interactionism emerged in the USA in the 1930s influenced by phenomenology and the rejection of the positivist paradigm that started to take hold of the social sciences. Symbolic interactionism argues that the meanings are constructed by individuals within both a social and a personal world (Smith, 1996). Meanings are central in human behaviour in that human actions towards people and things are based upon the

meaning they have given to those people or things. Those meanings develop through a process of social interaction, and they are modified through an interpretative process which involves self-reflection of their social interaction (Blumer, 1969). Humans develop their own world of experiences; they form meanings of these worlds from interactions, and those meanings are shaped by the self-reflections they bring to their situations. Therefore social life according to Blumer (1969) results from a merger of self and social interaction.

The present study concurs with interactionists' values as the researcher is interested in how online therapists form their experience of online counselling, the process of developing a working alliance with the client online, and the meanings they give to their experience of offering counselling over the internet when the client is not physically present. We also claim that those meanings have been constructed socially from their interactions with others, and an interpretative process of self-reflection. The role of the researcher is vital in this process of meaning making of the participants' experiences.

3.4 Data Collection

Data collection in the form of semi-structured interviews is the preferred method of conducting research within IPA, as it allows the participants to give detailed accounts of their experiences, and the researches to enter and understand those experiences as much as possible (Smith, Flowers, & Larkin, 2009).

3.4.1 Participants

Table1

Table of (Pseudonymous) Participants

Case	Pseud.	Age	Gender	Exp. (Years)	Tech. Type	Country	Therapy Approach
1	Helen	32	F	1.5	Skype	UK	CBT
2	John	37	M	1	Skype	UK	CBT
3	Shara	55	F	2	E-mail	UK	psychodynamic

4	Paula	39	F	1	Chat/e-mail	USA	integrative
5	Jenny	36	F	2	Chat/e-mail	UK	integrative
6	Sandra	38	F	2	Chat/e-mail/ Skype	UK	CBT
7	Suzanne	41	F	3	Skype	Greece	Integrative
8	Christine	31	F	2	IM/chat	USA	integrative
9	Catherine	34	F	8	E-mail/chat	UK	integrative
10	Mary	57	F	2	Skype	Australia	Integrative/psychodynamic

Ten participants took place in the study. Participants eligible for the study were professionals, online therapists, or counsellors who had experience of online therapy or counselling. The choice of participants was made based on two main criteria. Participants eligible for the study were: (a) Any professional who currently provided therapeutic services via the internet (e-mail, instant messaging or chat, or Skype with camera or without camera) or had done so in the past, and (b) spoke English. There were no exclusion criteria in terms of geographical location or country of practice due to the fact that Internet use and provision of Internet counselling services is worldwide. The use of online methods of communication and recruitment of participants created a wider audience of potential participants. Taking into consideration that in countries around the world counselling is offered by a variety of mental health professionals, and in order to maximize the access to potential participants from a global audience no differentiation was made between psychotherapy, counselling or psychology.

IPA research sampling tends to be purposive and homogenous as small sample size can not be random or representative, but needs to be one for whom the research question will be significant (Smith. 1996). Therefore, IPA research sample may be drawn from a population of similar demographic/socio-economic statues profiles. Some researchers though employ heterogenous sample in order to add diversity and of perspectives and produce more

generalisations of findings (Brocki, & Wearden, 2006).The choice of sample of participants of this study adheres with IPA's value of homogeneity and diversity.

The sample of this study is homogenous in the sense that all participants were professional therapists who offer therapy online and they all speak English. However, the sample was diverse in terms of the means of online communication participants employed in online therapy (chat, email, skype) and the fact that participants were located in a variety of geographical locations all over the world. The choice to recruit participants from different geographical locations who employ different means of online communication was initially made due to difficulties in recruiting participants and therefore chose not to apply any of those restrictions. In addition, this allowed for accumulation of richer and more variety of data which provided more explorations and interpretations in terms of how different participants experience the therapeutic relationship online. Participants could have been categorised into sub- groups based on the medium they use to provide therapy (Skype or email/chat) in order to explore commonalities and diversity. The employment of different types of online communication (email, Skype, Chat) could produce different types of conversations and therefore different types of online relationships developing. However, this could potentially lead to comparison of the experience of the therapeutic relationship in terms of the online medium employed, which was not the aim of the present study.

Participants needed to be familiar with using computers and technology, and they also needed to be familiar with and able to use Skype as the interviews took place online via Skype or Internet Phone (IP).

Participants were recruited by the internet using a variety of methods. First, potential participants were identified using a search via the online search engine Google and the Youtube

website (www.youtube.com), where they advertised their services, using the search term ‘online counselling’, ‘online counseling’, ‘internet counselling’, ‘etherapy’, ‘online therapy’, or ‘ecounselling’. Online counsellors – practitioners of online counselling – were invited to participate in an interview about their experience of online counselling. The invitations were sent from my e-mail to individual practitioners via their websites.

Secondly, online practitioners who were members at The Online Therapy Institute (www.onlinetherapyinstitute.com) were invited to take part in the study either individually by sending a personal invitation via the social network of the site to their profile, or via a blog posted on the site advertising the study (Appendix E). Membership in The Online Therapy Institute was also assumed to be an indication that a participant was a legitimate therapist, as the institute has stringent inclusion criteria that require therapists to be accredited.

Finally, one participant showed interest and contacted the researcher requesting to participate after coming across the research through internet search and via the website (Appendix C) of the research (www.etherapyresearch_konstantina.org.uk). Nine interviews took place on Skype with no camera, and one of the interviews took place on the phone due to technical difficulties with the participant’s internet connection. That interview was not audible enough for transcription and therefore was not included in the study. Each interview lasted between thirty and ninety minutes. Thus, although ten subjects were recruited, only nine interviews were usable; the final sample consisted of nine online therapists.

3.4.2 Interview Procedure and Schedule

Consistent with IPA, semi-structured interviews were employed for this study as the most appropriate form of data collection. IPA aims at allowing the participants to describe their experience of the phenomenon under investigation, whilst semi-structured interviews allow for

flexibility of the researcher to explore further any interesting information. This gives the opportunity for further detailed exploration of the participants' experiences, as it allows the researcher to ask the participants to clarify or expand on the subject (Smith, Flowers, & Larkin, 2009).

The participants were informed of the purpose of the study by a personal invitation sent to them via e-mail (Appendix D). Participants who expressed interest in the study were contacted by the researcher via e-mail when further information about the study was provided to them and an electronic informed consent was sent (Appendix G). Along with an electronically signed (by writing their name) consent form, participants were asked to provide information about their age, gender, country of practice, therapeutic approach, qualifications and years of online practice. Following that, an interview date and time suitable for both researcher and participant was arranged to take place. The interviews were recorded using a recording software (Nero) and were saved on the computer of the researcher. The interviews were then transcribed.

An initial interview schedule was designed, based on existing literature in online counselling and the therapeutic relationship and gaps in the literature as well as questions that would best explore and capture in detail participants' experiences and provide answers to the research questions of the study, and was then reviewed by colleagues. The schedule was used and evaluated on a pilot interview conducted on Skype with one of my colleagues who occasionally offers therapy online and who fitted the inclusive criteria of the study. The pilot interview was then transcribed and after self-reflection, critical evaluation of gaps of missing information and feedback from my supervisor, the schedule was then appropriately modified and was used for subsequent interviews (Appendix I). The interview started with a question about the participants' experience of offering therapy online, and more specifically of their experience of

the therapeutic relationship online. Participants were then asked about the process of how the relationship develops online when they are not in the same room with the clients. In order to explore further the therapeutic relationship, participants were asked to provide examples of online sessions where there was good working relationship with their clients, and examples where there were difficulties in the relationship and how they dealt with these. The interview schedule then followed further exploration of interesting accounts of the participants.

3.5 Ethical Considerations

Research ethics approval was obtained from the University of East London's Ethics Committee (Appendix A and Appendix B). In addition, the study has taken into consideration BPS's ethical guidelines for researching counselling and psychotherapy (BPS, 2009). Due to the online nature of this research project, BPS's ethical guidelines for online counselling and psychotherapy were followed with regards to the collection and storage of data from individuals involved in this study.

Participants were not anonymous to the researcher due to the fact that they were approached by their website where their services were advertised and also they communicated with the researcher via e-mail and their name was usually revealed in their e-mail address. However, their identity was kept confidential as for the purposes of this study participants' real names were replaced by pseudonyms. Also, participants were given the option to use a fake name if they wished to.

They were free to decline any questions without any negative consequences, and the intention was to remind them of this if at any point they appeared to be having difficulty. They were also reminded that the interview could be stopped and they could withdraw from the study if they wish to and the data accumulated will be destroyed by deleting the recording of the

interview. Apart from advising them to consult with their supervisor, it would also have been suggested they contact their staff counselling service, or their therapist if they had one and needed to discuss the interview.

Due to the fact that interviews took place on the Internet, participants were advised that in case of internet signal failure or technical difficulties the researcher would try to reconnect and contact the participant on Skype again. The researcher also had an e-mail address and phone number of the participants to contact them in case this happened.

The use and retention of data obtained from the interviews adhered to The British Psychological Society's guidelines: (a) The interviews were recorded by a software recording programme (Nero) on the laptop of the researcher, which was safely kept at home; (b) the transcribed interviews were also stored, with pseudonyms to protect participants anonymity, on the laptop which was safely kept at home; (c) the researcher was the only person who has access to the data; and (d) the data was anonymous to protect the identity of the participants.

3.6 Data Analysis

The analysis of the data accumulated from the interviews for the purposes of this study follows the IPA analysis approach suggested by Smith et al (2009). According to this approach the transcripts of the interviews were analyzed line by line, case by case and across cases. The initial stage of the analysis involved reading and examining of each of the transcripts a number of times, which allowed the researcher to become familiar with the participants' accounts. During this process notes were made on the right hand margin of the transcripts with initial comments or preliminary interpretations (see Appendix J). Following IPA's double hermeneutic interpretations were based on how the researcher made sense of participants making sense of their experiences of online therapy. When this was done for all of the transcripts, the next stage involved

transforming these comments and interpretations into themes that captured the essential meaning of the transcript. Those themes were noted on the left hand margin of the transcript. Subsequently, emerging themes were accumulated together on a separate piece of paper (as modelled in Appendix J), which helped to identify connections between themes and across cases (See for example Appendix M). Some of the themes were clustered together under a subordinate theme (See for example Appendix M). A table of subordinate themes and underlying themes for each transcript was put together and was compared to that of other transcripts (Smith, Flowers, & Larkin, 2009). To maintain anonymity, within the transcript extracts pseudonyms have substituted real names (Smith, 2004)

Finally, the themes were translated into a narrative account, with the themes outlined and illustrated with verbatim extracts from the participants (Smith, Flowers, & Larkin, 2009). Only the most relevant themes were included in the final write up and those themes that were not well supported by the data were dropped. Before the write-up, the consistency of themes with the transcripts was checked again with the independent audit discussed in Section 3.9 of the study. IPA is interested in the diversity and variability of human experience and therefore in practice is concerned with the micro analysis of convergence and divergence within a small set of accounts.

A cross case analysis of themes for convergence or divergence within each case and across cases, is the end product of an initially ideographic detailed examination of each single case of the participants, followed by an equally detailed examination of further cases (Smith, 2004). In order to achieve this in the present study, I first attempted to develop themes derived from a detailed examination of the participants' accounts of their experience of the online relationship and then I used quotes from the narratives in order to understand better their life world (Smith, 2004).

3.7 Reflexivity

Reflexivity, the way the researcher's involvement influences, acts upon, and informs the research, characterises qualitative research. The role of the researcher is very active and important into making sense and interpreting the meaning of participants' experiences (McLeod, 2001). In qualitative research and more specifically in IPA, the preconceptions and assumptions of the researcher are crucial in making sense of the researched phenomenon. The researcher offers their own interpretations of the phenomenon based on their own assumptions and preconceptions. More specifically, researcher's own preconceptions and interpretations are inevitable in doing IPA research. Therefore, it is important for the researchers to look closely at their own preconceptions and become aware of these when researching the phenomenon.

Willing (2001) described two types of reflexivity: personal reflexivity and epistemological reflexivity. According to Willing (2001),' personal reflexivity involves a reflection of how the research might have been shaped and been influenced by the researcher's own values, experiences, interests, beliefs, political commitments, wider aims in life and social identities'. 'It also involves thinking on the ways that the researcher might have been affected, and possibly been changed, by the research as a researcher and as a person' (Willing, 2001, page 10). In terms of my own experiences, previous to this study the only experience of online interaction I had was for personal purposes through communication via email, chat or Skype. I never had considered the Internet and online communication as a way of providing or receiving therapy. I certainly did not consider it as a medium that could achieve any therapeutic change. I had never had any previous experience of conducting interviews and certainly no experience of conducting interviews online. . By using the same medium of communication used in online therapy, I wanted to experience the process for myself and see for myself how it worked and was

it possible to develop a therapeutic relationship online when you could not see the participants or you were not in the same room with them.

'Epistemological reflexivity is concerned with the reflection of the researcher's own assumptions, about the world and about knowledge, which were made during the course of the research and they might have implications for the research and the findings' (Willing, 2010). In order to reflect on the above it is important that the researcher consider questions such as how the definition of the research questions might have limited the findings; how the data and the findings of the research was influenced by the design and the method of analysis; how could the researcher have investigated the research question differently and the possibility that this could have given a different understanding to the phenomenon under investigation? (Willig, 2001).

For me, reflexivity in this study meant critiquing my own position of power as an advanced student of psychology and a budding therapist. For example, having realised that I had written my first two research questions from the perspective of the therapist—i.e., asking what the therapist felt about, and how the therapist experienced, online therapy, I added two research questions that were not written so as to explore the view of only the therapist. My professional bias is that I was more focused on what online therapy meant for the therapist, neglecting how the client (a) contributes to the formation of the therapist's meanings and (b) has his or her own experience that is just as worthy of phenomenological analysis. Thus, I used reflexivity as a form of inspiration for making my research questions relate to both the therapist's and the client's experience. Even though I did not interview clients, I was very much aware that the clients' experience was still reflected in what some of the therapists said, and that it was a form of bias reduction to pay attention to this experience, even though it was second-hand.

Another form of reflexivity I exercised was to identify my own economic bias. As a person who is not wanting for money of resources, I have a tendency to approach questions of therapy and treatment from a somewhat transcendental perspective. Simply put, I do not often think of how practical matters of earning a living apply to therapists, and I am innately critical of forms of therapy that look overtly like market phenomena. On the other hand, all therapy takes place in a world of economic phenomena. Thus, when I carried out the coding of my data, I kept in mind (a) my potential bias against therapy as economic phenomenon and (b) the need to respect therapists' commercial as well as therapeutic narratives. A phenomenological researcher has tremendous power, a power that arises from choosing question, interpreting data, and ultimately creating the frame through which the experience of the research subjects is understood. I exercised reflexivity in thinking critically and carefully about the biases that I was bringing to the process of data gathering and analysis, and used the insights that emerged from self-reflection to structure the research to be more immune to the biases I identified above. As an additional layer of reflexivity, I reconsidered the role of my biases closely when summing up my interpretations in chapter five.

It is naïve to think that bias can be eliminated from any qualitative study. However, by uncovering bias through reflexivity, and then using methodological tools such as to disclose and manage bias, it is possible to arrive at interpretations that, while still on some level coloured by the researcher's prejudices, are more trustworthy and reliable than interpretations that emerge out of an unexamined, un-self-critical process.

Validity in research is used to determine whether the results are accurate from the point of view of the researcher, the participants, or the readers (Creswell, 2009). In qualitative methodologies, traditional criteria of reliability and validity cannot be applied in order to

evaluate the researchers' work (Madill et al, 2000). The method of triangulation employed in quantitative methods within a realist epistemology is not applicable in qualitative studies, and specifically in social constructionism, as it is unlikely to describe all derived categories in the same way. The meaning and interpretation of the data and participants' experiences depend on the subjectivity and meaning making of the researcher. Therefore, there is no consistency of meaning. Alternatively, quality of qualitative studies conducted within constructionist epistemology was demonstrated by showing the relationship between accounts and the contexts within which they have been produced (Willig, 2008).

During the course of the research I was aware of my role in interpreting and making sense of the description of participants' experiences, and I acknowledged the possibility of being influenced by my own personal experiences. When I first came across online counselling and I was interested in finding out and investigating this new medium further, I was quite negative about it. I was very doubtful about how it was possible for people to have therapy when they cannot see their therapist and how this type of therapy could be helpful and beneficial for the clients. When I started reading more about online counselling and reviewing the literature I started slightly changing my beliefs about online counselling and started approaching it with a more positive view. During the course of the research project and especially before and during conducting my interviews, I acknowledged and I was aware of these preconceptions about online counselling and the development of the therapeutic relationship online. I kept a reflective diary (see Appendix K) during the interview process (as suggested by Creswell, 2009), and throughout the course of the research, which helped me to keep my own beliefs separate from the interviews and I was able to reflect on these. I have to admit that during conducting the interviews, and now having completed and analysed them, almost at the end of this research, I have almost totally

changed my mind about online counselling. I am much more open minded, and see it in a positive view. I am positive that the therapeutic relationship is possible to develop online and at times and cases more than in face to face therapy. This research project has motivated me to practice online sometime in the future.

Reflexivity based on self-reflection of the researcher on these issues added validity to the study. In addition, I have taken into account the fact that participants' accounts might have been influenced by what they knew about me; they knew I was a counselling psychologist in training and I was interested in researching the therapeutic relationship in online counselling. I also acknowledge the fact that my understanding and knowledge of the literature in the researched phenomenon might have influenced the interviews in terms of the questions I asked and the answers the participants provided. The findings were also a product of my interactions with the participants and of my interpretations of the participants accounts and they need to be considered as tentative and specific to the group under investigation. To add validity and quality to the study, the interpretation of the participants' accounts were discussed with my supervisor so that irregularities in the themes were identified. During the analysis of the data there were times I had doubts about my interpretations of the participants' experiences. I often questioned the quality of my work and of the analytical themes I had developed from the data. At times I thought 'am I making up themes or interpretations that they were not there in the participants' experiences?' However, discussing these concerns in supervision with my supervisor I was able to normalise these thoughts and doubts as I realised that this was quite understandable thinking process for a novice researcher.

Also, to add credibility to the study extracts of the interview transcripts are presented in the analysis of the findings.

3.8 Independent Audit

Smith et al. (2009) recognised the independent audit as a way of assessing validity in qualitative studies. According to this, a paper trail needs to be kept in order for someone to be able to follow the process from initial proposal to final report. Therefore, in order to ensure quality and transparency of this research project, a file of material including initial research proposal, upgraded research proposal, an interview schedule, audio recordings, transcripts, tables of themes and the final report was kept.

3.9 Transcription Notation

Transcription notation for this study followed the methodology of Weber (1993), who employed regular English orthography in transcription. More complicated systems, such as those of Jefferson (1984) were not deemed necessary, as the vast majority of excerpts consisted solely of reporting of subjects' narratives, without interjections from the interviewer. Since there was no need to capture interjections of overlapping speech in the transcriptions, Weber's (1993) simple, natural language system of transcription notation was deemed sufficient.

Chapter Four: Analysis

4.1 Introduction

According to Moustakas (1994), phenomenological analysis progresses from horizontalization to thematic clusters, and from thematic clusters to analysis, or synthesis. Horizontalization refers to the process of gathering as many data as possible, without prior prejudices about what is of special importance within the data. This procedure exists to reduce a form of researcher bias that can manifest itself by picking and choosing which data to analyze based on pre-existing prejudices. Once data is placed into a horizontal format, it is organised into thematic clusters. These clusters give shape to the horizontal mass of data. Finally, the researcher inter-relates and evaluates data within the clusters, with two ends in mind: (a) To analyze the data within each cluster, for example by relating it to the research questions; and (b) to synthesize the findings, for example by inter-relating data analysis for one thematic cluster with data analysis for another thematic cluster.

One way in which to organize this process of disclosing and discussing findings is to first examine the individual research questions, and then build to an integrated analysis and synthesis based on all of the research questions examined as a whole. Thus, the phenomenological researcher begins with an analysis of particular themes within the data and moves into a general summation of what Van Kaam (1959) called *epoche,* or a sort of transcendent and integrated appreciation of what the entire body of research means, as devoid as possible of the researcher's biases and prejudgments. The Moustakas (1994) and Van Kaam (1959) model of phenomenological clustering, analysis, and synthesis will be followed closely in this chapter. The *epoche*, meanwhile, will follow in chapter five.

4.2 Research Questions One and Two

The first research question asked: How do online practitioners/therapists experience the therapeutic relationship with their clients online? In particular, how does the online environment affect/influence the therapeutic relationship between the counsellor and the client?

4.2.1 Analytical Theme: Ability to Bridge the Gap with the Client

A theme that recurred during therapists' discussions of what the online therapeutic experience was like was that of bridging physical gaps. One aspect of this theme I identified at Helen's words:

> *'if they have agoraphobia or panic attacks or severe dysmorphia or something like that then working with somebody over Skype can sort of help them learn some of the skills that they may need in order to leave home in the first place , so Skype is a fantastic opportunity for therapists to work with people who might otherwise not be able to get out there and go see somebody.'* (Helen, Int. #1, 22: 5-9)

I assumed from Helen's account that despite limitations, online therapy can be a beneficial first step to therapy especially for clients with limited access to any psychological input. Therefore, online therapy overcomes barriers such as geographical, cultural, language or social and psychological restrictions and offer psychological support to people who cannot access any other therapeutic input. However, we cannot assume that due to these reasons these people will be more engaged and committed in therapy, partly because of reasons having to do with the loss of other forms of connection and context. That is why theme 1a, bridging geographic gaps, has been contrasted with theme 2a, loss of proximity, rapport, and context. In the concept box, these two themes are shown as trade-offs, meaning that a gain in geographical bridging represents a

potential loss in rapport, context, and proximity, and vice versa. It is by examining the tension between these kinds of trade-offs, as occurs in chapter five, that the benefits and drawbacks of online therapy can be equitably explored; chapter five consists of insights that emerged from comparing and contrasting the analytical themes to each other, whereas the purpose of chapter four is to discuss the analytical themes distinctly from each other.

4.2.2 Analytical Theme: Avoidance of Power Setting

Power is a major theme of what goes on in therapy, and the struggle for power can define the experience of therapy. Of course, what *power* means is itself variable and context-dependent, meaning that the analysis in this category is also somewhat nebulous. However, on reviewing the comments for this theme, it became clear that they were touching on two sub- themes having to do with power: (1) The convenience of allowing both therapists and clients to meet on a common ground, with neither party structurally empowered; and (2) the emergence of power relationships driven by the technology itself.

For example, Christine said that:

> *'we try to communicate with young people in their language to an extent and that's more difficult when you are speaking, because you can't and suddenly as an adult start speaking as a young person and not sound like an idiot, whereas on a chat it is much easier to reflect their own language back to them'* (Christine, Int.#8, 4: 4-7)

My sense of Christine's account was that the online therapist who is heavily reliant on text is able to put away the burden of his or her power more easily, precisely because of the radical equality of cyberspace. A therapist in professional clothes, ensconced in an office and surrounded by the marks of control and success, will have a more difficult time relinquishing

certain kinds of power than the online therapist. Moreover, for the online therapist, the deliberate surrender of the power conferred by language and self-presentation becomes a welcome means of mirroring.

For some therapists, the trade-off is that competence in the online world demands its own form of power. As Suzanne said,

> *'I had to face many different problems connected with technology , ehm not always but in the beginning, so people (clients) had to be able to resist to these problems some of them they could not resist they started in the first two e-meetings they stopped because they could not support this.' (Suzanne, Int.#7, 1:13-17)*

My interpretation of this comment is that clients require therapists to project a particular standard of competence, which can also be read as power, and in the absence of this display cannot enter into the therapeutic relationship. Thus, while technology can serve as a means of democratising power relationships, it can also disempower the therapist with little knowledge of technology.

John's comment raised some interesting issues:

> *'I could hear her texting on the other side, I could hear her mobile phone and texting and actually because I could not see what was going on it was difficult for me to confront her but it did actually irritate me.'* (John, Int.#2, 2:17-20)

While it is easy to sympathize with John's irritation, it is also easy to forget that he is expressing a power sentiment. The therapist who monopolizes the attention of the patient is entering into a power relationship. Indeed, just for the client to be present in traditional therapy means that he or she is not elsewhere; there is an opportunity cost to entering therapy that can be evaded in online therapy, which, from one point of view, empowers the client at the expense of

the therapist. Because the online environment does not allow for the client to be as easily monitored and, implicitly, controlled it is by definition a less power-saturated environment. Of course, one can argue that the client who abuses his or her ability to multitask is really self-harming, but that is not the point. The online relationship avoids the power setting of traditional therapy by removing the client from observation. Notice that John was subsequently unable to deal with his loss of power:

> *'I couldn't monitor whether she did homework or no, ehm it was difficult to monitor things…therapy ended soon after that session'* (John, Int. #2, 2: 29-32)

The anonymity that the online counselling offers to the clients encourages deeper emotional disclosure much quicker in the therapeutic process as times even from first online interactions with the therapist. I identified that in Catherine's account:

> *'I would say more often than not they (clients) are willing to disclose emotionally as well their feelings and their thoughts, I would say that this is the case, yes'*
>
> (Catherine, Int.9, 2:2-3)

Clients apparently feel more comfortable revealing private information online possibly due to the fact that they are not in the presence of the other person and therefore the embarrassment and the stigma that they might experience in face to face therapy is minimised (while, perhaps, the power over the conditions of disclosure is maximised) . In addition, they might be less worried about the therapist's reaction to their disclosure since they can not see them. This phenomenon of disinhibition (Suler, 2004a) of online therapy seems to facilitate building a good working alliance based on trust, where further exploration and more disclosure is achieved, which can be therapeutic for the clients, and they feel listened to, especially if they never had the chance to talk about personal difficulties before.

There is an interesting tension between some therapists' need to know, monitor, control (that is, to exert power) and the clients' need for safety in anonymity. For Christine, anonymity was not necessarily a matter of power; for example, she noted that complete anonymity prevented her from knowing the gender of the client and therefore sabotaging her effectiveness. On the other hand, as Catherine acknowledged, anonymity can also be a deliberate power exercise on the part of the client:

> *'There's that anonymity I think helps people be more open….you never really know if a person is being genuine or if they're malingering, if they are trying to manipulate to some end.'*
>
> (Catherine, Int. #9, 6:13-15)

Manipulation could involve receiving validation by misrepresentation. However, whatever the case, it is clear from the comments thus far that therapists give up some key aspects of power in the online environment, and that the loss of this power is either felt and resented by some therapists, or else welcomed.

To be sure, the anonymity that online environment provides can be negative for building a good working relationship. Due to the fact that the therapist and the client have never met in person, the therapist has no way of being sure that the client is honest and truthful about the information they share. In order for the client to maintain their anonymity and their identity as much as it is possible, they might be using fake name, or they might even be untruthful about other personal information such age or gender etc. This can create a barrier in the relationship since the therapeutic relationship is not transparent based on trust between the therapist and the clients. Trust is an important factor for building good working alliance and it seems that this is more difficult to develop in the cyberspace where the human contact is missing.

Most of the online therapists described the relationship online as equal between the therapist and the client since they both work together towards achieving an agreed goal. Mary, an experienced online therapist, experienced the relationship with her online clients as equal. This is portrayed in her words:

> *'The dynamics have been very positive, I don't feel that I have to work hard, I go into a session with somebody with a goal in mind as to be able to help them and work towards that with them…I haven't struggled with somebody online doing therapy.'* (Mary, Int. #10, 7: 24-28)

In Mary's opinion, the absence of struggle seems to be a function of the democracy of the relationship itself.

Like Mary, Shara, an online therapist for two years, described the relationship with her clients online as equal and collaborative. She explained that it feels like both clients and therapist work together online and they use the same means to communicate, which is the computer. It is more equal in terms of power dynamics whereas in face to face therapy the therapist is in a way more in power and in control of the sessions. As Shara expressed in her own words:

> '*It is in some ways quicker and easier to establish a sense of equality and collaboration in the way I work which is e-mail… because you are both somehow doing the same thing quite literally, you both sitting at the computer, you both typing, you both using the same technology whereas in a room in an agency or whatever you are both physically together in an office or a counselling room. I think there is a sense of the counsellor being the owner of that room ahm you know in the sense that the counsellor is there first they open the door , they indicate where the client should sit and so forth, whereas online there is none of*

that that's all removed , so in a way the whole relationship is much more simplified in terms of the power relationship not being there in quite the same way' (Shara, Int. # 3, 1: 16-25)

My interpretation of the above was that in terms of power dynamics, the relationship online is much more equal online than in face to face. It seems that in face to face sessions, the therapist is more in control as clients have to go to the therapists' environment, such as counselling office, for the sessions, whereas online they have sessions in the virtual environment (cyberspace), which is a neutral environment for both. When clients feel as equal as therapists, they share equally the responsibility and their part in the process and progress of therapy. Therefore, they are more engaged and committed in therapy, which can enhance a good working alliance, and clients can take credit for their achievement and progress in therapy and not see it as a result of the therapy or the therapist; this can help develop confidence in their ability to cope with distress and help themselves get better, and reduce the possibility of becoming dependent in therapy or the therapist. Therefore, therapeutic change is more possible to come about and be longer lasting.

This is illustrated in Catherine's words:

'seeing the painting in my home and asking about them made her see me as a little bit less of the expert and a little bit more as a human being and that would have helped the relationship.' (Catherine, Int. # 9, 5: 26-28)

As Christine explained the fact that clients are 'entering' the therapist's world via the Internet, in particular in audio- or videoconference via Skype where they can see each other on the camera, makes them more human, and therefore more equal to their eyes. As, a result this

facilitates the psychological connection as they feel more understood and that the therapist can empathise with them.

Also Christine said that she experiences online sessions to be more informal than face to face sessions. As Christine mentioned:

> '*I think bringing an element of informality makes me feel that they, you know the person I am counselling has become comfortable with the situation ehm has built some trust and is therefore taking something from the interaction '*(Christine, Int. #8, 6:40-42)

Informality, like collaboration, is connected to power. Highly formal situations confer more power on the party who knows more of the rules for interaction—which, in the case of therapy, is the therapist. Collaboration is also a matter of power, as it pertains to the sharing of authority. In both of these ways, then, online therapy is a means of avoiding the traditional power dynamics of therapy, which favour the therapist at the expense of the client. For example, therapeutic boundaries can be less strictly kept in online sessions. This might be due to the nature of cybercounselling and the absence of physical and visual or audio cues and body language, that might allow for more casual relationships to develop and therapeutic boundaries to be more flexible and as therapists said to 'let your guard down.'

I identified that when the session is too formal there is distance between the client and counsellor, and they may not seem to be connected, which ultimately affects the quality of the relationship. However, there seems to be a fine line between the session be less formal and casual and both therapist and client be more connected, and the session become more like a casual chat rather than a therapeutic session. It seems that there is a risk of this happening when the online sessions last for long and therefore resulting in clients become disengaged and loose

interest. In addition, the boundaries in online sessions, even more so than in face to face, seem to play an important factor for preventing the sessions becoming more chat like than therapeutic. Thus, although the relaxation of power dynamics in an online setting might be a good thing, the resulting devolution of therapy to advice-giving or a psychoeducational intervention would not be good news for clients who need involved, focused therapy. In a case in which genuine therapy is needed, one of the obstacles that both therapists and clients have to overcome is the loose power dynamic of the online medium.

4.2.3 Analytical Theme: Loss of Proximity, Rapport, and Context

The next analytical theme I identified from the data was the loss of proximity, rapport, and context. In theme 1b, the loss of the power setting was ultimately coded as a form of convenience; while it bothered some therapists that the ability to monitor and control was compromised by the online setting, many other therapists found it to be a more convenient means of getting away from power games and into the real business of therapy. However, analytical theme 2a was derived exclusively from negative sentiments. The dark side of bridging geographic divides and entering into more democratic relationships with clients was risking the loss of some of the key success factors of therapy.

This analytical theme subsumed several distinct comments as Christine said: *'small misunderstandings probably going on all the time, unfortunately, because it's, in e-mail or text messaging it's so difficult without the use of your voice to be absolutely clear with what you are saying.'* (Christine, Int.#8, 8: 44-47)

Sandra and John echoed this insight. These and other comments in analytical theme 2b kept revolving around the loss of proximity, rapport, and context, and how this loss lessened the therapeutic experience.

My interpretation from the above accounts was that the lack of visual cues and body language online, makes it more difficult for the therapists to focus and concentrate on clients. Due to the fact that it is one dimensional experience where the online interaction with the clients is based only on verbal or written communication, the therapist needs to use writing and listening skills to be more attentive and that makes them work harder when body language and non verbal communication is absent so that clients receive same therapeutic benefits as in-face to-face therapy.

In addition, we might assume that the fact that therapists are not in the same room with clients makes it more difficult to use interventions that would be employed in face to face therapy and therefore, there is the need to adapt their skills, style and interventions to the online environment. John stated that, in person, he could be less subtle in his application of technique, but on Skype had to be very broad, since it was difficult for clients to pick up on physical cues and tones of voice that would be obvious in face-to-face settings. This is evident in John's account:

> *'you can't do things with the patient like in vivo exposure, in the sense that you don't see each other because you physically are not there'*(John, Int. #2, 2:46-47)

Most of the participants identified the absence of physical presence with the clients and lack of visual cues, such as non verbal communication and body language, have a negative impact on the online interaction and on the therapeutic relationship. Based on Sandra's experience expressed in her own words:

> *'It feels more professional and detached…in a kind of cold way… because sort of I can't nod and look thoughtful, demonstrate empathy in a sort of nonverbally as well, I find that it is about maintaining rather than deepening the*

relationship…the online content does not necessarily get to such a deep level of disclosure of an emotional content… online I would not necessarily use those sessions to particularly prone any more emotional content as it does not typically arise'(Sandra, Int.# 6, 16:20-25)

This comment is the key narrative through which the other aspects of loss of proximity, rapport, and context in the development of the client-therapist relationship can be understood. First, Sandra used the word 'deep,' which triggered me to use the single concept 'depth' to explain what is lost as a trade-off for the convenience of online therapy. Second, Sandra touched on both form and content, and explained how they are interrelated. Because of the limitations of the online environment in terms of proximity, body language, and engagement, there is a corresponding limit on how deep the therapeutic relationship can be. Sandra suggested that the online format is fine for relationships that do not necessarily require great depth, but inappropriate otherwise.

A theme that Sandra did not touch on but that lends support to her analysis is that of distraction. Most of the participants mentioned that from their experience of online therapy they have realised that online there is more opportunity for distraction for both parts, clients and therapists, but mainly for clients. In real life, therapists work hard to make their environment free from distractions; online, no such protection is possible, and it is genuinely up to the client whether a session will be paid full or partial attention to. Also, the fact that they are both having sessions from the comfort of their own home environment, it is inevitable that at times they will get distracted while in an online session by factors that might not be in their control such as someone walking in the room, or house phone ringing etc. This does not happen in face to face therapy in the therapist's office where distractions are more controlled.

It is possible for clients to get distracted in online therapy and appear not to be fully engaged in therapy, as there is the potential for sometimes get more distracted when one has sessions from home and they are not in the physical presence of the therapist. The therapist has no control over clients getting distracted as they are not in the same room so that the therapist cannot monitor clients' engagement and distractions, which is more possible in face to face therapy.

Two of the participants also mentioned that it is easier for the therapist to lose interest in the process of therapy when the client seems not to be fully engaged and is distracted.
As is exemplified in John's words:

> *'I could hear she was not engaged at that particular time in therapy she was doing two things at the same time and made me lose interest in the whole process so quickly and I was quite keen to end therapy after that.'* (John, Int.#2, 2:17-20)

Therapists did touch on the question of how clients can be engaged specifically in the online medium, using special techniques and methods to make up for innate difficulties created by distance and technology.

Suzanne shared ways that she has tried to adapt techniques and interventions into online therapy:

> *'suggest them to make a symbolic action…it could be as in real therapy… it can be an object, it can be a drawing, it can be a photograph, it can be many things using also the computer and the possibilities you have on the computer and then as we have this object we try to find the meaning. '* (Suzanne, Int. # 7, 3: 4-6)

Similarly Christine described adapting therapeutic skills to the cyberspace:

'as part of the chat window there is a mood tracker, which is between 1-10 that they track their mood, and also there is a drawing pad that they can draw something if they would rather draw it than say it and so there are other ways if they find it very difficult to put in words how they feeling , there are other options for them , and if they are particularly quiet we might encourage them to draw something or just tell us how they feeling from 1to 10.' (Christine, Int. # 8, 3: 28-32)

In addition Christine described how she employs and adapts mirroring and matching techniques to communicate with her online clients:

'We try to communicate with people in their language to an extend and that's more difficult when you are speaking…you can actually you know quote them and copy and paste something that they said and ask them what they meant by that rather than trying to say it in your own words and changing their words so you can be a bit more accurate with kind of staying within their own way that they feel comfortable with and also being a bit more accurate reflecting back, you can go actually further up the chat'(Christine, Int.#8, 3:4-9)

From Christine's accounts above we can assume that the nature of the online environment facilitates the use of certain therapeutic techniques online so that they are beneficial for the clients. Communicating with clients online by using their own words and language by employing mirroring and matching techniques via copying and pasting their words, can facilitate the therapeutic relationship and enhance the process. Clients feel understood and the therapists are able to show their understanding, empathy and develop rapport with the clients. As a result, this helps for a deeper, based on trust therapeutic relationship to develop and further explorations

and realisations are encouraged, which are important for the process to go further, and for therapeutic change to be achieved.

There does appear to be a trade-off between (a) the clients' ability to exercise power by not paying the kind of full attention required in traditional therapy and (b) the loss of connection that inevitably results when the client is not fully engaged with the therapy. It might be that some surrender of the client's power is necessary for the therapeutic relationship to work, and that the dark side of Internet democracy is the breakdown of focus conditions necessary for therapeutic work. Thus, while it is important to acknowledge that the client has a right to approach therapy with a focus level that he or she determines, it is also important to connect the client's freedom to pay or not pay attention with the essential success of the therapeutic relationship.

Some therapists did not seem to understand the distinction between the true neutrality of the Internet and the feigned neutrality of the therapist's office. Suzanne said:

> *'It's not a neutral place the internet, its not a neutral place as it is my office, so many times there are factors that they are coming as parasites, like a baby crying from the next room, or a telephone ringing, or someone coming in the room so there are some things that are a little bit problematic because they are from their own place.'* (Suzane, Int. # 7, 2:25-29)

In fact, offices are not neutral, because therapists determine what they look like, how they are decorated, and so forth. Moreover, even if a therapist's room is completely bare, the client still has to physically go there; the office is a second home to the therapist, but not to the client, which is why it cannot be neutral. It is therefore important to draw the distinction between neutrality—which is what Suzanne was talking about—and distraction, which is really a separate issue.

Christine, an experienced online counsellor who uses instant messaging and e-mail online interactions, identified that although distraction can be a sign of clients not being fully engaged and could potentially disrupt the process of therapy, it can facilitate the process of therapy as well. She explained that clients' distraction doing others things while in an online session can be their way of coping with the painful emotions they might experience while they disclose difficult information to the therapist. Therefore, this distraction can be beneficial for the relationship, and further exploration and disclosure might be encouraged. In her words Christine expressed:

> *'Doing other things while they being counselled , and with this particularly they might do want to do that because what they find its that disclosing is quite sensitive and so for them it's easier not to be wholly in that interaction so not be totally engaged with the counselling process '*(Christine, Int. #8, 3: 17-19)

On the other hand, Shara an experienced online therapist explained that she finds the process of therapy online more direct, focused and clearer. She added that due to the absence of visual cues of being in the same room with the client there are no distractions of details such as therapist's of clients physical appearance, which encourages a focus in the content of therapy. As Shara expressed in her own words:

> *'It enables to absolutely focus on the matter in hand because there is not the distraction of physical presence which I think is distracting…it (relationship) is not contaminated by information which is irrelevant to the therapy and the therapeutic process…when I was working f-t-f I would be aware of how I was sitting whether I had washed my hair that day … these are distractions and not important but they are there and they should not be… I might notice something about the client that I find physically unattractive in some way, I don't like it, it*

makes me feel slightly hostile towards the client, that's just a distraction that's very distracting, I am happy to be free of those things and no doubt clients with me f-t-f they might be thinking things that they are distractive from the process'

(Shara, Int. # 3, 10: 23-31)

It seems from Shara's accounts that physical cues of both the therapist and the clients, such as appearance, age, gender, etc can potentially allow for dynamics between the two parts to develop. This can be distracting for the process and counterproductive for the therapy, as it unnecessary information and might become the focus of therapy instead of the clients' difficulties. In online therapy, where clients and therapist do not usually know or have the choice not to know how the other person looks like, those therapeutic dynamics are less likely to develop and therefore there is less room for this kind of distraction but the focus is on the content of therapy instead. The question of whether online therapy, as Shara describes it, is 'pure' therapy really depends on the theoretical and personal orientation of the therapist. A therapist whose technique is more sensitive to context, subtle interactions, emotional depth, and complex techniques might not necessarily share Shara's views on online therapy.

On the other hand, Shara shared her experience of dynamic concepts such as transference[2] and countertransference[3] developing in online sessions. As she said in her own words:

[2] Transference is the unconscious repetition of client's past interpersonal scenarios within the therapeutic relationship. Dynamic theorists (Freud, 1915) suggest that a transference relationship develops during the course of therapy, where emotions, experiences and expectations from previous relationships are played out in the counselling relationship and potentially provide the therapist with useful information about the client's internal world. Transference is seen as a central tool of psychodynamic counselling, and according to object relations theory, the therapist must work with the transference relationship but also keep a reality based stance towards the therapeutic relationship.

[3] Countertransference is the felt feelings by the therapist directed towards the client, it involves the unconscious communication to the counsellor from the client's internal world through the transference relationship. Awareness of countertransference feelings is important for the therapist as they give information about his/her own emotions and internal world as well as the client's unconscious communication (Lemma,2003)

'I ask them to talk about, who they had in mind when they said that you know…' who were you thinking of? Who did you make me to?' It helps them to realise 'oh my god, I made you to my mother' and then we can progress from there as you can imagine, so it is explicit, it is said in words it is explicit…more or less, I basically asking them 'who do you projecting onto me here?' (Shara, Int. #3, 5:13-16)

Similarly, Suzanne spoke about her experience of dynamic concepts of transference and countertransference developing in online sessions:

> *'I also feel it's (transference and countertransference) the same as in face to face therapy and as the feelings are real , I feel for example when I receive the anger or the dependence or the love, the idealization from the client I have an emotional response to it, I have an emotional interaction you know, so I can see that and sometimes I use it , like to say for example you know this it makes me feel angry or you know I share sometimes.'* (Suzanne, Int. # 7, 4:13-17)

I identified in the above accounts that dynamics between the client and the therapist in the online relationship can be less than face to face due to the fact that they are not in the same room, and hence there is lack of physical proximity and absence of visual cues such as appearance, age, gender etc. This potentially enhances a better working alliance when unhelpful dynamics do not interfere with the therapeutic work. On the other hand, dynamic concepts such as transference and countertransference are possible to develop in the process of therapy online even when therapist and client are not physically in the same room.

In addition, Suzanne shared her experience of her clients developing a dynamic relationship with their computer while in online sessions. This can be seen in the extract below:

I: I was wondering you know things like transference, countertransference, how do you find that developing?

P: its exactly the same thing as it is in the real therapy, with some people I would say that is also transference to the computer… they have a special relationship with the computer as object… sometimes the computer is a defence, or an object to, it's a bit like fetish like you know, the most of these people they are making many things with their computers in their lives, many of them are graphics, or they are using the computers, or architects that they work with the computer all the time or other people that the computer is in their life anyway'(Suzanne, Int. #7, 3: 29-36)

The problem that arises in this regard is that, if there is transference to the computer, then the therapist has another set of problems to deal with, since this kind of transference is by definition a part of the online therapeutic relationship. Thus, in addition to working on the substantive problem at the core of the relationship, the therapist also has to pay attention to the meta-problem of the client's use of the computer.

We can assume from the various narratives offered by online therapists that the lack of physical presence creates distance in the relationship and it prevents for an emotionally deeper relationship to develop. The lack of the human contact seems to create difficulties in building a good working relationship based on emotional and psychological connection. In addition, the therapists find that the fact that they are not in the presence of the client creates a barrier for the interventions they can use in an online session. In particular, as CBT therapists explained they cannot use techniques such as behavioural experiments or in vivo exposure with their online clients. There is an interesting overlap between questions of rapport and questions of power; John cited the lack of ability to monitor the client as leading to a breakdown in rapport, but the

lack of this ability is also directly connected to the therapist's relative surrender of power in the online context.

4.2.4 Analytical Theme: 24/7 Connectivity and Freedom of Scheduling

Many of the comments touched upon the freedom of scheduling that emerged from online therapy. All that is required for therapy is an agreement between the client and therapist to 'meet' virtually, with no restrictions of place or time (for example, time zone differences can be bridged depending on the desires of patient and therapist). This aspect of online therapy's convenience is intuitive and was to be expected.

All of the participants identified as a positive effect of technology on the practice of online therapy the fact that in e-mails or with an online instant messaging session, there is no demand from the counsellor to provide a response immediately. Ironically, therefore, 24/7 connectivity can be liberating, because of the knowledge that there is not only one brief window in which the therapist and client have to meet. This allows for both parts more time to reflect in the therapeutic process. This can be beneficial for the clients to come up with their own reflection on their difficulties and arrive to therapeutic realisations, which can lead to therapeutic change. In addition, this can minimise the possibility of the clients to becoming dependent to the therapists, as they don't expect immediate responses, which can often occur in face to face therapy.

All of the participants recognised as one of the main benefits of online therapy the fact that it provides flexibility and is convenient for both clients and therapists. Therapists are able to offer therapy 'after hours' if they wish too, without worrying about safety issues or commuting to and from their office as they are at their own home. This can be identified in Helen's words:

> ‘*much more flexible with time so instead of working during normal office hours you could see somebody at 9 o'clock and not worry having to get home in the dark…’* (Helen, Int.# 1, 22: 10-12).

It was also mentioned that therapy online is a safer way of working with risky, or potentially violent clients. As Helen said:

> *‘someone who is a risk ,so someone who might be violent or something like that, then obviously the internet is really safe because the person can’t just come out and whack you over the head or make a threat or something like that…’* (Helen, Int. #1, 22: 17-20)

Thus, Internet connectivity also has safety implications.

My interpretation of the above was that the convenience and flexibility that online therapy provides promotes a better working therapeutic relationship. The fact that both therapist and client choose to work together on an online session at a suitable time, means that both are more engaged in the therapeutic process, more so than they would in a face to face session where flexibility and convenience of sessions is not an option but it depends on the availability mainly of the therapists, especially if they are working within a service. Being committed and engaged in the therapeutic process encourages a good working alliance and a better therapeutic process, which eventually can be beneficial and helpful for the clients, and can promote therapeutic change. Full engagement from both parts seems to be an important factor for the therapeutic relationship. In addition, we assume from Helen’s account that online therapy allows for a sense of safety and security to develop for both clients and therapists when they have therapy from the safety of their own home. Therapists feel more safe and able to work more constructively with potentially risky or violent clients, something that they might not feel able to do in face to face sessions. Feeling unsafe in an office with potentially violent clients might allow for negative

dynamics to develop, which as a consequence can hinder the relationship and be counterproductive for the progress and outcome of therapy. It seems that clients will be benefited further when therapists do not allow for those feelings of insecurity to develop in therapy and that is where having therapy online can be helpful.

4.2.5 Analytical Theme: Problems of Work-Life Balance

All of the comments that fell into this theme, except for one, identified the online environment as jeopardizing work-life balance. As John said:

> *'It was easier you know at the end of the phone call because I could just put the phone down and move on, whereas you know if it is in the room it lingers a bit, but yeah it is more difficult because you don't have this f-t-f contact you can't talk things through and people can end the phone call.'* (John, Int.#2, 4: 31-35)

Other therapists emphasised the ways in which the online modality created new stresses in their work-life balance. This can be seen in Sandra's words:

> *'feeling I have to be giving them more in that session online so they can go away with something concrete and I don't do that so much when I am in my normal f-t-f sessions…maybe I am working harder. Instead of asking for appropriate questions to allow for solutions to arise from my clients I maybe push it along to…because I am aware that then maybe they want to put the phone down and feel a sense of satisfaction from that phonecall, so maybe I try harder'*
>
> (Sandra, Int.# 6,3: 21-23 & 32-35)

Work-life balance on a pure online model might be harder to achieve, even if hours are reduced, because the expectations from both parts are also higher. Clients paying for a handful of online sessions might expect a more focused 'product'-like therapy, which not only makes some

therapists work harder but also jeopardizes the integrity of therapy by creating an artificial pressure for resolution.

Mary described a similar experience where she feels she needs to work harder online. This is evident in the extract:

> *'I try very hard, I focus far more intensely on an online call because it is harder work mentally because I am, its is almost I am trying to open up sort of channels in my brain to sort of remain or keep as much of the relationship as is possible there.'* (Sandra, Int.# 6, 3: 13, 29--32)

Thus, there are also work-life challenges created by the fact that, for some therapists, there is greater cognitive strain involved in online work modes because the therapist has to focus all the more intently on the reduced number of cues in this mode of therapy.

4.2.6 Analytical Theme: Loss of Synchronicity

In real-world situations, a therapist and client can synchronize the rhythms of their speech. However, in online situations, the real-time connection can be lost. Helen stated: *'interventions about our relationship…was mostly if Skype went down…I would sort of comment at the time 'oh that must have been quite frustrating…or it is very distracting when you are telling me your stories.'* (Helen, Int. #1, 4:1-5)

Of course, when a technology fails, synchronicity is lost completely, but it is also possible for synchronicity to be delayed, which also has a disastrous effect on therapy. Sandra offered some insight into this phenomenon:

> *'most of the ruptures I have noticed are based upon the fact someone not having finished speaking and or expecting me to say something in response to something they have said and I am waiting longer than they thought, I am waiting for them*

> *to say something else when they actually have finished so I either interrupt them or I don't intervene with my own comments soon enough, I then feel as you would feel with any conversation with anyone that something sort of feels a bit wrong and a bit more stilted in the conversation… so I noticed ruptures in the session and I noticed when the person feels interrupted or misunderstood'*(Sandra, Int. #6,6:18-24)

It is also possible that online conversations continue under changed circumstances, as Helen pointed out:

> *'We did not connect when we thought we would be connected and we would have technical problems and that could be frustrating… we will be talking about something and then something would happen and we would lose the connection so we would just have to call each other again…..and it (picture) freezes, and that would happen a lot and sometimes although she would tell me about something and then the picture would freeze and then a few minutes later she would be telling me something very different but I would be looking at a sort of a smiley face and then she would be telling me something that was quite stressful or difficult or upsetting for her and then you looking at this smiling face… so it was sometimes incongruent the relationship'*(Helen, Int. #1, 1:18-27)

In this way, it is entirely possible that the quality of therapy and the quality of technology are directly linked. It is easier for ruptures to emerge in therapy when the underlying technology fails to function properly. In the traditional world, ruptures of this sort would not be present, as the therapist and client would be in unmediated synchrony. Finally, Christine raised an

important point about reflection and synchronicity that cut in the other direction of many of the comments:

> *'the other thing that is good is that it's not so instantaneous…the good thing with online counselling is that you have that bit more time for you to reflect on what they saying perhaps look at the earlier elements of the chat and piece together…very beneficial for a counsellor that you get a bit more time just to think about things and process because then there is less of an expectation that you will respond immediately'*(Christine, Int. # 8, 3:39-43)

My interpretation of the above quotes of the participants is that due to the nature of online therapy misinterpretations and misunderstandings develop as a result of time delay of online communication or internet failures. This disrupts the process of therapy as the time is missed when it is necessary or appropriate for the therapist to intervene. This can be perceived by the client as a failure from the therapist part to respond when the client expected a response, which might potentially result in disappointment, possible anger or other negative feelings towards the therapist and consequently ruptures in the relationship might develop. In addition, from the above we can assume that due to the technology, the use of the immediacy as a tool in the therapeutic process most of the times is not available in online therapy and this can be disruptive for the process and might have a negative effect on the relationship. However, this is also something that clients and therapists need to be aware of when they choose online therapy as the preferred choice of therapy.

In addition, it is presumed that in particular in online written communication (e-mail, IM) there is more potential for misunderstandings to develop. The written communication skills of both the therapist and the client and the use of language are vital in this type of therapeutic

medium. The ways one expresses themselves in writing can be perceived differently form the receiver of the text and this can result in misunderstandings and might disrupt the process of therapy. As a result, therapy might end up not be as therapeutic and beneficial for the client. It is therefore important that both parts of the therapy, clients and therapist have good language and communication skills.

When therapist and client become aware of what is going on in the session and they are able to reflect on it, it shows that there is good working relationship between them and better therapeutic outcomes can be achieved. This can be limited in online therapy and might have an effect on the online relationship.

From Helen's account I identified that technology created difficulties in the relationship as at times clients' stories were incongruent with their facial expressions, if on camera, or with their emotional state while describing their difficulties in writing. Incongruence can certainly exist in real-life therapy, but would actually be meaningful, and perhaps lead the therapist to new reflections. Online, incongruence is typically the result of a freeze in the Internet. This could potentially hinder the process of therapy, as the therapist would comment or use an intervention to explore clients' feelings when the moment has passed due to internet delay, or a frozen or jammed picture and therefore their intervention might be perceived as inappropriate by the clients and hence lead to misunderstanding and potential ruptures.

The question of synchronicity is an interesting one, because it cuts against the potential for democratic relationships enabled by the Internet. The radical equality of the Internet depends on a kind of synchronicity that is all too often lost due to technical problems. Synchronicity is a particularly problem between countries, especially when one of the parties has the kind of slower and less reliable Internet connection that is associated with developing countries. Thus,

synchronicity is also a socioeconomic issue, in that the establishment of reliable synchronicity between therapist and client requires both of them to have expensive and trustworthy connections. Poor clients, or clients in developing countries, thus might be compromised in their ability to benefit from online therapy, due to the slower and less reliable Internet connections in the developing world.

For some therapists, loss of synchronicity simply did not lead to a breakdown in the development of the therapeutic relationship. In Shara's words:

> *'It feels when I am reading it as if I am with the client, it does not make any difference that we are not in the same room…It's as if they are in my head , I can hear their voice in my head… I mean you know when I am reading their words it's as if he or she is speaking to me and so I feel this connection in the same way I would if we were in the same room or at least , in fact would say it feels much stronger in writing than it does f-t-f… it's as if she or he is right in my company, is right there besides me, sits next to me.'* (Shara, Int. # 3, 4: 41-46)

However, it has to be borne in mind that Sandra uses text rather than video, so synchronicity is not as much of an issue. Transmitting text online requires less bandwidth than video or voice, and is nearly real-time, so the same problems of synchronicity hardly arise. As a result, Sandra reported being able to do the following:

> *'I am using braver interventions, so I am more likely to ask the client something which is aimed to encourage them to explore something more deeply, I am more likely to find an opportunity to ask that open question in writing than in f-t-f…in writing I can bat in basically whenever I like and ask straight away…just answering the questions they can*

hear for themselves what they just said and that then might elicit much deeper reflection of what actually means to them' (Shara, Int. # 3: 35- 39)

Again, however, this comment describes only the written aspect of online therapy, which is not the only modality. Still, it should spark reflection that loss of synchronicity might be best dealt with by reverting to text for certain interactions.

When therapist Shara uses video, she finds that loss of synchronicity is actually not a problem:

'It (online relationship) was very good because we could see each other through cameras and we were communicating in the same, almost in the same way as in a live meeting, except we did not have the smell and the touch , but even that , the feelings that they were sharing they were real… I think its the reality of the feeling, because even though you are not in the same geographical place with the other, you share the real feelings so I think this is the central point…the dynamic of the process, at the beginning as it is in the real situation the people do not trust and so it was the same in the internet as is in the real therapy , I mean the real meeting, after some meeting the people could show, they speak more, talk with more freedom'(Suzanne, Int. # 71: 28-35,)

From the above account it seems that the therapeutic relationship can develop in the cyberspace even when the therapist and the clients are not in the physical presence of each other. The psychological connection and emotional connectedness is experienced the same as in face to face therapy even with the absence of body language, physical presence and visual cues from each other. This shows that feelings can be conveyed in the therapeutic relationship online. However, it is absolutely essential that the technology be robust enough to ward off

disconnections and loss of synchronicity, or else the therapy treats to lead to a break-off of rapport and context.

4.3 Summary

The two thematic clusters that emerged from my interpretations of the data studied in relation to the first research question were: a) ‘space’ and b) ‘time’. From the analysis of the data I identified one trade-off, that of : 1)‘convenience’ versus 2)‘depth’, as a plausible means of analyzing all of the data and clustering it into 6 analytical themes: 1a) Ability to bridge the gap with the client, 2a) Loss of proximity, rapport, and context, 1b) Avoidance of power dynamics of traditional offices setting, 3a) Presence of 24/7 connectivity, freedom of scheduling, 4a) Problems of work-life balance, and 4b) Loss of synchronicity because of technological malfunctions.

The main themes I came up with based on the interpretation of data were ‘space’ and ‘time’ on the one hand and ‘convenience’ and ‘depth’ on the other. Space and time emerged from the data as obvious interpretative themes because so much of what the participants said centered on the physical context of the therapeutic relationship, and these consisted of space and time. Convenience and depth were more abstract and difficult themes to label until after several examinations of the data and later into the process of writing this thesis. Conceptually, I first thought not of convenience and depth but of ‘good’ and ‘bad’ as main themes or superordinate themes but it was clear from the coding of the narratives that a lot of that was said was either a validation or a critique of online therapy. I realised that perhaps the most convenient and logical way of sorting these themes was to replace ‘good’ and ‘bad’ with ‘space’ and ‘time’. In looking at the data again, I interpreted ‘good’ to mean ‘convenient’ and ‘bad’ to a very specific form of inconvenience, the loss of what I came to conceptualise as ‘depth’ in the therapeutic relationship.

Thus, following Moustakas (1994) horizontalization and synthesis of the data from what participants said about their experiences, I organised the themes into two categories, convenience and depth. I call these themes a trade-off because, in order to gain convenience, depth seemed to be sacrificed, and vice versa. Whenever there are two theses that are in opposition to each other, there is the possible of synthesis, which I attempted in the final chapter. In terms of analysis, I categorised my interpretations of the data into different sub-themes (1a through 4b) that are discrete enough to analyze in themselves, but complex enough to serve as the building blocks of the synthesis in the final chapter.

Based on my interpretation of the participants' experiences I constructed the themes and then I repurposed it to reflect both the clients' and the therapists' experiences in research questions 3 and 4. In this way, I was able to use the Moustakas (1994) framework to simplify analysis of the research questions, and also to find connections between research questions 1 and 2 on the one hand, and research questions 3 and 4 on the other. Finally, since the same template for horizontalization, clustering, analysis, and synthesis applied to every research question, it was possible to create a single interpretive framework for online therapy instead of breaking it into smaller, discrete units of analysis.

The purpose of this chapter was to present the qualitative data of the study and to interpret that data in what methodological theorists including Neuman (2006) and Potter (1996) have called first-order interpretation. In first-order interpretation, the researcher attempts to (a) understand what qualitative comments mean to the subjects themselves and to (b) justify how and why subjects have reached particular interpretations. In first-order interpretation, the interpretative involvement of the researcher is not as apparent as it becomes in second-order interpretation (or what Moustakas, 1994 called data synthesis), when the researcher steps outside

the boundaries of subjects' narratives and engages with data in a more critical manner. This chapter provided a first-order interpretation of subjects' comments that led to what Moustakas (1994) called thematic clustering, in which the researcher is able to discern key themes from the otherwise disconnected narratives of study subjects. Thematic clustering resulted in the identification of the following themes: Ability to bridge geographic gap with client; avoidance of power setting of traditional offices; loss of proximity, rapport, and context; presence of 24/7 connectivity and freedom of scheduling; problems of work-life balance; and loss of synchronicity because of technical malfunctions. The next chapter will reach conclusions about what these themes mean, and what they imply for both online and traditional therapy.

Chapter Five: Discussion

5.1 Introduction

In the analytical framework championed by Moustakas (1994), the three stages of data analysis are held to be, in sequence, (a) horizontalization, (b) thematic clustering, and (c) synthesis. The previous chapter performed this kind of analysis, moving from (a) an unfiltered listing of the data (horizontalization) to (b) the identification of thematic clusters based on key data from the participants and (c) the synthesis of the data into the trade-off between the constructs of convenience versus depth. Chapter four was about making sense of the data and, in a more limited way, about reflecting on the methodology that allowed me to do so. The purpose of the discussion chapter is not to replicate the work of either the methodology chapter or the analysis of findings, but rather to relate the main concept—convenience versus depth—to both counselling theory and counselling practice while applying more strenuous critique to my own interpretations of the data and ultimately to argue for the usefulness of my contribution. Finally, the chapter also contains a synthesis of the major theme of chapter four—convenience versus depth—as applied generally to the role of online technology in therapy.

5.2 Impact of Technology on Practice: Rupture and Repair

In terms of technological difficulties in the relationship, it was identified from the participants' accounts that difficulties and potential ruptures in the online relationship result from misunderstandings and miscommunications due to the online communication or due to technological difficulties such as internet failures, and time delay of the communication due to signal failures. These challenges of online therapy were also identified by Rochlen, Zack and Speyer (2004). In accordance with the findings of this study, miscommunication has been recognised in the literature among the most important challenges of online therapy (King et. al.,

2006). Exploring this further, in relation to the research questions of this study, miscommunications and misunderstandings can potentially affect the rapport and trust between the client and the therapist. Consequently, this might disrupt the process of therapy by creating difficulties and potential relationship ruptures that might affect the outcome and the therapeutic change.

Furthermore, another finding from this study is that therapists reported mixed experiences of how to deal with potential ruptures in the online relationship. Although, three of the participants (John, Paula, Helen), who had less experience in online practice and used text-based online communication and/or Skype, found it more difficult to address potential ruptures in the relationship online due to the lack of visual, audio cues and absence of body language (Snadahl & Lindgren, 2006). This might be due to the fact that they were concerned about clients' safety and level of distress. On the other hand, John reported that it was easier to deal with difficulties in the relationship and with challenging clients in the online environment where client and therapist were physically distant. That distance in virtual environment gave the illusion of safety to the therapists. We can assume the same for the clients, since they had the option to go offline or to end the session if they felt too challenged or distressed.

The rest of the participants, who had more experience with online practice, experienced managing difficulties and ruptures in the relationship in the same way as they did in the face to face environment. This was possible because the technology was not seen as a limiting factor, and thus the therapists were able to focus on substantive action to remedy ruptures.

Another finding in terms of the impact of technology on online practice was the nature of the modality of therapy allowed for the potential of technological failures. This finding is consistent with the literature (e.g. Griffiths, 2001; Robson & Robson, 2000). Such technological

failures were identified by participants impacting on the online relationship by causing frustration on both parts, clients and therapists. As a consequence such technical difficulties affect the rapport in the relationship, as well as make the counselling service appear unreliable (Anthony & Goss, 2003) which might have an effect on building trust in the relationship. These difficulties, time delay, internet signal failure, etc. can be damaging especially for the mental well-being of vulnerable clients who rely on online services for psychological support. It is possible that some of these difficulties can be overcome by a skilled therapist who can re-establish rapport and connection, put frustrated clients at ease, and not become distracted by technical difficulties. By the same token, a therapist who is ill at ease with technical difficulties and their affect on the therapeutic relationship might not be able to deploy his or her therapeutic skills to best advantage in online therapy.

5.3 Online Therapy: The Blessings of Convenience

The increased access of therapy services to clients that may not have therapy otherwise is one of the findings of the study that is consistent with reported advantage of online therapy. Internet counselling overcomes barriers such as geographical, social, cultural, and/or language restrictions (Bloom, 1998; Childress, 1998; Goss & Anthony, 2003; Griffiths, 2001: Murphy & Mitchell, 1998; Robson & Robson, 2000). One of the unique benefits of online counselling is the fact that it can reach people who are housebound due to limited mobility, physical, psychological or other reasons. This is supported from our findings, as participants recognised the positive technological impact of online therapy on the therapeutic relationship for certain client groups as mentioned above, for whom online therapy is not just an alternative but the only therapy that they can have access too . In contrast to the finding that the nature of online therapy allows for distractions to occur and is complicated, Suler (2004a) claimed that the online environment is

free from physical distractions that can take place when client and therapist are physically in the same room. Suler's (2004a, 2004b) studies focused on what takes place between therapist and client in the absence of co-location and its contextual and physical cues. Suler (2004a) argued that, due to the absence of physical distractions, therapist and client are more psychologically connected. This was also supported by the findings of this study. One of the participants, who is experienced in e-mail online communication and currently exclusively practices online, also expressed, echoing Suler's findings (2004a), that she experienced the online relationship and the process of therapy to be more 'pure' and focused on the content of therapy when unnecessary physical distractions such as appearances etc are not present. She explained that she felt more emotionally and psychologically connected with her clients online. This connection which facilitated the working alliance and the process of therapy makes psychological change more possible. This also supports of one of Roger's (1957) 'core conditions' for psychological change. He referred to one of the first conditions for therapeutic changes being psychological contact between the therapist and the client. According to Suler's (2004a) claim, which is supported by findings of this study, psychological contact can be achieved online even with the absence of visual cues; psychological contact can even be maximised in the online environment because of the absence of physical distractions (Barak, Klein, & Proudfoot, 2009).

The rest of the participants mentioned that a therapeutic relationship, good rapport and alliance with their clients were experienced online and more specifically some of them claimed that the emotional connection felt deeper emotionally than in face to face therapeutic relationships. These findings contradict Lago's (1996) argument that 'core conditions' of therapeutic change as described by Rogers' (1957) are not possible to develop in online therapy. However, only certain therapists and clients, especially the ones who have a strong connection to

reading and writing as modes of communication, and those for whom (perhaps because of younger age) Web communication is native, seem to have the ability to overcome the limitations of the medium.

One of the biggest advantages on online counselling/therapy reported in the literature is the convenience and increased access that the online practice offers (Bloom, 1998; Childress, 1998; Goss & Anthony, 2003; Griffiths, 2001: Murphy & Mitchell, 1998; Robson & Robson, 2000). Therefore, it is not a surprise that convenience of online counselling was among the findings of this study. All of the participants mentioned that the rapport and the therapeutic relationship online were facilitated by the fact that therapy takes place from the convenience of their own house or office. This kind of convenience has been identified before from the clients' perspective (Chardon et al., 2011; Ertelt et al., 2011). The convenience that online therapy offers seems to promote better session attendance, less missed sessions, less drop outs, and better engagement in therapy, which can potentially bring therapeutic change and better outcome. However, the finding indicated this to be true for therapists as well. As participants mentioned, online therapy gives them the opportunity to work from their own environment without having to worry about practical issues such commute, traffic, delays in the trains etc, and it gives them the option to work after hours if they wish to (Barak, Klein, & Proudfoot, 2009). Also, they found this medium of therapy convenient due to the fact that they did not have to pay attention to details such as appearance, they did not have to 'dress up' or worry about how 'my hair look like' etc. They described online practice as more 'casual' and less 'formal'. Consequently, this promoted better practice and facilitated the relationship as they appeared more committed and engaged in therapy when they worked at their own convenience and availability.

Some therapists said that the online environment helped with the variety and quality of interventions they could use online. In addition, participants mentioned that they experienced the ability to be able to enter the 'zone of reflection' (Suler, 2004b). One of the participants said that clients were able to keep notes of the sessions and go back and review it in between sessions, which encouraged self-exploration, reflection and consequently facilitated a good working relationship and outcome of therapy. In addition, this opportunity for time to reflect between online exchanges can be therapeutic for the clients who learn to be able to tolerate distressing feelings such as anxiety and work through it themselves. This process helps them to become psychologically stronger and develop skills to deal with their difficulties themselves, which also reduced the possibility of becoming dependent to therapy and to the therapist (Suler, 2004b). The time delay between online exchanges and the non instantaneous nature of online therapy was also beneficial for one therapist who said that she was able to keep more accurate notes from the sessions, able to go back and review the sessions, which enhanced more accurate and more helpful responses and interventions on her part. This promoted better working relationship as clients felt they were thought by the therapist in between sessions. Having automatic records of notes from the sessions was also recognised in the literature as beneficial for the practitioners and the clients (Chechele & Stofle, 2003). This is one of the unique to online counselling therapeutic benefits that Zack and Speyer (2003) have identified.

5.4 Technological Hindrances: The Problem of Depth

One of the significant findings of the study was that the technology hinders the establishment of the therapeutic relationship and good working alliance online. Two of the participants described the online relationship as cold, superficial, and lacking in emotional connection due to the lack absence of visual and and/or audio cues [of physical proximity with

the clients], which seems to affect the process of therapy. This finding is supported by Lewis' et.al (2003) in a study on the process of 'cybercounselling' as experienced by clients and counsellors. They found that although a working relationship was established between the counsellor and the client, an emotional connection between them was missing, and this seemed to have an effect on the process of therapy. This finding is also consistent with some of the critics of online practice (e.g. Robson & Robson, 1998) who claim that sufficient levels of intimacy, necessary in therapeutic relationship, are not able to develop online with the lack of physical proximity between the client and the therapist. In addition, two of the participants, who were relatively new in the online practice and used CBT as therapeutic approach, mentioned that online therapy limited the variety and quality of therapeutic interventions that practitioners can employ. These participants recognised that some of the therapy online can take the form of advice giving, and they found themselves employing psychoeducational and teaching techniques rather than being therapeutic with their clients. This finding is consistent with Pelling and Renard (2000) who described therapeutic interactions on the internet as "mere advice-giving" (p. 68). Thus, on this interpretation, online therapy has a difficult time achieving depth, which is perhaps the cost of its convenience. Only one of the participants argued that the online medium enabled greater depth—which she defined as exploration and disclosure of feelings through text—than traditional therapy (a point made in the literature by Ando et al., 2011).

5.5 Issues of Power

Existing literature suggests that power imbalance between the counsellor and the client is reduced in online counselling (Owen, 1995, cited in Rochlen, Zack & Speyer, 2004). Consistent with this claim, another finding from this study suggests that the relationship between the client and the therapist can be collaborative and equal. Some participants even went further to suggest

that due to the nature of the new modality, the online relationship is more on an equal level than face to face relationship. One of the participants, who is experienced in online therapy and uses e-mail exchanges to communicate with her clients, said that in cyberspace both clients and therapists are equals due to the fact that both use the means of the computer to communicate with each other. In addition, due to the fact that they both have therapy from the comfort of their own environment (home or office), power imbalance and dynamics that can develop in face to face therapy are reduced; when the client enters the therapist's office, the therapist can be perceived as the owner of the room and therefore more of an authority, which creates imbalance in the relationship and can affect the working alliance. This is much less possible to occur in the cyberspace, which is perceived as more 'neutral' based on participants' experiences. This is in accordance with Nagel's (2008) description of a more 'value-free' online chat room environment than face to face therapy room. When both therapist and client work together towards achieving a common goal, better rapport and psychological connection is developed, which helps to build good working alliance and to achieve better therapeutic outcome. Furthermore, one of the participants who uses videoconference (Skype) to communicate with her clients from her house, disclosed that her clients could 'enter' her world and her house, could see at the background her paintings on the wall and this made her more of a human to her clients' eyes; this facilitated the psychological connection and rapport and allowed them to communicate on a more equal level than she did with her face to face clients.

One of the biggest benefits of online therapy recognised by the literature is the anonymity that it offers to the people who use it (Suler, 2004a; Childress, 1998; Goss & Anthony, 2003; Griffiths, 2001; Murphy & Mitchell, 1998). This was supported by the findings of this study as all of the participants referred to the perceived anonymity that online therapy offers mainly to

clients but to therapists at some degree as well. This phenomenon has been described as the disinhibition effect of online therapy (Suler, 2004a). The effect of anonymity and the disinhibition effect are less evident in online communication via audioconference (Skype), where therapist and client can choose to see themselves on the camera if they wish too. As Suler (2004a) claimed, disinhibition in cyberspace has a dissociative effect according to which psychological barriers loosen and clients have the feeling that they can separate their actions from their identity which can encourage further disclosure and self- exploration. This perceived anonymity can allow clients to be more emotionally open and to disclose deep emotional information from very early on in therapy at times even from the first session. This anonymity allows clients to be more daring with their personal revelations without worrying about the therapist's reactions, which might be a concern in face to face therapy (Suler, 2004a). As Suler (2004a) suggests, disinhibition makes clients feel less vulnerable and less stigmatised about revealing personal information when they cannot be seen as the other person does not know who they are or how they look like. It also facilitates building a good working relationship when the clients feel not judged and able to trust the therapist, which promotes rapport and intimacy in the therapeutic relationship.

Although, the above suggest a positive effect of anonymity on the therapeutic relationship, other findings from this study are contrary to these claims. One of the participants recognised the double side of anonymity. One the one hand, she recognised the benefits of clients' being able to keep their identity hidden, on the other hand she reported that this anonymity created barriers in the relationship. She explained that when clients do not want to reveal their name in order to maintain their anonymity, there is an emotional distance in the relationship (Wright & Griffiths, 2010); the therapist does not feel emotional connectedness and

intimacy in the relationship when they cannot address the client with their name, or do not know the gender or/and the age of the client. She identified this information to be necessary for an intimate therapeutic relationship to develop found it difficult to emotionally connect with the clients. However, another participant felt that information like name, gender or/and age was not necessary for a therapeutic relationship to develop. She explained that such information can prove to be distractive for the process of therapy and provoke therapists' preconceptions about the clients which can be counter therapeutic and hinder the working alliance.

In sum, then, therapists' comments gave rise to the interpretation that power is more relaxed in an online setting because of the fact that neither party has to work harder than the other to be at a specific location for therapy, and because clients are not as susceptible to scrutiny, judgment, and control by therapists. However, as therapists noted, the disadvantage of the looser power structure is the greater difficulty of forming a therapeutic relationship.

5.6 Implications for Practice

In general it seems from the participants' accounts that there is a need to adapt face-to-face techniques and interventions to the online environment. One of the therapists, experienced in communicating via chat IM with her online clients, employed techniques adapted to online therapy in order for her clients to be able to express how they feel even when they do not want to do so in written language. She said that she has found using 'mood chart', or 'mood tracker' and 'smileys', emoticons as an alternative more client-friendly way to express emotions in online therapy. Another participant also said that the internet allowed for flexibility of interventions. She said that she gave the option to her clients of drawing an image to represent their emotional state if they did not want to express it verbally. The above is supported by Murphy et.al (1998) who came up with alternative techniques, such as 'emotional bracketing' to use online in order to

express emotions. Furthermore, this is supported by participants' accounts who revealed that the online text- based communication (e-mail/IM) gave them the opportunity to use techniques such as ''mirroring' and 'matching' to communicate, summarise, paraphrase or reflect back clients' words more successfully than in face to face therapy when using verbal communication as it can be misperceived by clients as the therapist be sarcastic or making fun of them. The suitability of online therapy for both mirroring and matching techniques has also been discussed by Haberstroh (2010).

One of the implications that online therapy has for traditional therapy has to do with what Neven (2010) and Alexander (2011) called therapeutic communication. Therapists who have both traditional and online practices have the potential to become more sensitive to the importance, and context, of language in the traditional realm. Because language and its nuances take out an outsized importance in the world of online therapy, it seems that therapists who practice in both realms have the potential to become better communicators in the traditional realm, simply because online therapy has forced them to be more precise, responsive, and context-aware (a point also made by Menon & Rubin, 2011).

Therapists in this study explained that due to the nature of online therapy they could just copy and paste the clients' words so they could communicate in a more accurate way using the clients' words and language. This promoted the process of therapy and a better working alliance as clients felt more understood and they experienced the therapist as supportive and sympathetic, which can encourage further exploration and disclosure from the clients. As a consequence, a good rapport between client and therapist and a better therapeutic relationship could be achieved. This finding contradicts suggestions that developing rapport in the online environment is a challenge (Alleman, 2002; Griffiths. 2001; Lago,1996).

Moreover, one of the therapists who is experienced in online communication and uses online practice exclusively, expressed that in online therapy she is able to use 'braver' interventions with her clients when appropriate, something that she would not do in face to face therapy, and achieve better therapeutic outcome (in a manner reminiscent of the case described by Postel, De Haan, Ter Huurne, Becker, & De Jong, 2010). She explained that in written communication online she can interrupt her clients and intervene when she feels is appropriate without having to wait for the right time, worried about the clients' reactions. She also mentioned that she becomes more directive and asks more challenging questions. In this way she can use immediacy and provoke more reflection and encourage further exploration and disclosure from her clients. As a result, this facilitates to build up a better working alliance based on psychological rapport, connection and trust with the clients. Again this is in support of Murphy et.al (1998) who suggested that techniques and interventions need to be adapted to the online modality. In addition, this finding negates the claim of sceptics of online therapy that interventions are always limited to advice giving in the online environment (e.g. Pelling & Renard, 2000) and that written communication fails to convey emotions (Childress, 1998; Griffiths, 2001). All of these unique aspects of online therapy can sharpen the real-world awareness and techniques of therapists who have both online and traditional practices.

In support of Zack and Speyer's (2003) claims that the online environment promotes better quality of interventions as it allows more time for reflection between responses, participants revealed due to the lack of visual and audio cues online, as in text-based communication, they found themselves thinking more carefully about their written interventions and responses, which promoted a better quality of the interventions employed. This improved the relationship and the working alliance with their clients. In addition, one participant who used

Skype to communicate with her clients, said that she found herself listening more carefully and paying more attention to what her clients communicated and shared online; she said she was more focused which helped her to be more engaged and this facilitated her responses and interventions and as a result the therapeutic relationship. So, it seems from participants' experiences that mot were able to develop better listening and writing skills to communicate online with their clients (Haberstroh, Parr, Bradley, Morgan-Fleming, & Gee, 2008), which enhanced the quality of their interventions, the process of therapy and the therapeutic relationship.

5.7 Critique of Interpretations

In the interest of reflexivity, and of preparing the way for the personal comments in the final chapter, an appropriate conclusion for this study is a critique of interpretations. The famous American pedagogical theorist John Dewey (2008) described the process of self-critique through the metaphor of taking off one's clothes, looking at them closely, and putting them back on. Thus, self-critique is not necessarily equivalent to changing one's mind, but rather, according to Dewey (2008), represents developing an awareness of why one thinks what one thinks, and what the strengths and limitations of this way of thinking are.

With that definition in mind, my self-critique revolves around the concept of the binary. In interpreting the data, I employed the economic concept of the trade-off (Krugman & Wells, 2009), which was reflected in the matrix of depth versus convenience. In other words, I saw online therapy and traditional therapy as being in a binary and indeed oppositional relationship with each other. An alternate approach to the same data would have been to use the metaphor of a continuum (Dane, 2010) rather than a metaphor of the binary. In a continuum metaphor, researchers do not interpret two phenomena as being existentially or qualitative different from

each other; instead, researchers use the metaphor of a single phenomenon with gradations. For example, in terms of weather, it is possible to use the continuum metaphor of temperature or the binary metaphor of 'hot' versus 'cold.' Online and traditional therapy can be seen as being on the same continuum. After all, both of these phenomena are kinds of therapy that draw upon a core set of skills and practices.

When I looked at the data, however, I saw two distinct phenomena. It seemed to me that what goes on in online therapy is distinct enough from traditional therapy to be qualitatively and existentially distinct, and this interpretation has also been supported in the literature (Epstein, 2011). None the less, there is room for an alternative interpretation, and the continuum interpretation should be seen to be as philosophically valid as my binary interpretation.

5.8 Limitations

One of the limitations of the study was that only data from English-speaking therapists was gathered. It is possible the dynamics of therapist-client relations are different for non-English-speakers. Another limitation was due to the nature of the technology itself. Because online therapy, especially through media such as Skype, is new, none of the respondents could speak to any evolution in the underlying technological processes of online therapy. This limitation can be overcome in future studies that use a longitudinal approach to track technological changes in online therapy. In addition, another limitation of the study was that the experience of counsellors in online counselling varied from one to eight years of experience. Therefore, the therapeutic relationship might have been experienced differently by more experienced than by novice online therapists. If I had the chance to conduct the research again I would choose equally experienced participants, maybe with five or more years of experience of online counselling services. Furthermore, this study employed therapists who used different

online interaction to communicate with their clients, such as e-mail, instant messaging or Skype. Using different modality of online interaction makes the experience of the therapeutic relationship different. I would assume that the therapeutic relationship online is developed and is experienced in a different way when you can see the person on camera when using Skype and when you cannot see the client but you communicate online in writing such as in e-mail or instant messaging online counselling. Therefore, it may be beneficial for the purposes of future research to explore the therapeutic relationship in one modality of online counselling such as Skype, e-mail or instant messaging online counselling. A final limitation of the study was that, due to time constraints, it was difficult to engage in what Creswell (2009) called the qualitative spiral, in which the researcher takes data analysis and conclusions back to respondents to engage in the collaborative construction of meaning. In this study, there was only one wave of data interpretation, conducted by the researcher without the collaboration of study subjects. It is possible that, because of this limitation, the researcher arrived at conclusions that might not be supported by some of the participants, or missed some valid interpretations.

5.9 Conclusion

The analysis and interpretation of data revealed certain key themes in the respondents' narratives. One of the major themes was the trade-off between depth and convenience; another theme was the way in which, because of the nature of the online medium, online therapy enabled more verbally-oriented therapists to engage in meaningful interventions with clients without missing the atmosphere of traditional therapy. The implications of this data analysis are that online therapy is preferable for therapists and clients with an affinity for text, and who are not easily distracted or frustrated by technical problems and interruptions. However, online therapy does not appear to be as appropriate as traditional therapy for problems that require a more

formal, thorough, and context-dependent treatment. The implications of this interpretation will be examined further in the final chapter of the study.

Chapter Six: Summary and Conclusion

6.1 Summary

The Internet—more so than the telephone, the television, and other previous forms of communication technology—has often been described as enabling freedom for those who use it (Trippi, 2008). The Internet is a global communications network that can be utilised at relatively low cost of ownership, and it can present many opportunities for connection between individuals, including between therapists and clients. The success of the field of online therapy should therefore be accorded its own importance; the market exists because it is satisfying a need in ways that feel good to both providers and recipients of service. That need can be described, in words, as *convenience*. The Internet is an always-on network that allows people to interact with each other electronically at any time, free from the constraints of time and place that accompany face-to-face relationships, and democratically allowing each party to transmit and receive from within the security of his or her own personal space (Adams, 2008).

It is not surprising that online therapy is a source of convenience for both therapists and clients. In the field of therapy, it is precisely this function that we would expect from the Internet, which has created similar forms of convenience in everything from shopping to reading, travel, and entertainment (Flanagin et al.,, 2010). What is worthy of further reflection and critique is the trade-off between convenience and the other major theme that emerged from this study, *depth*. Depth is a catch-all word that captures many of the aspects of face-to-face relationships that therapists prized: Proximity, increased mutual commitment, fluency of interaction, intensity of emotion, and intensity of the therapeutic relationship all fall under the conceptual rubric of depth.

6.2 Overall Conclusion

In economics and other sciences, a trade-off is what takes place when, in order to get more of one thing, something else has to be sacrificed, and vice versa (Krugman & Wells, 2009). Intuitively, everyone understands the idea of a trade-off through the idea of shopping and consumption; when we buy x units of Good A, we cannot buy as many units of Good B. When it comes to the Internet, however, many laypeople and even scholars have resorted to the metaphor of the free lunch, or the something-for-nothing metaphor (Smith, 2010). The idea behind this technological utopianism is that the Internet lets us have our cake and eat it too; we can be always on, always connected, conveniently accessed by and accessing other people without having to give up much of what is meaningful in face-to-face relationships (Rusen, Fehr, & Rieger, 2006). It is worth wondering how many people still write personal letters now that e-mail is available, for instance. The global marketplace has made a decision overwhelmingly in favour of convenience.

The question, really, is not whether online therapy should take place. To merely ask this question is to be in complete ignorance of market forces. Online therapy will take place, and at greatly increased rates, precisely because it is convenient, and it hard to imagine that any regulation of this modality could survive either legal challenge or the economic demand for the existing market. The key question is whether, when therapists provide online therapy, they understand and investigate the trade-off between convenience and depth in ways that are meaningful for themselves as well as for their clients. Therapists who believe that online therapy is in fact a free lunch, a means of gaining convenience without losing the other aspects of the therapeutic relationship that truly matter, have a blind spot, and blind spots can compromise the

integrity of therapy. By the same token, therapists who sneer at online therapy and consider it a pseudo-modality have a blind spot in the precisely opposite direction. We know not only from the literature but also from the kind of empirical work conducted in my own study that (a) online therapy does work well, at least for some therapists and their clients and (b) online therapy is a compelling way for therapists and clients to globalise their relationships, which will surely become a more powerful trend in years to come (Althof, 2010; Ertelt, Crossby, Marino, Mitchell, Lancaster, & Crow, 2011; Gainsbury & Blaszczynski, 2011). Critics of online therapy cannot stop this mode; but, by the same token, therapists who approach online therapy uncritically are robbing the mode of its potential to self-critique, refine, and improve. In terms of this summary, then, what matters is to demonstrate what the critics and supporters of online therapy have to learn from each other, and how an indisputably powerful modality that will only grow can be improved.

First, the loss of proximity and all of its attending dynamics is a real loss, and has to both be acknowledged and managed—at the risk of the therapist developing a blind spot, and the client failing to get maximum value out of therapy. If the loss is acknowledged, then it is likely to affect online therapy positively in a number of ways. For example, the therapist can employ more sessions to help build the context and sense of closeness that appear much more quickly and naturally in face to face relationships. Some of the therapists who contributed data to this study reported that they reached a stage at which they felt as if they were in the room with their clients. It is possible that this sense of presence came about fortuitously, perhaps because the therapist and the clients had similar communication styles or other kinds of shared affinities. If every therapist began an online relationship knowing that the sense of proximity and presence requires careful nurturing over the Internet, then more therapists might be able to explain this

feeling of being in the room with the clients. Methodologies could be developed for letting online therapists and clients harmonise with each other. Again, however, this kind of exploratory activity and technique-building is only possible if therapists start the online relationship assuming that (a) presence has indeed been lost and (b) special means need to be employed to build the best kind of online presence. In this way, instead of resorting to intuition and personal preference about whether online therapy is the same or different as traditional therapy in terms of presence, all therapists could start from a common point. Those online therapists who somehow have an ability to develop presence with their patients would not need to rely as heavily on a methodology for presence-building. However, I am concerned for those other online therapists for example, those less computer skilled , and those with clients from different communication traditions and culture who might approach only therapy wrongly thinking that the medium itself either 'works' or doesn't work' in terms of presence. We know that the sense of presence can be acquired. The task now is to start studying online therapy more closely, and with phenomenological contributions from both therapists and clients, in order to understand how, why, when, and where presence is developed, so that this best practise can actually become a cornerstone of online therapy theory and delivery.

In this limited sense, the findings of this study can be classified as preliminary. The study points to the need for more study. While more work certainly needs to be done to understand the practical success factors of online therapy, particularly insofar as the sense of presence is concerned, I feel that my interpretation of the trade-off between convenience and depth is applicable to future empirical studies. It will never be the case that, as a mass, online therapists will report that they are able to share presence and its benefits as (a) quickly, (b) effortlessly, and (c) naturally as with face-to-face clients. The loss is a real one, no matter how well we might

manage it and approximate a kind of online presence to replace it. Innumerable centuries of evolution have prepared us, as all mammals, to exist in a face-to-face context with our fellows. All of our senses have been optimised for face-to-face relationships, and it is only the most recent generation that was born into a thoroughly Internet-centric world (Towse, 2011).

If we are to properly appreciate the loss, I think, then we are also to scale down our ideas of what can be accomplished in online therapy. Therapy is not a commodity, even though there are such strong market pressures to package and deliver it exactly like a product. Some therapeutic relationships are more complex, demanding, and high-stakes than others (Epstein, 2011). Some therapeutic relationships will rely heavily on exactly the kinds of things that cannot be replicated, or replicated well, in the online environment: silences, interpersonal chemistry, and intuition (Kraus, Stricker, & Speyer, 2010). Other therapeutic relationships are easier and do not require the same depth of face-to-face context (Moritz, Wittekind, Hauschildt, & Timpano, 2011). If we stop thinking of therapy as a commodity, given that such thinking is an easy temptation to fall into, then we can begin to have the important discussions that still need to be carried out for this modality to mature. Are there particular sorts of cases, clients, approaches, and problems that should be avoided altogether in the online environment? Are there other matters that are especially suited for the online environment? These questions are simple to ask but difficult to answer, and the research agenda in therapy has barely touched them. There need to be ongoing conversations between therapists, ethicists, and communications theorists for these kinds of questions to be answered. Without knowing the answer myself, however, I still propose that the utility of online therapy will diminish in a linear fashion with the complexity of the underlying therapeutic problem. In other words, the more complex the problem, the more

necessary it will be to bring face-to-face therapy to bear on it. Of course, thus hypothesis is untested, but it is falsifiable and offers a means of structuring future research on this topic.

In personal terms, the most important lesson I have learned from this study was about looking past a thesis and antithesis towards synthesis. My initial opinion about online therapy was characterised by doubt about the modality. Later in my research I moved to a position of acceptance. However, at the final stage when I was in the late stages of analysing my data I achieved a kind of synthesis through the concept of convenience versus depth. This trade-off was based on the insight that it is necessary to move past characterisations of online therapy as 'good' or 'bad,' and towards a framework that is (a) flexible in acknowledging how online therapy can work differently in different situations and (b) realistic in its modelling of something lost in exchange for something gained, rather than positing a model of all-gain or all-loss. The concept of the trade-off is what allowed me to non-judgmentally offer equal weight to the different experiences of online therapists and to create a framework that actually described both my data and the major themes in the literature. If I venture into online therapy myself, or if I conduct further research on the topic, I will continue to use the idea of the convenience-depth trade-off to guide my way.

It should be briefly mentioned that training therapists in online therapy is not yet a common practise. There are no professional industry guidelines (for example, ethical guidelines) that apply specifically to the online context. Thus, one fruitful area for further researchers would be to determine whether special training and guidelines are needed for online therapists.

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Appendix A: Ethics Application Form

UNIVERSITY OF EAST LONDON

APPLICATION FOR THE APPROVAL OF AN EMPIRICAL PROGRAMME INVOLVING HUMAN PARTICIPANTS

Please read the Notes for Guidance before completing this form. If necessary, please continue your answers on a separate sheet of paper: indicate clearly which question the continuation sheet relates to and ensure that it is securely fastened to the report form.

1.	**Title of the programme: Doctorate in Counselling Psychology** **Title of research project (if different from above): The Therapeutic Relationship Online: How it is developed and maintained and how it is experienced by counsellors.**
2.	**Name of person responsible for the programme (Principal Investigator):** **Konstantina Tsalavouta** **Status: Trainee in Counselling Psychology** **Name of supervisor (if different from above)** **Kendra Gilbert** **Status: Research supervisor**
3.	**School: Psychology Department/Unit: Counselling Psychology**
4.	**Level of the programme (delete as Appropriate):** **(c) Postgraduate (research)**
5.	**Number of:** **(b) participants (approximately): 6-10**
6.	**Name of researcher (s) (including title):Miss Konstantina Tsalavouta- Counselling Psychology Trainee** **Nature of researcher (delete as appropriate):** **(b) student** **If "others" please give full details**
7.	**Nature of participants (general characteristics, e.g University students, primary school children, etc):** **Online therapists who offer online counselling services or have done in the past**

8. Probable duration of the programme:

from (starting date): June 2007 to (finishing date): June 2010

9. Aims of the programme including any hypothesis to be tested:

The purpose of the study is to inform the practice of online counselling by adding to the existing growing findings concerning the use of online counselling services, by exploring qualitatively how online counsellors experience the process of offering counselling services over the internet. More specifically, the study is interested in exploring how the therapeutic alliance, an integral part of counselling, is established virtually when there is physical distance between counsellor and client.

The aim of the study is to explore the nature of the therapeutic relationship through the process of online counselling over the internet by accumulating data of the experiences of online counsellors .

10. Description of the procedures to be used (give sufficient detail for the Committee to be clear about what is involved in the programme). Please append to the application form copies of any instructional leaflets, letters, questionnaires, forms or other documents which will be issued to the participants:

Participants will be recruited via the Internet. There will be three ways in which participants will recruited:

Firstly, potential participants may access the research web page during their own search through counselling websites.

Secondly, providers of online therapy, who offer online services either privately or within an online agency will be invited to take part in the research. These therapists will need to be accredited to a professional organisation. This will be checked by the researcher.

Therapists will be found by browsing lists of online therapists and counsellors' websites; by performing Internet searches using 'online counselling' as a key word, through referrals from other practitioners, and by contacting agencies and organisations providing online counselling services (eg. metanoia).

Then, therapists will be contacted by the researcher by an e-mail, which will contain information about the study (see Appendix 3).

Thirdly, potential participants will be recruited via online counselling web pages:

a) By posting a notice on online counselling agencies.

After receiving permission from the agency, the researcher will post a notice (see Appendix 2) about the study on the counsellor's or counselling agency website inviting online clients and counsellors to participate at the study. In the advert a link will appear which would lead to a separate web page giving detailed information about the study and instructions to be followed by potential participants. The e-mail address of the researcher will be displayed on the site and interested participants will be asked to indicate their interest by e-mailing the researcher.

Counsellors interested in participating and having contacted the researcher will receive via e-mail with more information concerning the study and their participation. Participants will be asked to read an attached electronic form of informed consent and a briefing note that they will receive via e-mail (Appendix 5).

Client participants need to be over 18. The participants will be asked demographic information including their age.

Online counsellors will need to provide their qualifications, membership with a professional body and years of experience in online therapy in the collection of demographic data.

Participants who have read the consent form and have agreed to participate in the study will be asked to give consent for participation by electronically signing (write their name) and returning the form to the researcher by e-mail. Participants will then receive a reply e-mail from the researcher in order to arrange for a convenient date and time to have a telephone or Internet Phone (IP) interview, where participants will have the opportunity to share with the researcher their experiences of providing online counselling and of how the therapeutic relationship develops and is maintained online. It is estimated that the interview will last around one hour. After the completion of the interview participants will receive via e-mail a debriefing form

(Appendix 6), which would contain information about the study as well as other sources to check if they wish to be further informed about the research project, and steps to take in case they feel distressed or uncomfortable due to their participation at the study.

11. Are there potential hazards to the participant(s) in these procedures? NO

If yes: (a) what is the nature of the hazard(s)?

(b) what precautions will be taken?

12. Is medical care or after care necessary? NO

If yes, what provision has been made for this?

13. May these procedures cause discomfort or distress? YES

If yes, give details including likely duration:

The aim of the interview schedule is to address the main research question, namely to explore participants experience of the therapeutic process, rather than the actual personal content of the therapy sessions. This will be clearly explained to the participants at the onset of the interview. However, in the event of upsetting material being talked, procedure will be put in place to provide support for the participants. The researcher will provide a debrief including contacts for further support (see appendix 6).

14. (a) Will there be administration of drugs (including alcohol)? NO

If yes, give details:

(b) Where the procedures involve potential hazards and/or discomfort or distress, please state what previous experience you have had in conducting this type of research:

15. (a) How will the participants' consent be obtained?

Electronic form of informed consent to be send to participants

(b) What will the participants be told as to the nature of the research?

Participants will be informed that the study is interested in exploring their experience of counselling over the Internet and more specifically how the relationship between the counsellors and the client develops. The aim of the interview schedule is to address the main research question, namely to explore participants experience of therapeutic process, rather than the actual content of their therapy. (Appendix 5)

16. (a) Will the participants be paid? NO

(b) If yes, please give the amount: £

(c) If yes, please give full details of the reason for the payment and how the amount given in 16 (a) above has been calculated (i.e. what expenses and time lost is it intended to cover):

17. Are the services of the University Health Service likely to be required during or after the programme? NO

If yes, give details:

18. (a) Where will the research take place?

The interview will take place in a virtual environment-over Internet Phone (IP, Skype), or over the phone.

(b) What equipment (if any) will be used?

Interviews, PC, audio equipment- speakers, headset, microphone , digital tape-recorder or recording software (eg. Nero)

(c) If equipment is being used is there any risk of accident or injury? NO

If so, what precautions are being taken to ensure that should any untoward event happen adequate aid can be given:

19. Are personal data to be obtained from any of the participants?YES

If yes, (a) give details:

Demographic characteristics.

(b) state what steps will be taken to protect the confidentiality of the data?

Demographic characteristics of participants will remain anonymous and data will be safely locked in a cabinet.

(c) state what will happen to the data once the research has been completed and the results written-up. If the data is to be destroyed how will this be done? How will you ensure that the data will be disposed of in such a way that there is no risk of its confidentiality being compromised?

Data will be kept safe in a locked cabinet during the process of Doctorate assessment. After that period of time, data will be destroyed by deleting recorded interviews from personal files, CDs, and other storage devices.
Paper work will be shredded after the end of the study

20. Will any part of the research take place in premises outside the

University or will any members of the research team be external to the University?

There are no other researchers involved, all interviews will be conducted by internet or land line telephone

If yes, please give full details of the extent to which the participating institution will indemnify the experimenters against the consequences of any untoward event:

21. Are there any other matters or details which you consider relevant to the consideration of this proposal? If so, please elaborate below:

No

22. If your programme involves contact with children or vulnerable adults, either direct or indirect (including observational), please confirm that you have the relevant clearance from the Criminal Records Bureau prior to the commencement of the study.

N\A

23. DECLARATION

I undertake to abide by accepted ethical principles and appropriate code(s) of practice in carrying out this programme.
Personal data will be treated in the strictest confidence and not passed on to others without the written consent of the subject.
The nature of the investigation and any possible risks will be fully explained to intending participants, and they will be informed that:

- **(a) they are in no way obliged to volunteer if there is any personal reason (which they are under no obligation to divulge) why they should not participate in the programme; and**
- **(b) they may withdraw from the programme at any time, without disadvantage to themselves and without being obliged to give any reason.**

NAME OF APPLICANT: **Signed: _____**
(Person responsible)

___Konstantina Tsalavouta_____ **Date: _____**

NAME OF HEAD OF SCHOOL: **Signed: _____**

_____Date: _____

Appendix B: Letter of Ethics Application Approval

Dr Kendra Gilbert
School of Psychology
Stratford

ETH/09/34

Dear Dr. Gilbert,

Application to the Research Ethics Committee: The experiences of online counselling (K Tsalavouta)

I advise that the University Research Ethics Committee has now approved the amendment to the previously approved project. The Research Ethics Committee should be informed of any significant changes that take place after approval has been given. Examples of such changes include any change to the scope, methodology or composition of investigative team. These examples are not exclusive and the person responsible for the programme must exercise proper judgement in determining what should be brought to the attention of the Committee.

In accepting the terms previously advised to you I would be grateful if you could return the declaration form below, duly signed and dated, confirming that you will inform the committee of any changes to your approved programme.

Yours sincerely

Debbie Dada
Administrative Officer for Research
d.dada@uel.ac.uk
02082232976

Research Ethics Committee: ETH/09/34/0

I hereby agree to inform the Research Ethics Committee of any changes to be made to the above approved programme and any adverse incidents that arise during the conduct of the programme.

Signed:.....Date: .....
Please Print Name:

Appendix C: Web Page

Online Counselling: The therapeutic relationship between the counsellor and the client online, how it is developed and maintained and how it is understood by clients.

Are you an online counsellor providing counselling services online?

If so, NOW is your chance to talk about your experience of online counselling.

Online counselling has recently become popular. More and more people use counselling over the internet as a way to receive psychological support.

With this study we wish to understand how this type of therapy works, how people who use it find it, what is positive or negative about it. We aim to contribute to the development of online counselling; Make it more accessible and inform people about online counselling.

This study is looking at what it was like for you to have therapy over the internet. You will be asked some questions about your experience of therapy and not the personal details of your therapy

Your participation in this study is confidential and your anonymity will be kept throughout the whole process and completion of the study

If you wish to participate please contact us on the address below:

etherapy.research@gmail.com

And you will receive more information about the study and your participation.

Please remember your comments are valuable for this study.

Thank you

Appendix D: Letter to Participants

Dear Colleague,

My name is Konstantina Tsalavouta. I am a trainee counselling psychologist in my third year of my Doctorate programme in University of East London. As part of my research requirements for my course I am interested in exploring Online Counselling. More specifically my study is about: **Online Counselling:** The therapeutic relationship between the counsellor and the client online, how it is developed and maintained and how it is experienced by counsellors.

The purpose of the study is to explore the experiences of people who provide online counselling services, by interviewing clients and counsellors over the phone or internet phone (Skype). More specifically, I am interested in how process factors important for the therapeutic work such as empathy, support, and working alliance-therapeutic collaboration between client and counsellor- are experienced by people who use online counselling services, how the therapeutic relationship is developed and maintained online and how counsellors experience it.

The study is only concerned with the experience of therapy over the internet rather than the details of what was talked about in the therapy

Potential participants for the study will be invited to take part online, which is the reason I am contacting you. I am kindly requesting your collaboration and cooperation in inviting you to participate making known this study to your colleagues of online counselling with the objective of their potential participation. In order to participate in this study you will need to be an accredited online counsellor and member of a professional body.

A Webpage for this study has been constructed, where you and other potential participants can be referred in order to be informed about this study and declare their interest in participating.

I would very much appreciate it of you could please inform your colleagues about this study and advise them of our website – (www.ecounselling-research.org.uk) and contact details of the researcher –

(**etherapy.research@gmail.com**)

Finally, in order to find more about this study please visit our website or contact me for any queries you may have.

Your cooperation is greatly valued for the development of this study.

Thank you
Yours sincerely
Konstantina Tsalavouta
Counselling Psychologist in Training (University of East London

Appendix E: Notice for Counsellors' and Agencies' Websites

Do you offer online counselling services or have done in the past?

Would you like to talk about your experience of offering online counselling services?

Then you are kindly invited to participate in our study about the experience of online counselling.

If you are interested in finding more about it please visit our website:

www.ecounselling-research.org.uk

Or contact the researcher on:

etherapy.research@gmail.com

Your comments are very valuable for our study.

Remember by participating in this study you have the opportunity to talk about your experience and maybe contribute in the improvement of online counselling services.

Your participation is confidential.

Thank you.

Appendix F: Follow-Up Mail to Interested Participants

Thank you for your interest in participating in our study about online counselling. Online counselling has recently become popular. More and more people use counselling over the internet as a way to receive psychological support.

With this study we wish to understand how this type of therapy works, how people who use it find it, what is positive or negative about it. We aim to contribute to the development of online counselling and to make it more accessible. With this study we are only interested on your expereince of what it was like to have internet counselling and how you found the relationship with your counsellor, we are not looking at any of the personal discussions or content of your therapy sessions.

With your comments we hope to collect valuable feedback and potentially improve online counselling services.

In order to participate in this study you need to:

- Be over 18 years of age
- Currently offer counselling services over the internet (via e-mail, chat or video conference) or have done in the past.
- Have completed up to date at least two online counselling sessions with your online clients
- You are willing to share your experience of the therapeutic relationship in online counselling

If you satisfy the above criteria and you wish to proceed with your participation in the study please read carefully the informed consent attached as you will be asked to give consent for participation at the end of it.

Please e-mail back to the researcher the informed consent form by providing your contact number in order to give your consent for participation. As soon as you have e-mailed back the informed consent you will be contacted shortly by the researcher in order to arrange a convenient time and day where you will be invited for an interview which will take place either over Internet Phone (Skype) or over the phone. If you need further information concerning the use of Skype software and/ or its installation please do not hesitate to contact the researcher.

Your participation in this study is confidential, and your anonymity will be assured throughout the process and completion of the study.

Thank you for participating in our study. Your contribution through your participation is very valuable.

University of East London
Romford Road, Stratford, London, E15 4LZ

Tel. 02082234937

Appendix G: Informed Consent Form

You are being invited to participate in a research study titled **The Therapeutic Relationship Online: The Therapist's Experience.** This study is being conducted by Konstantina Tsalavouta under the supervision of Dr. Kendra Gilbert in the School of Psychology at the University of East London.

Volunteer Status and Confidentiality

Your participation in this study is completely voluntary and confidentiality is assured in all published and written data resulting from the study. You have the right to refuse to answer particular questions. You may elect to withdraw from this study at any time and the information we have collected from you will be destroyed. If you decide to participate the information you provide will be used only for the completion of this study. The interviews will be tape-recorded and will be safely kept. Only the researcher and probably the research supervisor will have access to transcripts and tapes.

Purpose

The purpose of the present study is to inform the practise of online counselling by adding to the existing growing findings concerning online counselling services, by emphasizing on the experiences of people who use online counselling. In particular, the study is interested in exploring how online counsellors experience the therapeutic relationship with the client online.

Time Commitment

It is estimated that the interview will last approximately one hour.

Risks

There are no known risks to participating in this research. Some counsellors may feel upset reflecting on their experiences of online counselling. Please be aware of Internet signal failures. If either party of the interview loose connection during the interview please allow for some time to reconnect.

Benefits / Payment

There is likely no direct benefit to you for participating in this study, but it will help us and other professional to get valuable feedback and potentially improve the practise of online counselling services, and inform service users.

You will not be paid for participating in the study.

Ethical Clearance

This study has received ethical clearance from the School of Psychology ethics committee at the University of East London.

For Further Information

Any questions that you may have about this study can be answered by the following website -

www.ecounselling-research.org.uk

or by contacting the researcher on

etherapy.research@google-mail.com

Where results will be posted on the Webpage after the completion of the research.
You can also contact your online counsellor for feedback or any further queries.

Before You Sign This Document

By ticking the box below you are agreeing to participate in a research study. Be sure that any questions have been answered to your satisfaction and that you have a thorough understanding of the study. If you have further questions that come up later, please feel free to visit the research website. If you agree to participate in this study, you can save a copy of this document if you wish so.

I have read the above information concerning the study and I agree to participate □

Participant's Signature: X (consent given by e-mail)

Date:

Print name:

Researcher's name:

Date:

Appendix H: Debriefing Form

Purpose of Research

The present study aims to explore the experiences of people who use online counselling services. More specifically, we are interested in online clients' perspective on how process factors important for the therapeutic work such as empathy, support, and working alliance-therapeutic collaboration between client and counsellor- are experienced by people who use online counselling services. In particular, we focus on how the therapeutic alliance, integral part of counselling, is established virtually when there is physical distance between counsellor and client. We are interested in your experience of having online counselling, not the personal details of your counselling sessions

Procedure

Your responses will be analysed using qualitative methods of analysis in order to explore how you experience online counselling and the relationship with your online counsellor.
Your participation is confidential and anonymity is assured throughout the process and completion of the study.

If you felt upset, disturbed or distressed by your participation in this study upsetting, disturbing, or distressing, we encourage you to discuss your distress with your staff counsellor, or your personal therapist if you can one , and/or your supervisor

If you still feel upset or uncomfortable we advise you to contact your GP.

In the event you would like to read more about these and related topics, here are several articles that you might find interesting.

Horvath, A. O., & Luborsky, L. (1993). The role of the therapeutic alliance in psychotherapy. *Journal of Consulting and Clinical Psychology*, *61*, 561-573.

Mallen, M. J., Vogel, L. D., Rochlen, B.A.(2005). The Practical Aspects of Online Counseling: Ethics, Training, Technology, and Competency. *The Counselling Psychologist, 33, 776.*

Horvath, A. O., & Symonds, B. D. (1991). Relations between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counselling Psychology, 38*, 139-149.

Also, if you have any questions or concerns about this study, you are encouraged to visit the website of the study and/or contact the researcher.

Appendix I: Interview Protocol

1. Can you tell me about your experience of the therapeutic relationship in online counselling?

(probes: how long, why, how often, what type, how many up to now, how long for etc)

2. How did you decide to offer counselling services online? Have you ever practiced f-t-f therapy? Do you offer this type of therapy in addition to f-t-f therapy?

3. How do you make known your online services? How do you approach clients?

4. What is it about online counselling that is different or similar to traditional face to face therapy?

5. Can you describe to me a session/ interaction/ contact with a client?

6. What do you think about online therapy/ your therapy? Any difficulties? How you addressed these? What is positive/ negative about it?

7. How do you feel 'talking' to the client over the internet when you can not see/hear them? From your experience does this affect he relationship? How?

8. Can you tell me how you express empathy, understanding, unconditional positive regard, congruence to your clients? How do you understand if they are emotionally upset/distressed with the absence of verbal communication?

9. What are the goals of this type of therapy? How you think you will achieve that. How online counselling will help you in that?

10. How would you describe the relationship with a client where you felt there was a good working alliance between you? How do you understand/perceive when there is not good working alliance and how do you understand and manage possible ruptures in the therapeutic relationship? How transference and counter-transference feelings are expressed online?

11. How do you manage any possible ruptures in the relationship?

12. What kind of things you do to resolve that. Do you find it more difficult when you do not have physical proximity/ absence of visual –verbal cues.

13. Is there anything else about the process of therapy online that you find it is important for the relationship?

Appendix J: Coding Sample (Excerpt from Shara Transcript)

Emergent Themes	**Can you tell me about your experience of the therapeutic relationship online?**	**Page 1**
Therapeutic relationship Equal-collaborative	…as far as the therapeutic relationship is concerned I felt that it is in some ways quicker and easier to establish a sense of equality and collaboration ,in the way I work which is e-mail ah than it is in my	Quicker and easier to establish equality and collaboration
Use of same means of communication encourages collaborative relationship	experience of face to face ah because you are both somehow doing the same thing quite literally, you both sitting at the computer, you both typing, you both using the same technology whereas in a room in an agency or what ever you are both	Both doing the same thing- use the computer/technology
Power dynamics In face to face therapy counsellor is the owner of the room- 'authority'?	physically together in an office or a counselling room. I think there is a sense of the counsellor being the owner of that room ahm you know in the sense that the counsellor is there first they open the door, they indicate where the client should sit and so forth, whereas online there is	When physically in the same room counsellor can be perceived as the owner of the room- places him in more powerful position over client- counsellor tells the client where to sit etc.
Power dynamics absent online	none of that that's all removed, so in a way the whole relationship is much more simplified in terms of the power relationship not being there in quite the same way	Relationship online more simplified – no power relationship as in the office
Absence of physical distractions online when not physically in the same room	ehm...and I can think that the fact of not being physically looking at each other means that it frees each of us to fully concentrate on the content of the conversations rather than being distracted by anything else, ehm so I think that the relationship becomes	Absence of physical presence online 'frees up', focus on the content, absence of physical distractions
Relationship experienced more honest, direct and intense without physical distractions	somehow much more Intense ehm and direct, meaning sort of more honest, I find it easier for example to be, I find it easier to be warm supportive and encouraging in writing than I do f-t-f and I think this may be because I find myself you	Relationship more 'intense', 'direct', 'honest' in the absence of psychical distractions

Therapeutic writing- expression of empathy (warmth, encouraging, support)	know not wanting to appear to be too personal or too intimate in my language or demeanour if I wanted to be warm and encouraging, particularly with a male client, ehm I think that it just helps things in some ways to be cleaner and more, yeah direct is the word I keep coming back to, anyway I am gonna pause I: ehm, I just want to ask you if you could tell me a bit more how do you, you say you find more easy to express your warmth … P: yes I:.. through written words and through e-mail. Could you tell me a bit more about that what kind of things do you do from your part to show this understanding and this empathy and this emotional connection to your client and at the same time how do you find your client connects with you in that way? P:yeah P:and how they express how they feel emotionally to you? I:yes, ehm I think that I, I suppose that f-t-f a lot things are taken for granted and not stated overtly this way, when somebody sends me an initial inquiry I would say to them I want to get back to them as quickly as I can for a start, I feel that it is important that they know that I've received that e-mail quickly because it is the internet they may fear that it just disappeared from or that I am not real or something so I always get back to them very quickly and I find myself thanking them for having the courage to write and to choose to write to me and I don't think, well I know this is not something that I would say to a client f-t--f if they, if I was working in a different setting,	Therapist finds it easier to be warm, supportive and encouraging in written online communication
Process in the relationship in online interaction		
Online process more expressive overtly/more explicit in online when you do not see the person		f-t-f 'things' taken for granted online things are not taken for granted- are expressed overtly
Initial response more quick		immediacy of response from therapist- need to respond quickly fear therapist may not be real
		Clients choose the therapist in online- not

Client have more choice online – more power/control	you know they would be in my list of clients I would be seeing on that day they haven't necessarily specifically chosen me and I would not feel for whatever reason I don't think I have actually thought about this before I would not feel a drive	necessarily choose the therapist in f-t-f
Therapist's initial response more warm/supportive online Different than in f-t-f	to thank them for coming so that initial response for me feels much warmer and more supportive and encouraging just right there you know that very first response that I send where I acknowledge that I've received their initial enquiry thank you for writing to me and thank you for having the courage to write what you've written and I will consider my response and I will get back to you, you know and I will tell them when I will be responding exactly and so on so forth, so that's one way that I feel from my side things are different compared to f-t-f, ehm I think that as the work progresses	Initially therapist thanks /acknowledges client online, gives time frame for response back-warm/supportive
Explicit expression of emotions online	ehm I will say things like, I might say something like 'I feel very, I feel very sad when I hear you describing	Therapist explicitly expresses
Expression of emotions in written communication due to absence of visual/auditory cues	the way X, Y, Z happened ahm or ahm I am smiling, I am smiling as I am reading these words' ehm which somehow I feel conveys a sense of they must be true, those feelings must be true otherwise I would not have said them whereas as f-t-f I think you can be smiling as the client is talking while you might be feeling sad where the client may not trust that these are necessarily	emotions/empathy to clients in descriptive words etc' I am smiling as I am reading these words' Expression of feelings in writing make it more valid/authentic
Authenticity of emotions online- more valid when in writing- stronger/deeper emotional connection online	authentic responses ehm and from the clients' perspective ehm if they write to me they might write saying in between sessions are capable I don't want a session with you but I just want to write to you in between sessions to say that you know I been thinking about what we were talking	'if you say it, it must be true ' –therapist may be faking in f-t-f Online offers space/time for

More empathic- stronger therapeutic relationship- clients feel thought about in between sessions working alliance- reflection from clients Clients more confident/less inhibited online to give feedback	about and it is helping me to talk things through with you and so I m sort of getting feedback from them which may not feel confident enough to give me face to face, ehm I try to think what else I don't feel that clients are particularly it isn't that they are expressing warmth to me but they are certainly expressing their emotions in writing eh yeah	reflection between sessions Communication between sessions shows empathy from therapist- clients feel thought about from the therapist Clients give feedback which may not feel comfortable to do in f-t-f

Appendix K: Research Diary Entry

This entry was made after the interview with Mary, a skilled online therapist who participated in the study. The entry was made shortly after the interview in reflection to my experience of the interview with Mary.

The interview with Mary was interesting and I felt that some of my previous beliefs as a therapist and as a person were questioned and challenged. As a researcher and interviewer I experienced this interview different from previous ones I had done. I felt that the process was much easier and it was flowing better. Mary is a very skilled online therapist and she spoke very positively about online therapy. In terms of her background Mary is a psychodynamic therapist and she uses this approach in her online therapy. I have never thought of psychodynamic therapy to be an approach possible or even appropriate to be applied online. However, from Mary's account, it seems that she is able to use psychodynamic concepts such as transference and countertransference successfully online and though that it is beneficial for her online clients. After my interview with Mary, I was much more open to the idea that it is possible to apply psychodynamic approaches online in the same way as in traditional face to face therapy and be beneficial for the process of therapy and potentially be used in order to bring therapeutic change. As a researcher I was curious during the interview with Mary to find out more about how she applies therapeutic techniques online, and how she experiences the therapeutic relationship when she can not see the clients. On the other hand, as a therapist I started questioning and challenging some of my previous beliefs and preconceptions that therapeutic relationship could not develop online with the absence of physical cues. However, Mary shared with me her positive experiences of her sessions online that made me think that it was possible for therapeutic relationships to develop online and even more so that it was possible to apply psychodynamic

techniques and concepts in an online therapeutic relationship, something that I had not considered before. Having a personal interest in psychodynamic approach as a future therapist I was fascinated to hear from an experienced online therapist like Mary how she was able to apply psychodynamic techniques in online therapy and how she found it was beneficial for the therapeutic relationship and the clients' therapeutic change. I found myself intrigued and I started thinking that online therapy might be something I may be interested in practising myself in the future as a therapist.

As a researcher, I felt much more relaxed than I did in previous interviews and I felt more able to develop rapport with the participant. Thinking back now I think that the fact that Mary was more experienced in online therapy might have contributed to this. Even though we were not in the same physical environment during the interview I felt like we were in the same room. I was able to experience what Mary referred to as 'connectedness' when she talked about feeling connected to her clients as if she was at their presence. Reflecting back to the interview with Mary, I realised that experience either as a traditional therapist or an online therapist has a significant role in the process of therapy and the therapeutic work with the clients. Also, in terms of my role as a researcher, personal experience was important. I realised how I was more able to take a step back and allow the participants to explore further with minimum or even without any intervention from my part. I was aware of my role as a researcher much more and I was able to step out of my role as a therapist and I did not have any urges to provide any interpretations or show any empathy or even if I had the urge I was able to become aware of this and I resisted doing so. Finally, Mary's experience and passion about her online practice and her work with her online clients was portrayed throughout the interview. After this interview with Mary I started doubting previous preconceptions and beliefs I had about online counselling that were neutral or

even negative. I started thinking that online therapy can actually work and is possible for a good working relationship to develop online with the absence of physical cues.

Appendix M: example of phases of analysis across cases

Subordinate Theme: Impact on the relationship/process: Ruptures

This was identified in Helen's words:

> *'interventions about our relationship…was mostly if Skype went down…I would sort of comment at the time 'oh that must have been quite frustrating…or it is very distracting when you are telling me your stories'*

Sandra recognized that difficulties in the relationship online were mainly as a result of misunderstandings or interruption due to the medium of therapy online.

'most of the ruptures I have noticed are based upon the fact someone not having finished speaking and or expecting me to say something in response to something they have said and I am waiting longer than they thought, I am waiting for them to say something else when they actually have finished so I either interrupt them or I don't intervene with my own comments soon enough, I then feel as you would feel with any conversation with anyone that something sort of feels a bit wrong and a bit more stilted in the conversation… so I noticed ruptures in the session and I noticed when the person feels interrupted or misunderstood.

Christine explains below difficulties in the relationship online are possible to develop due to misunderstandings because of the nature of online therapy:

'small misunderstanding probably going on all the time, unfortunately, because it's, in email or text messaging its so difficult without the use of your voice to be absolutely clear with what you are saying'