UNIVERSITY OF SURREY

Faculty of Health and Medical Sciences (FHMS)

Practitioner Doctorate in Psychotherapeutic and Counselling Psychology (PsychD)

Research Dossier

Including an investigation of “What is not said” Practitioners’ Experience of the Loss of Visual and Verbal Clues in the Online Therapeutic Relationship: An Interpretative Phenomenological Analysis

By Ritika Sukthankar
Copyright Statement
No aspect of this portfolio may be reproduced in any form without written permission from the author, with the exception of the librarians of the University of Surrey, who may reproduce this portfolio by photocopy, or otherwise and lend copies to institutions or individuals for academic purposes.

© Ritika Sukthankar

Statement of Anonymity
To ensure the confidentiality and anonymity of all clients, supervisors and research participants, all potentially identifying information has either been omitted or replaced with pseudonyms throughout this portfolio.
Acknowledgements

Over the last three years I have been supported by many people. Firstly, I would like to thank the University of Surrey PsychD team. Each and every member has been influential to my learning and development. In particular I would like to thank my research supervisors Dr. Dora Brown and Dr. Ben Rumble. Also, to my cohort for being a constant support in understanding every aspect of this journey.

I would like to thank each placement supervisor for devoting his or her time and believing in me when at times I didn’t believe in myself. Without their encouragement, I would not have evolved into the counselling psychologist I am. To all my clients, for letting me in to their lives and allowing me to be part of their journey, but also them, part of mine. Also to my personal therapist, for being a constant in my life each week.

In my personal life I would like to thank all of my friends who have allowed me to take this journey whilst never asking too much of me. Especially to my NEO friends, for getting me through the darkest hours. My family; Mum, brother and Alan who have believed in me from the start and continue to ‘hold’ me. My fiancé, Sukh, by proxy has been affected by last three years yet your love and confidence in me has never diminished.

Finally to my Father; you may not be with me but I have felt your presence every step of the way. You were the reason I kept going when at times it was easier to give up. To you Dad, I look up at the clouds, and I am forever grateful.
<table>
<thead>
<tr>
<th>Contents</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preface........................................</td>
<td>5</td>
</tr>
<tr>
<td>Introduction to the Research Dossier........</td>
<td>6</td>
</tr>
<tr>
<td>Literature Review</td>
<td></td>
</tr>
<tr>
<td>Where is Online Counselling and Therapy Today?</td>
<td>8</td>
</tr>
<tr>
<td>Research Report 1</td>
<td></td>
</tr>
<tr>
<td>“What do Counselling Psychologists Think?”: Towards a Grounded Theory about Perceptions of the Online Therapeutic Relationship</td>
<td>51</td>
</tr>
<tr>
<td>Research Report 2</td>
<td></td>
</tr>
<tr>
<td>“What is not said”: Practitioners’ Experience of the Loss of Visual and Verbal Clues in the Online Therapeutic Relationship: An Interpretative Phenomenological Analysis</td>
<td>102</td>
</tr>
</tbody>
</table>
Preface

The literature review provides a history and a review of the online counselling and therapy literature. This is followed by two qualitative research projects. The first explores how counselling psychologists perceive the online therapeutic relationship. The second research project explored nonverbal communication in the online therapeutic relationship.


**Introduction to the Research Dossier**

This dossier contains a literature review and two qualitative research projects. The overarching theme of the research is the therapeutic relationship in online counselling and psychotherapy.

The literature review provides a history of online counselling and psychotherapy whilst also discussing modes of computer mediated communication. Finally a debate around online counselling is discussed specifically in relation to behavioural characteristics, ethics attitudes and experiences. This is a novel area of counselling and psychotherapy and much of the research is from a positivist vantage point. In considering the end user of online counselling, clients seem most approving of this approach whilst it has been reported that practitioners appear apprehensive.

My first research project considers the perceptions that Counselling Psychologists with no prior experience of online counselling and psychotherapy held towards the online therapeutic relationship. I used a constructivist Grounded Theory approach to form a preliminary tentative theory of how Counselling Psychologists perceived the online therapeutic relationship considering that prior research had reported hesitation from practitioners.

My second research project followed on from this by identifying a particular apprehension that Counselling Psychologists had reported in the first research project: the depth of the therapeutic relationship due to nonverbal communication without verbal or visual presence. This apprehension was explored by investigating the subjective experience of therapists practicing text-based online counselling without visual and verbal presence. An Interpretative Phenomenological Analysis was used to document phenomenological experiences of the loss of verbal and visual clues in the online therapeutic relationship.

The practice of a detailed qualitative analysis has been instrumental to both my academic, clinical and research development as a Reflective Scientist Practitioner. It has given me the chance to allow myself to go beyond what I am seeing, hearing and
reading and to make my own elucidations from my epistemological position. In attempting to understand the online therapeutic relationship and the processes occurring between client and therapist whilst separated, it has stimulated my consideration of nonverbal processes in my own therapeutic work.
Literature Review

Where is Online Counselling and Therapy Today?

Abstract

The internet has influence counselling psychology and psychotherapy for some time. This paper provides a history and a review of the online counselling and therapy literature. Whilst working online is shown to be effective and there is a growing support for the use of online computer mediated communication, there also appears to be concern for this type of intervention. A debate is considered in terms of the online therapeutic relationship, behavioural characteristics, ethics, attitudes and experiences. Clients seem the most approving of this approach whilst some practitioners remain apprehensive but this could be attributable to a lack of knowledge in this field.

Keywords

Online therapy; counselling psychology; cyberpsychology; therapeutic relationship, attitudes and experiences.

Prepared according to the British Journal of Guidance and Counselling “Notes for contributors” (Appendix A)
Introduction

The internet has transformed the way people communicate with each other. We can make contact with family, friends, colleagues and professionals in a way that was unimaginable 30 years ago. The internet provides great potential for therapeutic work within the mental health sector, with researchers considering the possibilities of establishing a therapeutic relationship in the online world. Furthermore, studies have evaluated possible advantages and disadvantages, experiences and attitudes of the client and therapist as well as suitability and effectiveness.

Various types of online interventions are offered to clients including psychoeducational websites, interactive cognitive behavioural therapy (CBT) programmes and online counselling and therapy. Yet the majority of counselling psychologists do not involve themselves in providing such services (VandenBos & Williams, 2000). Such online mental health interventions provide an opportunity to reach those who might not pursue treatment, especially considering that two thirds of those with a diagnosable mental health problem may not seek treatment (Kessler et al., 1996; Regier, Narrow, Rae & Manderscheid, 1993). However, this form of intervention is not intended to wipe out face-to-face (FtF) interventions but rather act as a gateway for a potential client to seek FtF help or to compliment FtF help.

Upon searching for the definition used to describe therapy on the internet, many terms have surfaced under this umbrella which includes: e-therapy, cybertherapy, web counselling, computer mediated communication (CMC), online counselling and online therapy. This review uses the term ‘online counselling and therapy’ to refer to the discussion of professional counselling and therapy taking place between a therapist and client who use CMC to communicate with each other whilst being in separate locations (Richards & Vigano, 2012).

Literature was selected using psychological databases (PubMed and PsychINFO including PsychARTICLES) and Google Scholar. The search terms are outlined in Appendix B. Much of the research to date concentrated on positivist/post-positivist quantitative short-term research. Noticeably lacking were case studies, qualitative studies and theoretical articles as well as longer-term studies and reviews. In considering the research, reviews and meta-analyses to date, this review aims to
present counselling psychologists and other mental health professionals with an accessible format to the relevant research, including quantitative and qualitative research and case studies from a counselling psychology framework. It also hopes to organise and provide a synopsis of the birth and current standing of online counselling and therapy.

Structure of the Review

Firstly, a brief history of cyberpsychology is presented together with a summary of where online counselling and therapy is today. Secondly, quantitative and qualitative research and case studies demonstrating different modes of online counselling are discussed and critiqued. Thirdly, the debate around online counselling is discussed specifically in relation to behavioural characteristics, ethics, attitudes and experiences. Fourthly, gaps in the current literature and future research considerations are discussed followed by a conclusion.

The History of Online Counselling and Therapy

When we think of counselling psychology and psychotherapy we normally imagine a private room with two chairs: one for the professional, one for the client, a table and a box of tissues. However, this is not always the case. Counselling and psychotherapy have been delivered by non-FtF interactions since Freud practised and treated patients by letter (Skinner & Zack, 2004). During the 1970s tape-recorded self-help approaches, which imitated person-centred therapists, were experimented by Lang, Melamed and Hart (1970) and Wiezembaum (1976). Other distant technologies, such as the telephone, have been used to deliver therapy. Some clients choose to work this way because of a reluctance or incapability in visiting a mental health service (Coates, 2000) or due to geographical reasons (Coman, Burrows & Evans, 2001). Further, the use of the telephone in delivering counselling is reported to be satisfactory to clients (Reese, 2001) and also successful (Reese, Conoley & Brossart, 2006).

Computer mediated communication (CMC) can be defined as any type of communication between two or more computers assisted by computer hardware or software (Mallan, Vogel, Rochlen & Day, 2004). As soon as the internet was invented
in 1990, its potential as a communication tool for psychotherapy became evident. As far back as 1972, one of the first demonstrations of a simulated therapy session was between two computers at Stanford University and the University of California, Los Angeles during a conference on Computer Communication (Jones & Stokes, 2008). Before that there was software programmes intended to be used to help patients either in conjunction with or instead of therapists. A well-documented example of this was ELIZA, based on a person-centred means of responding to input from an individual (Wiezembaum, 1976). The language generated from the programme was meant to mimic a person-centred therapist’s statements during the initial counselling session.

In 1979 the first US online service (The Source and Compuserve) permitted national online communication for personal computers. It was not long after this that specifically organised support groups became popular (Skinner & Zack, 2004). The birth of online self-help support groups were the predecessors to online counselling. The success of these groups has allowed the discussion of personal issues to become securely established in CMC, with evidence that symptomatic improvement can occur (Humphreys & Klaw, 2001).

The precise moment when therapists began interacting with clients online is unknown and is likely to be lost due to confidentiality. Since mental health professionals have utilised the internet for professional use, they have most likely had requests for help and some may have well responded (Skinner & Zack, 2004). Ask Uncle Ezra was the earliest known organised service to provide online mental health advice to university students. Developed in 1986, it is still available and well used today. Towards the middle of 1995, fee-based mental health services available to the public began to emerge on the internet. The first known service was set up by Sommers in 1995. Rather than just answering single questions, he sought to develop longer term, ongoing, helping relationships where communication was solely by the internet (Skinner & Zack, 2004).

With the development of online counselling, the initiation of virtual clinics within the public domain has made a significant impact. These enterprises offer online therapists a resourceful environment with tight online security and appropriate billing services to active marketing.
In 1997 the International Society for Mental Health Online (ISMHO, www.ismho.org) was created and became a landmark in the development of online therapy (Skinner and Zack, 2004). The guidelines for mental health professionals wanting to practise online began to emerge in 1997, with the American Psychological Associate (APA) publishing a declaration on internet services.

In the UK, just as in every other part of counselling and psychotherapy there is little unity at a professional membership level and this leaves a number of online guidelines for practitioners. In 2001, The British Association for Counselling and Psychotherapy (BACP) produced comprehensive guidelines. Currently in its third edition, the BACP Guidelines for Online Counselling and Psychotherapy 2009 (see Anthony and Goss, 2009) outline what they consider to be good practice in different online settings. However, the BACP guidelines are now in press for revision, which reflects the ever-changing world of practicing psychotherapy online in a short space of time. This highlights the need for training in online therapies. In the UK, it has been reported that training appears to be met with resistance amongst practitioners to work online, despite organisations such as BACP and the Association for Counselling and Therapy Online (ACTO) recommending that all practitioners have specific training before working online (Weitz, 2015).

Although some university training courses for counselling include introductory modules to working online, the BACP and ACTO state that online is not suitable for newly qualified psychological therapists. Although training courses do not state the exact number of clinical hours or years post-qualification before commencing training online it appears on average that practitioners should be 2/3 years post qualification. This could be therefore considered a special post-graduate training that could potentially alienate potential candidates who are considering offering or even offering online distance therapies.

Currently training courses appear to be between 8 and 24 weeks long teaching specific online skills through teaching, role-play and experiential group. Training courses are offered online which appears to reflect the environment and cyberculture that practitioners are training therapeutically to work in.
Where is Online Counselling and Therapy Today?

In 2014 it was estimated that 22 million households in Great Britain (84%) had internet access (National Statistics, 2014). The internet has proved it can be a resource for people, which is reflected in a MORI poll finding (2001) which showed that 60% of internet users would seek help for mental health problems online (Hanley & Reynolds, 2009). People are turning to the internet for help with mental health problems and it seems mental health professionals are becoming more accustomed to using the internet. They are beginning to cease the opportunity to incorporate it into the mode of therapy they offer to clients. In a recent search of accredited BACP therapists, 652 therapists offered their services online, and that number is probably on the rise to meet the demands of the clientele (BACP, 2013).

Interactions between mental health professionals and clients on the internet can be divided into four types, as outlined by Barak, Klein, and Proudfoot (2009), which include: (a) online counselling and therapy; (b) web-based interventions; (c) internet-operated therapeutic software; and (d) personal publications, online support groups, and online assessments.

Online counselling and therapy is defined as “mental health interventions between a patient (or a group of patients) and a therapist, using technology as the modality of communication” (Barak & Grohol, 2011, p. 157). Such modalities include email, internet chat, audio, videoconferencing and virtual reality. Interventions can be delivered synchronously such as internet chat, audio, videoconferencing and virtual reality, which occur in real time, and where there is no significant time delay perceived by the users (Perle, Langsam & Nierenberg, 2011). Or they can occur asynchronously such as emails, which do not provide an immediate response.

Web-based interventions are primarily guided self-help interactive packages, which aim to assist the client in creating positive emotional, cognitive and behavioural change and/or develop understanding, knowledge and awareness (Barak et al, 2009). A therapist can also support these interventions, though not always qualified (Marks, Cavanagh & Gega, 2007), and aim to provide guidance and feedback. Drawn from the cognitive-behavioural literature, an example of this is Beating The Blues recommended by the National Institute for Clinical Excellence (NICE) for the
treatment of depression and anxiety (NICE, 2006). Psychoeducation is also included in this category, which provides information about specific features associated with a mental disorder, explanation of symptoms, causes, effects and available treatment options.

Internet-operated therapeutic software can be described as advanced computer software that takes the form of artificial intelligence and language recognition software (Barack et al., 2009). The software analyses the client’s words for signification terms and themes, and it provides an appropriate response using an algorithm based on scripts of therapeutic interventions (Dowling and Rickwood, 2013). An example of this has already been mentioned above in the form of ELIZA.

The final category appears to be somewhat vague in that it encompasses online support groups, online mental health assessments and smart phone applications (Barak & Grohol, 2011; Barak et al., 2009). As previously mentioned, online support groups paved the way for online counselling and therapy by providing clients a way to communicate with each other synchronously or asynchronously and could take place with little or no invigilation of a mental health professional (Castelnuovo, Gaggioli, Mantovani & Riva, 2003). With the revolution of applications on smartphones people are now able to download cognitive behavioural ‘apps’ encompassing a self-help model which allow people to track and modify negative and irrational thoughts at any time and in any place (Barak & Grohol, 2011).

This article attempts to review cyberpsychology research within the category of online counselling and therapy, which include email, internet-chat, audio/videoconferencing and virtual reality. Web-based interventions, internet-operated therapeutic software and the final category, including online support groups and assessments, will not be discussed as they do not involve substantial interactions between therapist and client. The main issues that can be considered in conjunction with each online counselling platform are: the outcome and effectiveness; the therapeutic relationship; process variables; applicability to various types of distress; access to therapy; legal and ethical considerations; and logistical considerations.

Brief Summary of the Research of Online Counselling
Barak, Hen, Boniel-Nissim and Shapira (2008) completed a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions, based on 92 studies involving 9746 clients. They found the overall mean weighted effect size was 0.53, which is considered to be a moderate effect (Cohen, 1988). They concluded that online work was effective as they noted that the effect size is “quite similar to the average effect size of traditional, fact-to-face therapy” (p.109). They noted that FtF research has greater reliability due to replication over time and the limited number of online studies limits the comparability.

Email

Email exchanges between the therapist and client are usually conducted through encryption and a secure environment. The exchanges occur asynchronously and allow clients to respond at their convenience. Correspondence can occur 24 hours a day, 365 days a year without the hassle of having to arrange a suitable common meeting time (Fingeld, 1999). This is of great benefit for those who work shift patterns or have childcare commitments and find the idea of regular weekly meetings difficult.

There is a growing body of research to support email therapy, and Barak et al. (2008) have shown the effect size to be 0.51, which is comparable to FtF outcome studies (Lamber & Ogles 2004). Studies have shown that a working alliance can also be formed in asynchronous online therapy as measured by the Working Alliance Inventory (WAI, Hovarth & Greenberg, 1989). Prado & Meyer (2004) reported that a solid working alliance could be created when they studied 53 clients and 20 therapists. Twenty-nine of these clients completed treatment whereas 19 clients abandoned treatment early. In considering this working alliance, the authors revealed significant differences from clients who finished therapy than those who abandoned therapy. Yet, with therapists, there was no significant difference between clients who completed or abandoned therapy. Although the study reported that the therapeutic alliance was comparable to what had been found in FtF studies, their study failed to compare their data to an FtF comparison group.

In an investigation by Richards (2009) using asynchronous single-session online counselling, young adults reported benefits such as anonymity, distance, therapeutic benefits of writing and being able to cultivate a ‘zone of reflection’, a term coined by
Suler (2002). This is known as a practice where one is able to pay close attention to their own process whilst engaging in communication with the other. These factors postulated by Richards appear to be important variables in mediating the success of this technology.

In describing a psychodynamic case study, Brottman (2012) described how there were drawbacks to working via email in that the clients’ somatic and nonverbal experiences could not be accessed, and the lack of the flow of ‘back-and-forth’ dialogue. However, Brottman described how the use of email allowed the client to gain private space for freedom of thought, whilst still keeping the presence of the therapist in mind and maintaining a connection. It seems that the therapists’ presence online is far less threatening to the client than FtF. Interestingly, Brottman was careful not to convince therapists that this way of working was prescriptive and acknowledged the drawbacks that psychodynamic therapists are faced with online, especially questioning the depth of the therapeutic relationship that can be achieved without FtF interactions.

The consideration of how transference can be used in this context is underdeveloped. Two case studies have been discussed about the way virtual identities and virtual relationships are formed and how they can mirror the struggles from real life (Firoozabadi & Bahadoran, 2006). The authors suggested how clients take their personalities and real life problems with them into the consulting room and they also bring them into their ‘virtual lives’. However, they postulated that creating a strong therapeutic relationship was difficult without an initial FtF appointment, as they were subjected to reactions that were emotionally powerful in response to the client’s overt projections. From the client’s perspective, Ainsworth (2002) reflected on the experience of receiving her first email from a therapist, noting: “It was a connection. Physically, we were separated by five states, but physically we were more connected than if we had been in the same room” (Ainsworth, 2002, p. 198).

Email therapy is proving itself to be worthy in the online world and is cited as the most popular use of CMC with clients (see recent surveys by Finn & Barak, 2010, and the International Society of Mental Health Online, 2011). Further quantitative studies should consider larger participant samples which are randomly assigned to email therapy, FtF or a control group. Future qualitative studies could look to research transference to examine its use in email therapy and whether it acts to provide
additional information or hinders the process. Studies of these types will give the field of counselling psychology specific thoughts on the process and therapeutic relationship in online therapy.

**Internet Chat**

Individual synchronous online chat for counselling is becoming widely available through virtual clinics on the internet. Many researchers have begun to study various aspects of internet chat. In a systematic review carried out by Rickwood and Dowling (2013) to evaluate the effectiveness of online chat therapy, they used an inclusive review criterion and were only able to locate six relevant studies. However, all six studies revealed that online chat therapy had a significant positive effect. While these results show hopefulness for the field, several limitations were noted by the authors such as small sample sizes and high attrition rates, where follow-up was available (Rickwood & Dowling, 2013).

In understanding the process within this environment, a study using trainee counsellors found that they gave approval, reassurance, and asked confronting and open questions (Mallen, Jenkins, Vogel & Day, 2011). However, compared with FtF counsellors, these trainees were less likely to make an interpretation or propose direct guidance. In another study by Williams, Bambling, King and Abbot (2009), they reported that counsellors often used paraphrasing and asked blunt information-seeking questions. When it came to using empathy, encouragement and asking emotion-orientated questions, this happened less so. The limit in the range of such techniques being used was attributed to the slow pace of the online chat sessions. Due to the loss of nonverbal cues, both studies suggested that alliance-building and information-gathering techniques were used by these counsellors to compensate. Both studies concluded that techniques and interventions used during FtF counselling could be successfully conveyed to internet chat counselling.

One of the most frequent criticisms of internet chat is the perceived ability to form a therapeutic relationship (Fenichel et al., 2002). Although this concern appears to be justifiable, studies have shown that psychological change can occur when alliances have been established (Hanely, 2009; King, Bambling, Reid & Thomas, 2006). In a study investigating the components of the therapeutic alliance, Hanley (2012)
suggested that in online chat an ‘initial engagement’ phase developed which was followed by the parallel themes of ‘building rapport’ and ‘establishing control’. In FtF circumstances, much of the initial engagement occurred before setting foot in the therapy room, such as making appointments, brief conversations about the presenting problem and what the therapist could offer. However, as everything online occurs within the same virtual dimension, there is no tip-toeing around, rather just an initial logging on which affects the therapeutic alliance more. The rapport also may be developed more quickly as clients appear keen to get to the nub of their distress aided by the use of emotions and acronyms (Hanley, 2012).

Due to the anonymity of the service offered in the study, control seemed to be established on the client’s part. They were able to challenge the counsellor and spoke truthfully when leaving feedback. This possibly came more easily due to there being less fear of ramifications. It appeared that clients in this scenario were much freer to communicate with a greater willingness to self-disclose. This has been termed by Suler (2004) as the ‘online disinhibition effect’. Rather than it being an advantage or disadvantage in establishing a therapeutic relationship, it can be seen as a feature of this type of communication, which could potentially help or hinder the client. Other specific factors involved in establishing a therapeutic relationship in this way include the rationale behind a client’s decision to seek help in this format and the therapist’s own computer-mediated communication skills (i.e. the ability to understand acronyms and use emotions) (Hanley, 2012).

In understanding the session impact of online chat, Barak and Bloch (2006) suggested that feelings of session helpfulness were related to client moods and process characteristics (i.e. depth and flow). More so, there have been positive attitudes towards online chat therapy from clients. A poll at Liveperson showed high levels of user satisfaction (Finn & Bruce, 2008). Features such as anonymity, convenience and emotional safety were what appeared to be the drivers for those choosing therapy via online chat (Skinner & Latchford, 2006). However, there were also concerns from clients with regards to issues around confidentiality and technical hurdles (i.e. web pages crashing or being unable to access a therapist).

The studies outlined above raise interesting questions for the future of online chat, specifically regarding the number of sessions required for treatment. Many studies
have used single sessions, which report positive findings. However, from these outcomes there is not enough justification to draw conclusions regarding effectiveness for specific problems in a single session, which issues would be most helped in single sessions and whether the same effects are found in longer term online therapy. Future qualitative studies could also consider nonverbal processes of the therapeutic relationship from both perspectives of the therapist and the client.

**Videoconferencing**

Videoconferencing was first trialled for group psychotherapy in 1961 (Wittson, Affleck & Johnson, 1961 as cited in Simpson, 2009), from which there has been a steady growth in using videoconferencing for therapeutic purposes. It has been postulated that videoconferencing would reign in the application of CMC in counselling and therapy as it most closely mirrors the face-to-face therapist to client contact (Kraus, 2010). It is thought that this type of CMC would be particularly useful in reaching clients in rural areas, those that are highly self-conscious and people with physical disabilities.

In a study by Simpson (2001) involving video therapy, participants rated the therapeutic alliance. Results showed similarities of ratings of the therapeutic alliance compared with an FtF group. Participants expressed this form of communication to be less ‘threatening’ or ‘intimidating’ and it was suggested by Simpson that, by being more verbally explicit through use of voice tone, empathy and warmth can be conveyed. Although there have been concerns raised about social presence (an awareness and connection to another through non-verbal cues) in videoconferencing, research has shown that clients are, in fact, content with this level of social presence (Capner, 2000). Much of the research using video therapy to date has involved the use of cognitive behavioural therapy (CBT) as their main therapeutic model (for a review of these studies see Simpson, 2009). There have been few studies using other approaches such as psychoanalysis (Kaplan, 1997, Savege-Scharff, 2013) and family therapy (Freir et al., 1999).

In considering psychodynamic treatment, it has been postulated that videoconferencing offers the therapist and client to “look into each other’s world” whilst also stimulating transference (Fishkin, Fishkin, Leli, Katz & Snyder, 2011 p.
They presented a case study and discussed how transference and countertransference could manifest over videoconferencing and described the quality of such phenomena as neither adding nor detracting from the therapeutic relationship but that these familiar characteristics are changeable. Fishkin et al. (2011) also reported that the client presented in the case study met FtF with the therapist and described how their meeting did not feel different from their videoconferencing therapy sessions. Therefore, it could be considered that the unconscious processes of psychodynamic therapy are able to manifest online. However, the characteristics of these may be different to how the therapist may detect them in FtF settings. The authors also considered the importance of boundaries in FtF psychodynamic therapy and how this fared online when the other could not be touched physically, yet could be, by the use of the mouse, hovering over the person’s face. This is recognised as a covert boundary crossing, yet the enactment of this may be difficult for the therapist to recognise online (Fishkin et al., 2011). Overall, they concluded how offering psychodynamic therapy via videoconferencing to clients is helpful and convenient as fewer disruptions occur (missed appointments), thereby assisting the therapeutic relationship and progress.

Overall, the quantitative research in this mode of communication appears to be appropriate, beneficial and encouraging despite the often small sample sizes (Simpson et al., 2006). Positive outcomes, satisfaction and a working alliance appear to be present in most studies (Day & Schneider, 2002; Mitchell et al. 2008). The current evidence suggests it would be useful to consider the suitability of videoconferencing as a mode of treatment for different modalities within psychotherapy. It also appears significant to consider the personalities and interpersonal style of both therapist and client (Simpson, 2009). In considering the lack of qualitative research, not only in psychodynamic, humanistic, systemic, but also in CBT therapies, future research may want to consider processes, attitudes and experiences using qualitative methods. Some of the questions raised by the case study of Fishkin et al. (2009) would be interesting to explore, for example if and how therapists experience enactment online.

**Virtual Reality**

Virtual Reality (VR) is one of the newer ways for the therapist and client to interact through a real or simulated environment. This is an area which is growing into a
number of other areas of treatment and which can be used as a clinical component in FtF therapy (Riva et al., 2007). Members of the International Association of CyberPsychology, Training and Rehabilitation also encourage the use of VR as an adjunct to traditional FtF clinical work. By applying VR applications onto online communication, many doors can be opened so that mental health professionals can implement efficient therapeutic interventions, which are practical and effective as well as being attractive to prospective clients. Integrating traditional FtF therapy with the use of online VR could meet the hesitancies and preferences of therapists and clients.

In a review of the research, Riva et al. (2009) presented a variety of case studies which included assessment and treatment of alcohol abuse, phobias, body image distortion, generalised anxiety disorders and cognitive rehabilitation. Currently, various VP programmes, which are under development, aim to focus on diverse but specific areas of distress with the hope to target specific populations. An example of this comes from Botella et al. (2008b) who developed and studied VR applications implemented online which were used to treat various types of animal phobias, and also public speaking (Botella et al., 2010).

Exposure therapy programmes have been developed for the treatment of soldiers and war veterans suffering from post-traumatic stress disorder (PTSD) known as Virtual Iraq, as well as treatment for PTSD and other symptoms related to the suicide bombs which exploded on buses in Israel, known as BusWorld. Such programmes have been reviewed and found to be effective by Rothbaum, Malcoun, Rizzo, and Josman (2010). These authors suggested that circulating such interventions to a wider relevant client group would be an advantageous move in applying them over the internet. By studying and developing VR capabilities in combination with aspects of the therapeutic relationship, such as presence and flow, this could be a potential area that could produce considerable changes in treating clients presenting with diverse areas of distress (Barak & Grohol, 2011).

Recently, from the University of Valencia, came a critical development in the VR world known as EMMA’s World (Botella, Osma, Palacios, Guillen & Baños, 2008a as cited in Goss & Anthony, 2009b). This programme can be utilised by a diverse area of presenting problems as the software works by responding to the client’s emotional
state. As therapist and client work collaboratively, they create a virtual environment that evokes a specific emotional response in the client - for example, calmness where a reduction in excitation is required rather than creating realistic representations of specific real-world objects or events (Goss & Anthony, 2009b). By developing these general affective states, clients evaluated the programme as a less threatening and less aversive form of treatment compared to interventions which require a client to re-experience traumatic events (Botella et al., 2008a). Hence, facing a past distressing experience with such a treatment may be less invasive and carry a decreased risk of iatrogenic (intervention-induced) harm (Goss & Anthony, 2009b).

Not only has this mode of online communication proved effective with clients, but also in clinical training settings with fellow mental health professionals. In an attempt to evaluate internet-based VR environments, researchers have attempted to teach and train professionals on schizophrenia (Reis, Freire & Monguet, 2010) and hallucinations (Yellowlees & Cook, 2006). It seems that this environment, which includes live interactive communication, real simulations and live feedback, could become a fundamental part of the future for psychotherapy and counselling training.

The Debate

Online counselling and therapy has been criticised from its birth by professionals and the general population (Barak et al., 2008). People have argued that online counselling is a metamorphosis of FtF counselling, with technologies intersecting the communication process in the therapeutic relationship resulting in both advantages and disadvantages (Castelnuovo, Gaggiolo, Mantovani & Riva, 2003). From this standpoint, online counselling is not necessitating a different theoretical framework from FtF counselling, as it is not viewed to be different from the traditional way of engaging therapeutically. On the other hand, it is argued (Fenichel et al., 2002; Grohol, 1991) that online counselling, due to its separate features, should in fact be classed as a new form of therapeutic intervention. From this angle, online counselling is not viewed as a replacement for FtF counselling, but rather a flexible and adaptable intervention, which can be used to support other types of interventions. Some of the benefits and challenges to online counselling have already been highlighted above.
However, it is vital to reconsider why therapists and clients choose to communicate via online counselling and why those with apprehensions oppose such a practice. In doing so, this review will consider the behavioural characteristics, attitudes and ethics.

**Behavioural Characteristics**

The vast features of online counselling bring with it, not only benefits, but limitations. These have been reviewed since the primary days and they appear to be addressed through research and practice (Childress, 1998; Richards and Vigano, 2013; Rochelen, Zack & Speyer, 2004).

*Convenience and Accessibility*

One of the great and frequently cited advantages of online counselling is that it can be accessed everywhere and at any time. It has the capacity to reach those with physical disabilities, time restrictions, geographical isolation, heightened stigma, as well as language barriers. Many studies have highlighted the fact of convenience in both client and therapist choosing to utilise or provide online therapy (Chester & Glass, 2006; Young, 2005). Online counselling also has the potential for clients to access expertise, which, locally, may never be available to them (Young, 2005).

*Time Delay*

Due to the built-in time delay in asynchronous communication, this can alter the counselling process and cause a technical challenge. There may be a delay in the therapist’s response, which could leave the client wondering and interpreting without explanations, and so leading them to a state of increased anxiety and then eventually to what Suler (2004) termed the “black hole phenomenon”. This is described as the uncertainty of not receiving a response, which leads to the client projecting their feelings and anxieties onto the ‘blank screen’ of not receiving a reply. On the other hand, the time delay can act as a possible benefit for therapists in observing their own countertransference reactions and then attempting to positively manage it (Richards & Vigano, 2013).

*Disinhibition*
As previously discussed, the disinhibition effect can encourage therapeutic expression and self-reflection by reducing social stigma and anxieties that some clients experience when meeting a therapist (Suler, 2004). As clients come to the computer not wearing a ‘social mask’, they appear quicker to address core issues rather than tiptoeing around them. Research has shown that, during online counselling sessions, clients reported experiencing disinhibition, which helped them relate to the therapist more openly and honestly (Cook & Doyle, 2002). The same has been noticed by therapists, as they reported interacting with clients in this way induced a high level of intimacy and honesty which could occur from the first email exchange (Rochlen, Zack & Speyer, 2004).

Writing as Therapeutic

Writing used in therapeutic practice has had a positive impact on psychological and physical health even before the birth of online therapy (Pennebaker, Kiecolt-Glaser & Glaser, 1988). It has also been documented how the cathartic use of writing has emerged in emails by translating emotional substance into sentences and words (Sheese, Brown & Graziano, 2004). On remembering verbal content, distortions are likely to occur, but in online counselling clients have appreciated the fact that they are able to re-read responses to facilitate them in processing the material (Cook & Doyle, 2002) and, furthermore, are able to self-reflect (Beattie, Shaw, Kaur & Kessler, 2009). As previously mentioned, the zone of reflection (Suler, 2004) can be elicited during writing. This also allows the client to be emotionally contained by their own control as they are able to set the pace and depth of their self-disclosure. Whilst such an approach is useful and suitable, it should also be noted that not all clients possess writing skills that will allow them to express their thoughts explicitly. Therefore, it seems this mode of communication is better suited to those who can partake in written self-expression to fulfil their emotional needs.

Loss of cues

One of the biggest challenges, which has been documented frequently, is the loss of cues during online counselling such as facial expressions, body language, tone of voice, etc. Information portrayed through non-verbal behaviours is no longer accessible and, therefore, subtle information, which is often provided in the therapy
room, disappears unless it is explicitly reported. Such a limitation may discard experiential therapeutic modalities that require FtF presence (Alleman, 2002). However, the lack of cues has been shown to trigger an increased disinhibition effect and, so, creating safety and self-disclosure (Leibert et al., 2006). Power of control on the client’s part also becomes greater, as described in a study by Hanely (2009). He reported that young clients who engaged in online counselling liked having the choice to disclose whether or not they were crying.

**Telepresence and Transference**

A lack of physical presence has been described as a limitation, but in the online world this has been overcome by the suggestion of ‘telepresence’. Fink (1999) described this as the feeling (or illusion) of being in someone’s presence without sharing a physical immediate space. Riva, Waterworth, Waterworth and Mantovani (2011) suggested presence as instinctive and a part of one’s self whichever environment they may be in. So, it seems it does not matter if we are in a physical or virtual world, as, essentially, our surrounding does not affect our ability to feel present. Suler (2002) took this further with text-only communication and described how, without the distracting aspects of the physical presence, the therapist and client could connect more directly to each other’s psyche. These are powerful notions, which hold great implications for online counselling and the online therapeutic relationship, but research appears scarce and would benefit from further exploration.

**Misreading**

Another technical challenge is that online therapy creates the possibility for misunderstanding to occur and, therefore, if these misunderstandings are not explicitly mentioned, then the ability to clarify becomes inhibited. If therapists lack the appropriate training in text-based communication, what is really being said could be lost ‘between the lines’ and so the real issues become avoided (Rochlen et al., 2004).

**Crisis Intervention**

Concerns have been raised regarding how a therapist is able to deal with a crisis in online therapy. The ability to reliably deal with a crisis is challenging when there is
no certainty of an instant reply to emails. Therefore, significant problems can arise when a client presents with risky behaviour or the therapist is concerned with the client’s safety (Murphy & Mitchell, 1998). In a study of 93 online practitioners, around 26% had experienced the client being at risk to themselves or others. Yet, only less than half of these practitioners reported such risk to suitable services (Finn & Barak, 2010).

**Hypertextuality and Multimedia**

An advantage of online therapy is the usefulness of the internet itself to distribute clients with relevant complimentary material. The internet is a library on the therapist’s doorstep to send clients links, easily and quickly, to documents, video clips, psycho-educational websites, etc. Whilst in the traditional physical therapeutic space, the therapist may be limited to whatever resources the room can hold (Grohol, 1999).

**Attitudes and Experiences**

Much of the research regarding attitudes and experiences about online counselling seems to be embraced by clients and potential clients more than clinicians (Mallen, Vogel, Rochlen & Day, 2005). A previous study examining clients’ attitudes towards online and FtF counselling found more positive attitudes to FtF counselling, but participants were also leaning to a neutral-to-positive attitude towards online counselling (Rochlen, Beretvas & Zack, 2004). The authors found that, unlike traditional FtF therapy where a gender divide has been prevalent, this was not found to be the case with online counselling. A drawback of this study, however, is that participants had no actual experience with online counselling and so were responding to hypothetical scenarios. It could be postulated that this neutrality comes from a place of uncertainty and lack of knowledge, as cited by other researchers (Wangberg, Gammon & Spitznogle, 2007).

Wangberg et al. (2007) investigated the attitudes of 1040 psychologists with regards to delivering therapy online. It was found that psychologists who were experienced in using email in their professional practice were more approving of online counselling. This proves an interesting and unique feature of online counselling at it appears the
level of comfort in using online internet technology is a possible predictor of the attitude. Most of the psychologists held a neutral attitude, with 3% finding such a mode of intervention to be undesirable. As previously mentioned, these neutral attitudes may imply ignorance and uncertainty.

Advantages of working online in counselling and therapy have been reported by therapists, which include decreased emotional intensity, focused and expressive clients, equal power balance and added time to think and reflect (Bambling, King, Reid & Wegner, 2008). In addition to this, the availability of verbatim recorded words has been found to be constructive for supervision, but, likewise, increases the level of liability for professionals (Murphy & Mitchell, 1998). It is also worth noting that such records could also be requested by legal courts for numerous reasons involving the client and so this could implicate the confidentiality agreement between the client and therapist.

Hanley (2006) found specific concerns for online counselling by professionals including contact, confidentiality and informed consent. However, these concerns also appear when establishing FtF practice. In the online world users can remain anonymous, which brings concerns around safeguarding. However, this is becoming less common in online professional practice as ethical standards are redeveloping how clients are recruited, assessed and identified (Richards & Vigano, 2013). More recently it has been documented that the majority of online counsellors have been satisfied with the service that they provide (Finn & Barak, 2010).

In considering the attitudes of psychoanalysts, Savege-Scharff (2013) expressed that practitioners might feel that unconscious communication cannot transcend the limits of online counselling. Other concerns reported were: problems of transference and countertransference, intimacy, intersubjectivity and issues with therapy becoming conversational. She argued that a sense of identity existed amongst psychoanalysts and breaking away from the traditional FtF format might be met with disdain and loss of identity with colleagues, which, in turn, weakens the analyst’s own secure analytic uniqueness.

Sucala, Schnur, Brackman, Constantino, & Montgomery (2013) quantitatively researched clinicians’ attitudes towards the therapeutic alliance in text-based online
counselling and therapy. They explored the practitioner’s perceived importance of alliance in E-therapy, confidence in the ability to develop an alliance in E-therapy and whether attitudes towards the therapeutic alliance were linked to intended E-therapy practice. Quantitative research has highlighted the gap between a professional’s confidence in possessing the relevant skills to develop a strong relationship in online therapy, which correlated with intended E-therapy practice (Sucala et al., 2013).

It appears there is ambivalence amongst professionals in delivering therapy online and this may be because there is an initial lack of knowledge present during training on psychotherapy and counselling courses. This lack of exposure, uncertainty and vagueness about how exactly online counselling works, the concepts and theories behind it and the potential benefits, not just for clients but also for therapists, could be what holds professionals back from using this avenue.

The motivations behind clients’ decisions to seek therapy online include convenience, lower costs, belief in the effectiveness, and a higher freedom of expression through the use of writing, (Cook & Doyle, 2002; Bambling et al., 2008; Beattie et al., 2009). Concerns raised by clients have included fears of privacy and security associated with technology (Young, 2005).

**Ethics**

Ethical concerns have been noted as a core part of the debate surrounding the practice of online counselling. Outspoken critics give a lot of attention to the ethical and legal implications of online counselling. Online therapy has been classed as ‘irresponsible’ (because therapists are restricted in their ability to intervene in crisis situations), ‘ineffective’ (as it lacks the non-verbal cues that are present in FtF therapy) and ‘dangerous’ (because of the possible threats to confidentiality and security on the internet) (Skinner & Zack, 2004). Potential legal issues have also been raised early on regarding duty of care (Richards & Vigano, 2013). However, these issues that are presented online are also faced in the traditional consulting room (Skinner & Zack, 2004). Even so, these issues remain present and, so, professionals are left wondering how they can practise online ethically. Many professional bodies and organisations (APA, BACP & ISMHO) have attempted to address these ethical concerns with the use of standards and guidelines for online practice, as mentioned above. This has been
a significant step in addressing the vital ethical concerns of practising online. As research and clinical practice in this environment develops, this contributes to the expansion of the evidence base which leads to the regular revision of guidelines (Anthony & Goss, 2009).

Although these standards exist for online therapy, a low number of practitioners observing ethical guidelines have been reported (Shaw & Shaw, 2006). A concern that still remains appears to be the credibility of professionals, as this seems to vary widely (Chester & Glass, 2006). In one investigation it was found that signed client consent forms were requested from a third of clinicians and just under half used encryption software for confidentiality purposes (Heinlen, Welfel, Richmond & Rak, 2003). It appears, then, that practitioners are not fully accepting and incorporating legitimate forms of delivering online therapy, and, so, it could be considered as an outlier in the field of mental health interventions. It would seem that there is a need for tighter regulations from established accrediting bodies so that practitioners do not find it unproblematic to ignore such standards, therefore allowing online CMC to become more trustworthy, not just for clients, but also for fellow clinicians.

**Gaps in the Literature and Future Research**

Although research has begun to answer the questions of sceptics in a positive light by highlighting the similar effectiveness of online therapy compared to FtF therapy, there still remain unanswered questions. By expanding the quantity and quality of research in this sector, it will provide professionals with the advantages and disadvantages of online counselling and therapy. It seems that online counselling should possibly be considered as a new type of intervention and, thus, a framework defining counselling psychology as a specific type of intervention is needed (Richards and Vigano, 2013). Throughout the research the terms used to describe online counselling and therapy are not consistent and so it seems this intervention would benefit from a universal definition. Yet these different definitions could also reflect the different epistemological positions that researchers, authors and practitioners are standing from. The role of the therapist in online counselling appears to be under-researched in the literature. Professionals and clients would profit from knowing exactly what the role of the therapist is in this distant setting; has it changed from the FtF setting and, if yes, then how?
Currently, it seems that much of the research is limited in terms of the length of therapy with studies ranging from one to 12 sessions. Counselling psychologists focus on both long- and short-term work and, therefore, analysis of the outcome of mental and behavioural health services delivered online in the long-term would be beneficial. Much of the literature utilises cognitive-behavioural or solution-focused frameworks as its main theoretical modality when delivering online therapeutic interventions. It has been noticed that therapies from models of the psychodynamic and humanistic orientation are lacking. Further research would be appropriate in understanding the appropriateness and adaptability of different therapeutic approaches outside of the cognitive-behavioural domain for online therapy.

Frequent questions often posed include: who is online therapy suitable for? What types of issues and what forms of online therapy are effective for which populations and which issues? Counselling psychologists working online are likely to want to know information about which types of clients respond best to therapies online. It is thought that those who are able to function at a moderately high level and those that can engage in writing expressively would benefit from online counselling (Suler, 2001). Some advocate it to only be utilised with clients with less serious issues, whereas those who have more severe issues are better suited to closer supervision in an FtF setting. Such clients that fall under this umbrella include those with suicidal ideation, personality disorders or who have had a recent psychotic episode (Suler, 2001). Future research should consider whether positive outcomes can be yielded from online counselling for a diverse range of issues including, but not limited to, interpersonal, developmental and more severe issues. Currently there is no research that can provide us with concrete information as to which clients online interventions are most suitable for and, so, this is an area which requires further development.

Measuring the clinician’s perspective of online therapy services is of valuable use. Research has shown that professionals are less inclined towards online counselling compared to clients. This dynamic would gain from being explored further. It has been found that the majority of clinicians seem ambivalent to online counselling services, but the underlying factors are still vague. It seems that lack of knowledge and uncertainty may play a part in this, but a deeper qualitative understanding of clinician’s experiences and attitudes towards online counselling would determine
what contributes to this and what could be implemented to overcome these factors.

**Conclusion**

Online counselling and therapy has been found to be as effective and on par with FtF therapy in various modalities of computer-mediated communication. The development of the online therapeutic relationship has been proven to exist and be effective. This does not replace traditional face-to-face counselling, but, rather, it can act as a tool to reach those who are unable to utilise FtF counselling. It can also be used in conjunction with FtF therapy so that therapists can develop and understand their relationship with clients in different elements. It appears that presumptions or lack of understanding is what obstructs professionals from becoming part of the online counselling and therapy world.

Technology in our lives is growing faster than we can imagine. Our current and future generations are practically born with technology in their hands and, therefore, they are very clued on, probably more so than some professionals. They are the current and future seekers of online counselling and, so, this mode of communication should not seem like a current trend, but rather the birth of a new framework and expectation of what will be available online.
Personal Reflections

In the Christmas of 2011 during a luncheon with a family member, he asked me where counselling and therapy was in the online world. I felt caught off guard and stumped that I couldn’t give him a response because in actual fact I just didn’t know. I had never even given a second thought to therapy and the internet going hand in hand, as my perception was that it needed to be confined to the physical therapy room. Sparked by his question I was motivated to find the answer. I sourced through the internet reading numerous journals, articles and opinions. It was clear to see that online counselling and therapy was a field that was up and coming within the mental health sector yet opinions seemed to be divided. Immediately many questions began popping into my mind and when asked about research interests at interviews for the doctorate course I was ready to share them.

As I embarked on this counselling psychology course and attended forums involving my peers and professionals it was clear the online counselling and therapy was split into three categories which included: i) those for it ii) those against it iii) and those who knew nothing about it. I was excited that this was such a current topic that was debated with strong emotions and was sure this was the area I wanted to research.

The more I began to read, the more I searched for more information and literature. I needed to know everything about this novel approach before I began writing about it, from when it started to where it was today. The information provided seemed to be split with authors writing about a specific areas including: the history, ethics, different types of online therapy, the therapeutic relationship and the debate. As a newcomer to this field there wasn’t one journal that I could pick out of the vast library that could provide me with an overview to all of these. Immediately I knew this was a gap I wanted to fill. The aim of this review was to provide those who know little with an impression of online counselling and therapy so they can come to an opinion themselves.

Many of my cohort do not have an opinion to online counselling and therapy simply because they know nothing or little about it. As an area that is vastly growing this is quite worrying. We are the future practitioners of counselling psychology and I feel it
is essential for trainees to acknowledge online counselling and therapy as a therapeutic intervention that is in demand by prospective clients. Upon reading I reflect back now and notice how naive I initially was to online counselling. My presumptions were “surely you just talk to someone over Skype like you would do in a normal therapy setting?” Little did I know firstly about the different types of interventions offered and secondly about the specific online processes that occur during synchronous and asynchronous interventions.

I was able to swiftly grasp the more technical aspects of online counselling and how these impact on the processes of the online therapeutic relationship. Although they seem obvious to me now, I can understand how those with little insight into this intervention one can easily ignore these features as playing a vital role in online counselling. This sudden growth of knowledge has inspired me to really promote an awareness of online counselling to my peers whilst continuing to develop my knowledge within this sector. I have noticed how previously where I may have stood on the side line unfazed by either side of the debate, I now fully want to immerse myself and strive to not only provide further knowledge to the field but also equip myself to work with this intervention.

As a trainee going on to become future practitioner I may provide online counselling as part of my clinical work. However, there is no introduction to this provided on the course, which is interesting. This seems to be the case amongst the majority of doctoral counselling psychology courses and I am left wondering why this is the case? My feeling is that the resistance (stemming from a lack of knowledge) felt towards online counselling by professionals can leak into educational training settings therefore preventing trainees from learning about this type of intervention. However, this is just a speculation and not a statement I make with certainty.

As I have begun investing time in the field of online counselling and therapy I feel that not only am I investing in research to further the knowledge in the field but also in myself and how I wish to “brand” myself as a future practitioner. I feel enthusiastic that I have chosen a topic that day by day has already provided me with much knowledge, excitement and motivation not only as a researcher but also a clinical practitioner.
References


Anthony, K., & Goss, S. (2009). Guidelines for online counselling and psychotherapy 3rd edition, including guidelines for online supervision. Lutterworth: BACP.


Appendix A – Journal Notes for Contributors

Instructions for Authors

**SCHOLARONE MANUSCRIPTS**

This journal uses ScholarOne Manuscripts (previously Manuscript Central) to peer review manuscript submissions. Please read the guide for ScholarOne authors before making a submission. Complete guidelines for preparing and submitting your manuscript to this journal are provided below.

The instructions below are specifically directed at authors who wish to submit a manuscript to *British Journal of Guidance & Counselling*. For general information, please visit the Author Services section of our website.

*British Journal of Guidance & Counselling* considers all manuscripts on the strict condition that they have been submitted only to *British Journal of Guidance & Counselling*, that they have not been published already, nor are they under consideration for publication or in press elsewhere. Authors who fail to adhere to this condition will be charged with all costs which *British Journal of Guidance & Counselling* incurs and their papers will not be published.

Contributions to *British Journal of Guidance & Counselling* must report original research and will be subjected to review by referees at the discretion of the Editorial Office. Most articles published will be reports of original research or systematic literature reviews. However, there are several other types of article that we are keen to publish, especially from new or less experienced writers. We encourage submissions of briefer articles (1500-3000 words) entitled ‘In Practice’ or ‘Debate’, which are more reflective pieces, stating opinion and encouraging debate. We also publish ‘Literature review essays’ which are themed critical reviews linking more than one related publications, illuminating theory or practice in novel ways. Finally, we are interested in ideas for interviews with key figures in the field, or someone who offers a unique perspective. Do contact us if you are unsure if your ideas fit with the remit of the journal. These papers must, like all submissions be contextualised in the literature and be of a high academic standard, and are peer reviewed.

This journal is compliant with the Research Councils UK OA policy. Please see the licence options and embargo periods [here](#).

Please note that *British Journal of Guidance & Counselling* uses CrossCheck™ software to screen papers for unoriginal material. By submitting your paper to [British Journal of Guidance & Counselling] you are agreeing to any necessary originality checks your paper may have to undergo during the peer review and production processes.
Manuscript preparation

1. General guidelines

• A typical main article should be 3,000–6,000 words in length inclusive of references/notes/tables; short research reports and notes on practice should be 1,500–3,000 words. Authors should include a word count with their manuscript.

• Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgments; appendixes (as appropriate); references; table(s) with caption(s) (on individual pages); figure caption(s) (as a list).

• All the authors of a paper should include their full names, affiliations, postal addresses, telephone numbers and email addresses on the title page of the manuscript. One author should be identified as the corresponding author. The affiliations of all named co-authors should be the affiliation where the research was conducted. If any of the named co-authors moves affiliation during the peer review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after the article is accepted. Please note that the email address of the corresponding author will normally be displayed in the article PDF and the online article.

• Please supply a short biographical note of approximately 50 words for each author.

• Please supply all details required by any funding and grant-awarding bodies in a separate acknowledgements paragraph.

• Abstracts of 60–120 words are required for all papers submitted and each paper should have 5 or 6 keywords.

• For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms should not be used.

• Important note: care must be taken to disguise the identity of clients. Where case-study material is presented on a particular client which may enable the client’s identity to be recognised by him/herself or by others, written consent must be requested from the client concerned; assurance that such consent has been obtained should be provided to the editor, and should also where appropriate be mentioned within the article as part of the description of the methodology used. Any liability to clients on the grounds of infringing confidentiality belongs to the author(s).

2. Style guidelines

• British English spelling (e.g. organise, hypothesise) and punctuation is preferred.

• Follow this guide to prepare your manuscript Quick guide

• Description of the Journal’s reference style: APA guide here
If you have any questions about references or formatting your article, please contact authorqueries@tandf.co.uk (please mention the journal title in your email).

Word templates are available for this journal. If you are not able to use the template via the links or if you have any other queries, please contact authortemplate@tandf.co.uk

3. Figures

• It is in the author's interest to provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour.
• Figures must be saved separate to text. Please do not embed figures in the paper file.
• Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).
• All figures must be numbered in the order in which they appear in the paper (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labelled (e.g. Figure 1(a), Figure 1(b)).
• Figure captions must be saved separately, as part of the file containing the complete text of the paper, and numbered correspondingly.
• The filename for a graphic should be descriptive of the graphic, e.g. Figure1, Figure2a.

4. Publication charges

Submission fee
There is no submission fee for British Journal of Guidance & Counselling.

Page charges
There are no page charges for British Journal of Guidance & Counselling.

Colour charges
Colour figures will be reproduced in colour in the online edition of the journal free of charge. If it is necessary for the figures to be reproduced in colour in the print version, a charge will apply. Charges for colour pages in print are £250 per figure ($395 US Dollars; $385 Australian Dollars; 315 Euros). For more than 4 colour figures, figures 5 and above will be charged at £50 per figure ($80 US Dollars; $75 Australian Dollars; 63 Euros).

Depending on your location, these charges may be subject to Value Added Tax.
5. Reproduction of copyright material
As an author, you are required to secure permission to reproduce any proprietary
text, illustration, table, or other material, including data, audio, video, film stills,
and screenshots, and any supplemental material you propose to submit. This
applies to direct reproduction as well as ‘derivative reproduction’ (where you have
created a new figure or table which derives substantially from a copyrighted
source). The reproduction of short extracts of text, excluding poetry and song
lyrics, for the purposes of criticism may be possible without formal permission on
the basis that the quotation is reproduced accurately and full attribution is given.
For further information and FAQs, please see http://journalauthors.tandf.co.uk/permissions/usingThirdPartyMaterial.asp

6. Supplemental online material
Authors are welcome to submit animations, movie files, sound files or any
additional information for online publication.

Information about supplemental online material

Manuscript submission

All submissions should be made online at the British Journal of Guidance &
Counselling ScholarOne Manuscripts . New users should first create an account.
Once logged on to the site, submissions should be made via the Author Centre.
Online user guides and access to a helpdesk are available on this website.

Manuscripts may be submitted in any standard format, including Word
and EndNote. These files will be automatically converted into a PDF file for the
review process. LaTeX files should be converted to PDF prior to submission
because ScholarOne Manuscripts is not able to convert LaTeX files into PDFs
directly.

To enable the refereeing procedure to be anonymous and impartial, authors
should prepare and upload two versions of their manuscript. One should be a
complete text, while in the second all document information identifying the
author or specific place or institution should be removed from files to allow them
to be sent anonymously to referees. When uploading files, authors will then be
able to define the non-anonymous version as ‘File not for review’. Authors should
also upload a separate title page including the contact details of all the authors of
the manuscript. Please note that failure to anonymise one set of
documents will result in the article being unsubmitted (that is, returned
for resubmission, with identifying data removed) . To ensure impartiality, it
is also necessary to insert the words (reference removed for blind review) when
referring to our own previous writing.
Resubmission of articles

If, in response to reviewers' comments, you are required to resubmit your article, you should ensure that you use track changes in the resubmission, so that it is clear what amendments have been made. Additionally, you should resubmit the whole (anonymised) document again, not just parts that have been amended, together with all required files. If you resubmit after the timescale, all documents will need to be uploaded again.

Review process

All articles are sent out for peer review and at least two reviews are required for each paper. If the recommendations differ, a third review may be sought. It is very unusual for any articles to be accepted without some revision, so you should not be disappointed if you are required to make amendments or do further work on your articles. Reviewers voluntarily offer their time and expertise in order to assist you in publishing your best work. You will be informed of the decision when these reviews have been received and the co-editor makes a decision based on the reviews. We hope the feedback from reviewers should be clear and detailed regarding the reasons for rejection or necessary revisions. Any resubmissions are similarly reviewed. Please be aware that the process from original submission to publication can take several months, but we aim to process this as quickly as possible.

Copyright and authors’ rights

It is a condition of publication that all contributing authors grant to Taylor & Francis the necessary rights to the copyright in all articles submitted to the Journal. Authors are required to sign an Article Publishing Agreement to facilitate this. This will ensure the widest dissemination and protection against copyright infringement of articles. The ‘article’ is defined as comprising the final, definitive, and citable Version of Scholarly Record, and includes: (a) the accepted manuscript in its final and revised form, including the text, abstract, and all accompanying tables, illustrations, data; and (b) any supplemental material. Copyright policy is explained in detail at http://journalauthors.tandf.co.uk/permissions/reusingOwnWork.asp.

Free article access

As an author, you will receive free access to your article on Taylor & Francis Online. You will be given access to the My authored works section of Taylor & Francis Online, which shows you all your published articles. You can easily view, read, and download your published articles from there. In addition, if someone
has cited your article, you will be able to see this information. We are committed to promoting and increasing the visibility of your article and have provided guidance on how you can help. Also within My authored works, author eprints allow you as an author to quickly and easily give anyone free access to the electronic version of your article so that your friends and contacts can read and download your published article for free. This applies to all authors (not just the corresponding author).

Reprints and journal copies

Article reprints can be ordered through Rightslink® when you receive your proofs. If you have any queries about reprints, please contact the Taylor & Francis Author Services team at reprints@tandf.co.uk. To order a copy of the issue containing your article, please contact our Customer Services team at Adhoc@tandf.co.uk.

Open access

Taylor & Francis Open Select provides authors or their research sponsors and funders with the option of paying a publishing fee and thereby making an article permanently available for free online access – open access – immediately on publication to anyone, anywhere, at any time. This option is made available once an article has been accepted in peer review.

Full details of our Open Access programme

Visit our Author Services website for further resources and guides to the complete publication process and beyond.
Appendix B

Relevant literature was searched and selected using the following list of keywords:

- online counselling
- online therapy
- cyberpsychology
- cybercounselling
- cybertherapy
- web counselling
- web therapy
- e-counselling
- e-therapy
- computer mediated communication.
“What do Counselling Psychologists Think?”:
Towards a Grounded Theory about Perceptions of the Online Therapeutic Relationship.

Abstract

Online counselling and psychotherapy is a growing area of clinical work with relatively little research about perceptions towards the therapeutic relationship. This qualitative study used constructivist grounded theory methodology to explore how counselling psychologists, with no previous experience of online counselling, view the therapeutic relationship online. Eight counselling psychologists were interviewed and a preliminary theory was developed: counselling psychologists, who identify with a particular generation, recognise that visualisation and temporality are critical to create depth in the therapeutic relationship; without this, counselling psychologists perceive that working online would leave them feeling deskilled. Research limitations and clinical implications of the study are discussed.

Keywords

Online counselling, therapeutic relationship, grounded theory, counselling psychologist, perceptions.

Prepared according to the British Journal of Guidance and Counselling “Notes for contributors” (Appendix F)
Introduction

When we think of counselling psychology and psychotherapy we normally imagine a private room with two chairs - one for the professional and one for the client -, a table and a box of tissues. Today, as the Internet transforms the way we communicate, counselling and psychotherapy are moving into an era of electronic communication. Online counselling and therapy is defined as “a mental health intervention between a patient (or a group of patients) and a therapist, using technology as the modality of communication” (Barak & Grohol, 2011, p. 157). Such modalities include email, Internet chat, audio, video-conferencing and virtual reality.

Online counselling has emerged in the last two decades to reach clients who may have difficulty forming relationships due to the stigma about visiting a mental health service, and also due to the geographical location to reach those who may not have access to face-to-face (FtF) psychological support. Interventions can be delivered synchronously, which occur in real time and where there is no significant time delay perceived by the users, or they can occur asynchronously, which do not provide an immediate response (Perle, Langsam, & Nierenberg, 2011).

Modes of Online Communication

Barak, Hen, Boniel-Nissim and Shapira (2008) completed a meta-analysis of the effectiveness of internet-based psychotherapeutic interventions and reported the overall mean weighted pre-post effect size as $d = 0.53$ which is considered to be a moderate effect (Cohen, 1988). They concluded that online work is effective as they argued that the effect size is ‘quite similar to the average effect size of traditional, face-to-face therapy’ (p. 109). They also noted that FtF therapy research had greater reliability due to replication over time and the small number of online studies that have limited the comparability.

Although it has been argued that video-conferencing would reign in the application of internet-based counselling (Kraus, 2010), email therapy is cited as the most popular use of computer mediated communication (CMC) with clients (see recent surveys by Finn & Barak, 2010, and the International Society of Mental Health Online, 2011).
There have been positive attitudes towards online chat therapy from clients - a poll at Liveperson showed high levels of user satisfaction (Finn & Bruce, 2008).

One of the advantages of email and online chat is the anonymity it offers to the client, as they are much freer to communicate with a greater willingness to self-disclose; this has been termed by Suler (2004) as the “online disinhibition effect”. As clients come to the computer not wearing a “social mask”, they appear quicker to address core issues. Research has shown that, during online counselling sessions, clients reported experiencing disinhibition, which helped them to relate to the therapist more openly and honestly (Cook & Doyle, 2002) (a quantitative methodology). The same has been noticed by therapists, as they reported that interacting with clients in this way induces a high level of intimacy and honesty which can occur from the first email exchange (Rochlen, Zack & Speyer, 2004) (case report methodology). Implication is a broad research coherence.

Despite videoconferencing not being as popular as email therapy, research has highlighted positive outcomes and satisfaction with the working alliance from clients and therapists (for a review see Simson, 2009; Sukthankar & Brown, 2013). Much of the research using video therapy to date has involved the use of cognitive behavioural therapy (CBT) as the main therapeutic model, with fewer studies using other approaches such as psychoanalysis (Kaplan, 1997).

Theoretical Approaches and Online Counselling

The consideration of theoretical models and orientations of therapists was explored by Mora, Nevid and Chaplin (2008), who reported that CBT orientated therapists towards strongly endorsed internet-based interventions over psychoanalytically-orientated therapists. A recent systematic review analysed 840 studies and found CBT to be the most commonly identified approach used in online counselling therapy studies, which may be due to the standardised methods, short-term work and manualised approach of the model (Sucala et al., 2012). A review of the literature found a lack of studies where humanistic approaches have been considered or used in online counselling (Sukthankar, 2013). Therefore, it is difficult to evaluate the current existence of the humanistic orientation in online counselling.
Studies have found that practitioners with a psychodynamic orientation were less likely to champion online counselling and were more likely to hold negative attitudes towards online counselling (Wanberg, Gammon & Spitznogle, 2007). This attitude could be due to the importance and emphasis of the therapeutic relationship in this orientation. Brottman (2012) proposed that this could be a consequence of the older age of psychoanalysts being less experienced with the internet. Potential problems have been raised by psychoanalysts including intersubjectivity and intimacy (Savege-Scharff, 2013). However, Suler (2000) argues that a client might just as easily produce free association in text rather than speech.

**Attitudes and Experiences towards Online Counselling**

A review of the literature (Sukthankar, 2013) highlights ambivalence amongst professionals in delivering therapy online. Much of the research regarding attitudes and experiences about online counselling in general has found that clients and potential clients embrace online counselling more than clinicians (Mallen, Vogel, Rochlen & Day, 2005). This may be because there is an initial lack of knowledge present during training on psychotherapy and counselling courses. It has been postulated that traditional core trainings are out of date, and there is an essential need for training in transferring FtF skills to the online environment, as professionals need to keep updated on the cyber culture (Anthony, 2014). Clinicians who have practised online counselling report advantages including decreased emotional intensity, focused and expressive clients, and added time to think and reflect (Bambling, King, Reid & Wegner, 2008). Power balance has been reported to be equal by clients using online counselling, as they preferred having the choice of disclosing whether or not they were crying (Hanley 2009).

One of the major challenges of online counselling has been the reservation from practitioners about forming a therapeutic relationship in this dimension (Fenichel et al. 2002). The therapeutic relationship is central to the field of counselling psychology and has been defined by Norcross (2002) as “the feelings and attitudes that the therapist and client have towards one another, and the manner in which these are expressed” (p. 7). Extensive literature in FtF therapies indicates the crucial role of the therapeutic relationship to promote psychological growth and contribute to the
success of psychotherapy (Horvath & Luborsky, 1993; Lambert & Barley, 2001; Norcross, 2002). Specific concerns towards the online therapeutic relationship centred on crisis management (Childress & Asamen, 1998), misreading cues, time delays, technological glitches (Griffiths, 2001), and the lack of nonverbal cues (Alleman, 2002).

Nonverbal clues are believed to be critical to the development of the counselling relationship (Alleman, 2002; Altman & Taylor, 1973). Not only is the therapist’s nonverbal behaviour influential to the relationship (Philippot, Feldman & Coats, 2003), but also the therapist’s attention to the client’s nonverbal markers (Grace, Kivlighan & Kunce, 1995). However, a lack of physical presence has been overcome in the online world by the suggestion of “teleprenence”. Fink (1999) describes this as the feeling (or illusion) of being in someone’s presence without sharing a physical immediate space. Furthermore, Suler (2002) describes how, without the distracting aspects of the physical presence, the therapist and client can connect more directly to each other’s psyche in text-only communication.

Although the concerns mentioned above appear to be justifiable, a small number of quantitative studies from a realist/post-positivist paradigm have shown that therapeutic relationships can be established in email, internet chat and videoconferencing in online counselling (Cook & Doyle, 2002, Hanely and Reynolds 2009; King, Bambling, Reid & Thomas, 2006; Simpson, 2001). Moreover, qualitative phenomenological research identified trust and depth in the online relationship exists (Fletcher-Tomenius & Vossler, 2009).

Until recently, there has been no research on clinicians’ attitudes towards the therapeutic alliance in text-based online counselling and therapy (Sucala, Schnur, Brackman, Constantino, & Montgomery, 2013). In a quantitative study,Sucala et al. (2013) explored clinicians’ perceived importance of alliance in E-therapy. Of the 106 participants taking part in this study, 25% reported having ever provided online counselling. Their results showed that the majority of the clinicians considered the therapeutic alliance to be extremely important in both FtF therapy and online counselling from the conceptualisation of the alliance being measurable. However, clinicians’ ratings of the importance of the alliance in FtF therapy were higher than
their ratings of the importance of the alliance in E-therapy (Sucala et al., 2013). These results could indicate that practitioners may be unaware of the importance of the therapeutic relationship in online counselling, if we are to accept the epistemological assumptions of measurability.

Sucala et al.’s (2013) study appears to be limited in that a quarter of the participants had practised online counselling, which could have potentially affected their responses of the perceived importance of the online therapeutic relationship. Furthermore, all participants had a minimal level of computer and internet skills, as the survey was administered online, and so these results do not reflect those who are less comfortable with using the computer/internet. Finally, the questions used in this study focused on a specific number of items, with only two open questions (perceived barriers in developing/maintaining an online working alliance and skills/techniques to overcome such perceived barriers). Although these questions are open, they appear descriptive and assume there are barriers to online therapy and that they need to be overcome.

**Rationale**

To help overcome these aforementioned limitations and knowledge gaps in the field of online counselling, the present study set out to investigate the under-researched perceptions of counselling psychologists towards the online therapeutic relationship. Although previous research had explored the online counselling practitioners’ experience of the therapeutic relationship in online counselling, there have been no qualitative studies that look at the perceptions about the therapeutic relationship with practitioners who have no experience in online therapy. VandenBos & Williams (2000) suggest that the majority of counselling psychologists do not incorporate online counselling in their professional work. The general purpose of the research was to explore this suggestion further, given the digital era in which we currently live, and research the perceptions that current counselling psychologists have that may impact on their views towards online counselling. Specifically the researcher sought to discover if counselling psychologists believed a therapeutic relationship could be created online and, if so, how they perceived the characteristics of this type of
relationship. This was done using the initial research question, ‘How do counselling psychologists with no prior experience of online counselling perceive the therapeutic relationship online?’ The study further aimed to develop a theoretical framework of interactional processes in relation to these perceptions with the hope of exploring and addressing these processes in further research.

To help answer the research question, the present study employed a constructivist grounded theory (GT) (Charmaz, 2006) approach. Constructivist GT has its epistemological roots in pragmatism, which views reality as characterised by fluidity and open to multiple interpretations with the assumption that people are active agents (Charmaz, 2014). GT also has its epistemological roots in symbolic interactionism. Blumer (1969) describes interaction as a symbolic process dependent on the spoken and unspoken language, which forms and shares our interpretations and actions.

Symbolic interactionism offers an open-ended theoretical perspective that can inform grounded theory research as it allows the researcher to combine theory and method into a coherent unified whole without forcing the data and ideas into a prescribed set of concepts (Charmaz, 2014). GT and symbolic interactionism as a theory-methods (Charmaz, 2006, 2014) package suit the researcher’s position as they acknowledge that (i) theory and data are mutually constructed by the researcher, participants and their interactions rather than discovered, and (ii) theory and data are also influenced by the researcher’s perceptions, principles and opinions. Additionally, as interactions co-construct social realities, “they are therefore subject to redefinition, and are somewhat indeterminate” (Thornberg, 2012, p.315). The constructivist approach proposed by Charmaz (2006) and underpinned by symbolic interactionism was, therefore, adopted. This suited the current study as it aims to generate interpretative insights into the process, which are specific to the contexts rather than a list of categories with a concrete theory.

**Method**

**Participants**

To recruit participants, the study followed a theoretical sampling strategy, in
accordance with the guidelines of GT (Charmaz, 2006). This involved starting with the initial data, constructing provisional ideas, and then using these ideas to direct further empirical enquiry through interviews with other participants (Charmaz, 2006). Inclusion criteria included counselling psychologists with i) two years post-qualification experience and ii) no experience of using online counselling and psychotherapy as a practitioner for therapeutic purposes. The researcher advertised on counselling psychology group mailing lists, LinkedIn and Facebook groups, as well as in her place of training and clinical placement.

Participants who agreed to take part in the research were given an information sheet and signed a consent form prior to commencing the interview (see Appendix A and B). Participants were notified that they could withdraw from the study at any time and none of their data would be used. Contact details of the researcher and the supervisor were made available to participants should they have required further information or wished to withdraw from the study. Interviews were conducted either in a face-to-face setting or over the telephone and lasted approximately 45 minutes. Interviews that took place face-to-face were either in the Psychology Department at the University of Surrey or at the researchers clinical placement, within a therapy room in an NHS psychology clinic. Each interview was audio recorded, and then transcribed verbatim (see Analysis) to begin analysis.

After the first interview was conducted, transcribed and analysed (see interview procedure and analysis) the researcher sought specific participants to expand and develop the preliminary categories in line with theoretical sampling as described above. This kept occurring for each new interview. For example a participant practicing from a psychodynamic model spoke of how a practitioner using a CBT modality may be more suitable for online counselling and so a counselling psychologist practising from a CBT was recruited. In total eight counselling psychologists were recruited on the basis of theoretical sampling (see Appendix C)

*Interview Procedure*

A semi-structured interview format was used to collect data. The first interview (see
Appendix D) was developed following Charmaz’s (2006) suggestion for the constructivist grounded theory to investigate actions and processes as well as extract perceptions of the online therapeutic relationship. Broad open-ended questions were developed to allow for exploration of the participants’ meanings, assumptions and interpretations, as well as to follow new avenues that emerged from the conversation. Following the first interview, the schedules were continually modified (theoretical sampling) according to the data analysis and emerging new categories in the research, keeping in line with the constructivist grounded theory methodology (Charmaz, 2006). For example, questions that were raised included: ‘Age/generation has been raised as a factor in influencing the online counselling relationship, would you say this plays a role?; ‘What are your views on the use of intersubjectivity in online counselling?’; ‘How would you view the online counselling relationship with different models of therapy?’ Theoretical sampling strategies were also used to develop the properties of the emerging categories, elaborate their meaning, explore variation and define gaps to find a full range of thoughts and experiences to the therapeutic alliance in online counselling and therapy.

Analysis

The transcription process required the researcher to listen and re-listen to the audio-recorded interview before transcribing verbatim. This allowed the researcher to familiarise herself with the interview. The transcription process then began by typing out the interview verbatim whilst also including fillers in speech patterns (ums, ahs, ers, etc.) and nonverbal communication (pauses, silences, etc.) The researcher decided to do the transcription herself so that she could recall observations made during the interview and add meaning to the content.

The data was analysed using Charmaz’s (2006) constructivist GT methodology. After the data was collected and transcribed coding began. This started with reading and re-reading so that the researcher could familiarise herself with the data. The next stage involved line-by-line coding (Charmaz, 2003) to consider what is happening, theoretical ideas and identify meaning. Labels were attached to quotes to sort and compare interview extracts. These were known as descriptive codes and compared with each other to look for similarities and differences as well as generate abstract
concepts using a constant comparative analysis (Glaser & Strauss, 1967). This gave rise to ‘low-level’ categories, which were used for theoretical sampling of participants and interview schedules as discussed above. Alongside this stage of the coding, memo writing occurred. Memos about codes were developed and comparisons were made throughout to generate a preliminary hypothesis, development of a theory and identify relationships between categories.

During further data collection more focused codes were developed, memos were advanced and categories were refined. Within this stage coding was more concerned with meaning rather than summarising participants quotes. Each new transcript was coded and compared with existing data, which refined and developed ‘low-level’ categories. The final stage consisted of a detailed analysis of the data using theoretical coding to construct three broader ‘higher-level theoretical categories’ from the ‘low-level’ categories.

To ensure that similarities and differences could be acknowledged within each category, the three broader categories were taken back to the data. The researcher attempted to continue this process until theoretical saturation was achieved, i.e. a process where no new or relevant data emerged from the data (Corbin & Strauss, 1990). However, due to time constraints, saturation through theoretical sampling could not be fully pursued. Therefore, the results from the analysis can only be regarded as a preliminary theory.

It is also important to note that recruitment, interviewing and analysis was a cyclic process, and not each stage occurring independently from one another.

Ethical Considerations

No particular risk or distress was anticipated during the research. The confidentiality of participants was upheld by encrypting all data and storing it in a password-protected system. Participants’ autonomy was respected by making reasoned judgements about any actions that may have impacted on this. Prior to the data collection, participants were informed of the full aims of the research and were debriefed at the end of the interview. During debriefs the researcher thanked the
participant for taking part in the research and more fully explained the research. Participants were asked about their experience and perceptions of the interview and research. The debrief also entailed asking whether the participants had any further questions to ask or if any part of the interview or research needed further clarifying. As mentioned in the information sheet and consent form, participants were reminded that their data is confidential. They were told how their data from the interviews would be used whilst acknowledging that any identifying information would be removed. Participants were reminded should they have any further questions following the interview session they could contact the researcher or the research supervisor. Finally participants were given details of organisations they could contact should they have experienced any distress from the interview.

For these reasons, and as the study did not involve deception or recruiting a vulnerable group of participants, ethical approval was not required. However as a member of the British Psychological Society, reference to this was important, and applicable ethical guidelines were followed.

_Evaluating the Quality of the Study_

Credibility was acknowledged as to whether the results of the data reflected the experience of the participants in a believable way (Lincoln & Guba, 1986). Sensitivity to the social context, using an adequate sample for the research question, transparency and detail in the researcher’s account of their methods, was suggested by Yardley (2000) when evaluating criteria for qualitative research. The researcher attempted to adhere to these criteria by conducting a detailed literature review in order to pinpoint gaps in the field of online counselling and psychotherapy (Sukthankar, 2013). The research utilised Charmaz’s (2006) interpretative method, which assumes various realities can emerge from the context due to interactive interpretation. By observing sensitivity to context (Yardley, 2000), the researcher recognised that the analysis of the data and construction of the categories were influenced by the researcher’s own knowledge and assumptions, as well as the social context, the participants, and the interactions between researcher and the participants. In presenting the findings, transparency has been met by using illustrative quotes to show that the analysis is fully grounded in the participants’ accounts as well as highlighting similarities and
differences in participants’ perceptions. Authenticity was addressed by the addition of a reflexivity section, which enabled the researcher to reflect critically on her motivations, perspectives and biases, and which may have shaped the research, analysis and interpretations (Yardley, 2000).

Finally, Yardley (2000) postulates that the close tie between research and practice is considered a great advantage for qualitative methods in health research. Therefore, in line with Yardley’s (2000) criteria for importance and impact, this study attempted to make a valid contribution to the field of counselling psychology by drawing links between the current data, previous research and literature, and implications for clinical practice (see Discussion).

**Results**

These results reflect what counselling psychologists constructed as being important in the therapeutic relationship. Participants discussed their current FtF practice and how they perceived this could be expanded online. Analysis of the data developed into three main categories, which will be presented below and then compared.

**A Generation in Deficit: Feeling Deskilled**

‘A generation in deficit: feeling deskilled’ was the expression participants used to describe the practitioners’ feelings about not coping with online communication. CPs, being of a particular generation (early 40s to late 50s), articulated that online communication was not part of their therapeutic practice. During the interviews, CPs saw themselves as from another generation and differentiated themselves from other younger generations, familiar with using online platforms to communicate. All participants referred to a ‘generational gap’ or even divide when it came to talking about online communication. Lauren highlighted, “I’m also aware, I’m the generation that didn't grow up with computers, this is not my natural mode of interaction”.

Lauren here used the term ‘generation’ to identify with a particular group. She segregated between generations to describe familiarity or unfamiliarity with online
communication. By establishing this difference, Lauren transformed familiarity with online communication into an age-related issue, not a personal one. This allowed this participant to place herself in a position where her knowledge and skillset was contingent on aging. It could be that Lauren’s value system – emanating, perhaps, from some values within that particular generation – helped her to perceive online communication as unnatural. Online communication was perceived as a specific skill, as it lay outside the participant’s understanding of a natural mode of interaction. By default, Lauren’s implication was that her practice lacked the new skills available to the profession. That is, belonging to a particular generation and, with time passing, can leave practitioners deskill.

Sherry also thought, “It’s probably to do with my age…I’m 10 years behind most people using online communication.” Sherry appeared to position herself behind the times and looking at online platforms as something that belong to younger people. Kim reflected further on this point:

“The younger generation are much more skilled and used to expressing a wider repertoire of feelings and actually relating to that…I see my children and how online media is a real part of their world… It’s an area I don't really know much about.”

There is, here, a shared sense of being different. Participants, when talking about online communication platforms, stated that they did not know about this mode of communication. Kim, for example, said: “It’s an area I don't really know much about”. Her perceived deficit is highlighted when she compared herself to others. Social comparisons were often used amongst the participants’ descriptions when the theme of online therapy emerged, but not when they considered their usual therapy.

A generation in deficit also referred to how participants expressed the movement of responsibility and justification for the generation they aligned with. Here, on reflecting on her training, Zara attempted to justify her position:

“There was this assumption actually…implicit assumption, that you would be working with clients on a face-to-face basis, you might be doing
some telephone work, but never once, interestingly enough, was there this mention about online counselling.”

This participant ascribed a value system to where she trained and assumed this was shared amongst her cohort. The value system she was influenced by implied that there was a professional way of working; either FtF or possibly on the telephone. Zara assumed these perceived values of professional conduct to justify her position and to move the responsibility away from her. Vera took this further by considering her professional culture and used this to justify a position that is not in deficit: “If colleagues were talking a bit more about practising with it and it being a bit more acceptable in the therapeutic community then I might start to think about it”

A work culture became evoked which included colleagues, practising therapy, and a therapeutic community. This particular participant perceived that, for online counselling to be accepted, it needed to be done so by the majority and have a function – to become a professional kudos. Her impression appeared to be that the professional culture she identified with was currently rejecting online therapy. Instead of taking an active role in this (i.e. engagement in journals, etc.), Vera aligned herself to a professional identity. Although there was an attempt for her work culture to provide her with justification, it appeared that Vera dismissed the online therapeutic relationship from a passive and naïve point of view.

The professional identity that participants drew also reflected how participants positioned themselves in an interaction. Sandy reflected:

“I have some colleagues who are very keen on this and they get exasperated at people like me who probably aren’t stepping in and they say you’re missing out by not going there...but I just don’t have any interest”

Here, the participant constructed two positions: one here and one there. Sandy appeared to create a difference in these two positions as, not only was online therapy not her way of working therapeutically, but it was also not part of the therapeutic community she identified with. The implication was, perhaps, because she had no
interest, her action was to make it different. Most other participants also echoed not having an interest.

### Visualisation Creates Depth in the Therapeutic Relationship

Visualisation creates depth in the therapeutic relationship refers to a particular quality that underpins a therapeutic encounter. For participants, the part of the encounter that was visual seemed to be critical and fundamental to the quality of the therapeutic relationship. Participants expressed that their working manner and the way they constructed meaning from the visual clues of the client would be difficult to do in the absence of visual cues in an online interaction. All participants agreed that relationships can exist online but questioned an online therapeutic relationship. Laura described how relationships online did exist and compared this with how she perceived the therapeutic relationship online:

> “You can’t say there isn't a relationship but I think it would be different...It makes me think of people who meet online and fall in love. You can have that emotional connection, definitely...it’s different and whether you can work with it therapeutically in the same way and whether you are going to get the same depth of relationship...I don't know.”

Here, Laura appeared to describe this particular quality of the therapeutic relationship as having more depth than love. The implication she seemed to make when considering using online modalities to build a relationship was, perhaps, that it could involve love but possibly not with therapeutic work.

Visualisation creating depth also referred to the participants’ perception of Skype therapy. Participants agreed that, as Skype most resembled the FtF encounter, it could be used to form a therapeutic relationship because of the visual aspect. Kim highlighted this point:

> “I'm thinking psychodynamically, in terms of attachment - if you think about the baby it responds instantly to the voice of the mother. There's something really powerful about hearing the voice of the therapists: the
Kim appeared to perceive that the visual and audio senses available in Skype therapy could create a powerful connection between the therapist and client. This participant used the example of mother and baby to construct the importance of non-verbal communication in the development of a relationship. Kim seemed to imply that therapists move into the position of the mother by drawing on audio and visual senses to provide therapeutic value and safety to their client. By comparing the perceived similarities of FtF and Skype in that they offer congruence and immediacy, this participant appeared to imply that other online modalities, like chat and email, may lack in these areas. It seemed that the ability to have time to think and rehearse a response could displace an ‘immediate and genuine response’.

Visualisation creating depth also refers to the power dynamic in the therapeutic relationship. It seemed that sensory input and visualisation appeared to provide containment to therapists. When visualisation is taken away, CPs expressed being “solely reliant on the client” (Anne) and there appeared to be an underlying sense of a possible shift in the power dynamic. Vera explored this when considering Winnicot’s False Self:

“There is going to be this layer of the false self in therapy anyway, even in the room... online it's going to be heightened unless you get someone who is in crisis when the defences are down perhaps and they are being honest...but otherwise I think that would be really tricky. And the client will present in the room with the false self and the therapist will pick that up quite quickly, they can see the tears behind the smiling...that would be hard to pick up online”

Vera saw clients as layered in an onion type of way and seemed to perceive the clients’ depth of layering as a function of defence. Her implication was that these
layers were mediated by modes of embodied experiencing and so she positioned clients as being honest when in crisis mode and when the “defences are down”.

Vera appeared to imply that a function of therapy is to unpick the clients’ layers of defences to get to the ‘honesty’ – which she perceived as “tricky” to do online. It could be that the skills she may draw upon in the consulting room might be harder to apply online. She indicated that there was a reliance on the client to be honest. This could, perhaps, reduce the therapist’s intersubjectivity because of the lack of visualisation, which may influence the power dynamic.

Visualisation creating depth in the therapeutic relationship also referred to how participants drew upon their visual senses to gauge any deception by the client, as Sherry expressed that clients “have the ability to deceive”. However, Zara saw the potential role as a therapist was to question this. This belief she aligned with implied that a client’s false self could be an act of deception rather than a way of being, as Winnicot would suggest:

“I think that's always the sense [commenting on the idea of the false self and deception by the client], it happens in face-to-face therapy as well. I think people can deceive in all sorts of ways but the therapeutic work is to question that and feedback... ‘This potential deception, does it work for you, does it help you, does it to fill your need?’.”

Here, a belief this participant shared appeared to be that clients could deceive but that the ‘therapeutic work’ is to make the implicit deception explicit. By working FtF, Zara expressed a particular intersubjective skill where she was able to pick up suspicions of what was real and what may be deception, and subsequently feed this back to the client. Zara appeared to suggest that, if she was not able to sit in front of a client, she may not be able to access such skills that require intersubjectivity. Therefore, a possible implication of this is that this participant requires visualisation to assess deceit.

The concept of a ‘false self’ implies the existence of a ‘real self’. The acceptance of such a concept may predispose a therapist to view clients in these binary (true/false,
honest/deceitful) terms. Perhaps the hurdle in this case in not only the implication of the modality (i.e. lack of visual sense in online chat/email therapy) but also the interaction between the therapist’s relational style, client’s relational style, the therapeutic relationship in question, and the modality.

Visualisation being critical to the therapeutic relationship also refers to the intersubjectivity that practitioners utilise to construct depth within their relationships with clients. Lauren explored this:

“All something happens in the interpersonal communication that can’t be picked up just by word communication. I don’t know about Skype because that would be different as it’s face-to-face. But again, if you think about intersubjectivity and how that develops, how you think about your feelings when you’re with a client.”

Lauren conceptualised her understanding of therapy as “interpersonal communication” occurring between the therapist and client rather than beyond them. This participant constructed the experience of intersubjectivity as a property that emerges from FtF communication, implying a reliance on facial reactions and non-verbal gestures. Feelings in relation to the client appear vital in the consideration of the therapist’s intersubjectivity. Lauren seemed to query the reliability of feelings if the client was not visually available. There was a consensus amongst all CPs that feelings towards a client were picked up through intersubjectivity and non-verbal markers that occur in FtF therapy. Without these feelings, CPs seemed to perceive the online relationship lacking depth because of the visual and temporal loss as Sandy highlighted: “I don’t know about the depth you would get when they are not in the room with you... it would be difficult... I think a lot of the sense you get is intersubjective and non-verbal”. Sandy’s interpretation that ‘intersubjectivity’ and ‘interpersonal communication’ is something that happens only in FtF and is lost in online therapy due to a time lag is discussed further within the next category.

**Loss of Temporal Quality**

This category defines temporality as a concept where a phenomenon is having a
relationship with time. The loss of a natural temporal progression refers to how participants expressed a particular temporal quality to experiencing relationships with clients FtF. Sandy explored the positive and negative aspects of this:

“In the room there's something about responding in an instant kind of human way, Whereas if clients contact over e-mail... in one way it is helpful because you can kind of digest what's happening, but I think there is something important about responding in a natural human instant response...I'm just wondering about congruence and genuineness when there's too much time to think and construct a response.”

Here, Sandy described a physical human-to-human contact in the therapeutic room that constructs a temporal quality, which is used as a therapeutic tool. For example, the client says/does something, and the therapist processes it and responds in an instantaneous way. This participant appeared to perceive that the written word slows down the experience temporally. The implication of this is that, on the one hand this could be a positive as the therapist can use this time to process “what is happening” between the client and the therapist. On the other hand, there appears to be a perceived negative consequence in that something would be lost (congruence and immediacy) which, as Rogers suggests, is fundamental to the therapeutic work.

A loss of a temporal nature also refers to how participants expressed the use of physical space to work relationally. However, participants expressed that therapeutic work in which the relationship was not perceived as fundamental (i.e. CBT), could be carried out online. Anne highlighted this and constructed how the act of being in the room with a client is the act of creation:

“If they [client] have come to manage their panic attacks, it would be possible to do that. If they have come because for example how they were responded to when they were sad that’s going to be harder...If for instance when you were a baby you cried and your parents shouted at you, then having the experience of crying and somebody saying ‘hey you're crying’, that’s creating something different that's very in the moment. It would be harder to do.”
The experience of being in the room with a client appeared to imply that Anne constructed a new relationship which was previously not there (good enough parent-child relationship). The creation of this type of relationship appears to be “very in the moment”. Here, Anne implied a temporal value to a relational way of working, as experiencing is constructed as being done in the present moment. This participant perceived “it would be harder to do” using online communication, perhaps because of the time lag and the moment-to-moment experience getting lost.

Presenting problems in therapy appeared to be categorised into whether they could be treated relationally or not. This point highlights the temporal nature of this participant’s perception of the therapeutic treatment online. A possible implication is that problems could be treated online if they did not need to be treated in the present moment (i.e. panic attacks).

A loss of a temporal nature also refers to a particular loss of the therapist’s implicit knowledge of the client that is created when physical distance is placed in communication. Participants expressed how intersubjectivity, embodiment and immediacy were fundamental internal qualities to the therapeutic relationship, particularly when responding to a client. Sherry highlighted this point:

“What’s going to happen to the intersubjectivity because that is an embodied experience…I’m not saying definitively it will be lost but I’m trying hard to envisage how that’s going to work and I pick it up if I’m in front of a screen with written words because you have that distance...it’s not the same...you’re not connected in the same way.”

Here, this participant appeared to construct the use of physical proximity to understand the therapist’s use of self in response to a client’s intentionality. Sherry appeared to suggest that, without proximity in space and time, she could be disconnected from the client’s meaning in the present. It appears that therapists pick up meaning in the room by drawing upon the use of particular qualities (intersubjectivity), which enable them to think and feel about their responses (mentalize) in relation to the client. This participant appeared to construct intersubjectivity with a temporal quality, which placed limits on
how online therapeutic work could be done.

For participants, it appeared that they perceived an online therapeutic relationship as diluted in some way because of particular consequences of temporal losses. This could imply that the written word creates a physical and temporal distance because it is always in the past and of limited therapeutic quality. Laura stated, “I imagine the hardest way to do it would be in this delayed email…the more flow there is of conversation the better”. Laura drew on a moment-to-moment interaction to highlight the steady stream of communication that happens in FtF encounters, which perhaps cannot be experienced online if a temporal aspect is disrupted.

**Relationship between the Categories**

In considering how counselling psychologists perceived the online therapeutic relationship, the three identified categories have been compared to highlight associations between them. ‘A generation in deficit’ emphasised how participants identified with a particular group. By using identification, participants constructed familiarity with online counselling to be an age- and profession-related issue. This appeared to be used to protect the way CPs were currently practising in a FtF setting. Thus, ‘a generation in deficit’ overlaps with a temporal quality as to where the participants are in time. Although counselling psychologists are practising in the present era, the values and experiences they align with are drawn upon in a different time.

‘A generation in deficit’, including how participants implied feeling deskillled in relation to practising therapy online, also overlaps with the category ‘visualisation creates depth in the therapeutic relationship’. Participants expressed how visual senses were fundamental to their current FtF therapeutic practice. When participants perceived visualisation to be absent, the therapeutic relationship was constructed as diluted. CPs appeared to connect visualisation to a “natural way of communicating”, which seemed to be ascribed to a value system within a generation that participants identified with. A fear of change seemed to be expressed by participants identifying with a generation where the use of online communication for therapeutic work was not considered the norm. The fear of change could perhaps be related to the
expression of CPs becoming “solely reliant on the client”, as participants appeared to construct visualisation as providing containment to the therapist in the therapeutic relationship.

Counselling psychologists expressed that a fundamental aspect to their therapeutic work was the therapist’s use of self, particularly the use of intersubjectivity and embodiment. Participants perceived that, not only would this require visual qualities, but also temporal qualities (i.e. proximity in time). Thus, ‘visualisation creates depth in the therapeutic relationship’ and ‘a loss of a temporal quality’ overlap considerably. Participants appeared to construct visualisation and temporality as necessary to create an internal response within them, drawing on intersubjectivity and embodiment. A particular internal response appeared pertinent to sense the client’s internal world.

‘Visualisation creates depth’ and ‘a loss of temporal quality’ also overlap when considering immediacy and congruence, which participants expressed to be essential to the therapeutic relationship. These qualities were considered in terms of how they would be impacted by the ability to consider and rehearse a response. Immediacy and congruence were constructed as being present in Skype therapy. Participants’ perceptions seemed to imply that, as the Skype session is happening in ‘real time’ and both therapist and client can be seen, they do not have the time or invisibility to rehearse a response. However, the temporal and visual qualities, when considered in other modalities, seemed to be perceived as affecting immediacy and geniality in email, and even so in chat when the flow of conversation was perceived to be better.

In the therapeutic encounter, participants seemed to apply a temporal quality to the experience as to where they were in time. For example, visual cues and physical proximity appeared to provide presence in the therapeutic relationship. When CPs perceived the online therapeutic relationship, it appeared that the experience could be thought to have a slower temporal quality. This seemed to be due to the communication being stretched out due to a time lag, and not being received in the same way.
Discussion

This study is the first to conduct a qualitative investigation into the perceptions of the therapeutic relationship in online counselling with counselling psychologists who have had no prior online counselling experience. This study set out to ask: how do counselling psychologists, with no experience in online counselling, perceive the online therapeutic relationship? Although the study did not reach saturation, the data analysis allowed for a preliminary theory: counselling psychologists, who identify with a particular generation, recognise that visualisation and temporality are critical to create depth in the therapeutic relationship; without this, counselling psychologists perceive that working online would leave them feeling deskilled.

Although there is an increase in the use of the Internet in mental health, the current study reflected somewhat ambivalent perceptions towards this usage. This finding is supported by the findings of Richards and Viganó (2013). These authors reported a level of ambivalence that practitioners hold regarding delivering counselling and psychotherapy online.

Participants described their perceptions of the online therapeutic relationship as one that could come into being but different from that of a FtF therapeutic relationship. This finding is in line with previous research and claims from practitioners, emphasising that such relationships are different, rather than better or worse compared to FtF counselling relationships (Grohol, 1999). Anthony (2000) goes on further to state that, even comparing online counselling to traditional FtF methods is misguided. However, as participants in this study have had no experience of counselling in the cyberworld, comparing it to everyday FtF work would seem inevitable.

In this study, the perceived validity of the therapeutic relationship online appeared to be dependent on the type of model used. For example, participants perceived that the CBT’s emphasis on work and changing behaviour is more suited to online therapy than the more relational stance of psychodynamic or humanistic approaches. This appears to support a recent review by Sucala et al. (2012) who found CBT to be the most commonly identified theoretical model used in online counselling. This could be
due to the short-term manualised element of CBT as well as the psychoeducational component. The use of CMC in education is an area that has been accepted and valid for some time. Therefore, the roles of student and teacher, which often are translated into the CBT model, appear to be applicable to an online counselling setting.

Participants perceived that working in depth with the online therapeutic relationship might be difficult to achieve due to a loss of visual senses and temporal quality. Participants postulated concerns around how these losses would impact on the use of silence, transference, countertransference and projections in the online therapeutic relationship. This is further supported by a recent study of Savege-Scharff (2013) that found concerns about online therapy from psychoanalysts, which included problems of transference and countertransference, immediacy of contact, and issues with therapy becoming conversational.

It was interesting to note that seven of the participants thought that a therapeutic relationship could be developed and worked with using a humanistic model in online counselling. One participant questioned their ability to express empathy using text-based communication, which is supported by a previous study that reported clinicians perceived it would be difficult to convey warmth and empathy in a text-based online environment (Sucala et al., 2013). Future research may want to further explore attitudes towards the online therapeutic relationship in CBT, humanistic and psychoanalytic models.

The current study also considered the therapeutic relationship from the mode of online communication. Participants shared a common perception that emails seemed trickier in establishing a therapeutic relationship because of the lack of visualisation, and delayed response (temporality), which could create a relationship lacking congruence due to the ability to rehearse responses. Chat was perceived to be slightly better because the time lag between responses was not as delayed, allowing for a better flow of conversation. However, participants still queried the lack of visualisation and non-verbal communication, as they agreed that nonverbal clues are essential to the development of a therapeutic relationship. This supports the literature which states that, not only non-verbal behaviour is influential to the therapeutic relationship, but also the practitioner’s attention to the client’s non-verbal markers.
(Alleman, 2002; Altman & Taylor, 1973; Grace et al., 1995; Philippot et al., 2003). Cook and Doyle (2002), although their results were not statistically significant, reported that clients who used chat had consistently higher means for the therapeutic alliance than clients who used email. Participants in this study postulated that teleconferencing like Skype could overcome issues of visualisation. However, they queried their own use of intersubjectivity, embodiment and immediacy when there was a loss of a temporal quality. Future research may want to understand and explore if and how therapists use intersubjectivity, embodiment and immediacy in online counselling.

Although participants of this study felt that a therapeutic relationship could be established, it seems that, overall, the main issue was with regards to the depth of the relationship, as it was perceived as a diluted one. This contradicts a previous qualitative study where it was reported that counsellors practising online identified key themes which supported the development of an online relational depth, one of which included anonymity, as it influenced and enhanced trust with the client (Fletcher-Tomenius & Vossler, 2009).

Client anonymity in this research was perceived as establishing a heightened false self, adding a layer of distance between the therapist and client in the online therapeutic relationship. Participants reported that a false self was already being brought into the therapy room, and also speculated that this would be heightened online, as deception would be harder to pick up by the therapist. This contradicts Suler’s (2004) disinhibition effect as he states anonymous communication is appealing to people as it gives them a sense of invisibility, which results in an amplified disinhibition effect (Suler, 2004). Previous research showed how clients appreciated the loss of nonverbal communication online, which, in turn, provided an outlet of self-expression that was more freeing due to the cloak of anonymity, supporting the disinhibition effect (Leibrith & Archer, 2006). As the idea of the disinhibition effect is contradicted by counselling psychologists in the current study, future research may want to explore how therapists practising online view the false self of clients and analyse the disinhibition effect.
Participants in the current study appeared to identify a power imbalance in the therapeutic relationship due to increased client control in terms of non-verbal clues and anonymity. This supports the perceptions of psychoanalysts who raised concerns about analysts not being in control of the setting (Savege-Sharff, 2013). In this research there appeared to be a discourse around this being a less intimate setting for the therapist where they perceived that they might not be as involved with the client. It could be postulated that this is because it feeds into the therapists’ anxiety as to their role of containment in the session. However, at this point this is only a hypothesis and further research would be needed to understand how client control affects the therapist online. Leffert (2003) suggested that practitioners who initially try therapy over the internet are more ill-at-ease than the client. Previous studies have reported how clients felt they had increased control and choice over how and when to engage online, which appeared to influence the ability to sustain and develop the therapeutic alliance (Hanley & Reynolds, 2009).

The views that counselling psychologists held towards the online therapeutic relationship appeared to be related to a particular identity they aligned with which included generational and professional values. Participants said that communicating online was not their natural way of creating relationships, which then appeared difficult to translate to the therapeutic space. Previous research (Brottmann, 2012) has summarised the average age of psychoanalysts to be 65 years old, and, as older adults have a significantly lower rate of internet use, Brottmann concluded that the use of online counselling by psychoanalysts may be due to discomfort with technology. Two participants in the current study echoed this. The other six participants discussed not having a discomfort with technology but rather a lack of interest and skills. They expressed this was not only influenced by the generation they associated with but also to do with a professional community identity of counselling psychology and exposure during professional training.

The lack of experience and absence of formal training in online counselling may be enough for therapists to reject the idea of providing these services to clients (Finn & Barak, 2010; Haberstroh, 2009; Wells, Mitchell, Finkelhor & Becker-Blease, 2007). This is similar to the participants’ perspectives of the current study which were that, due to a lack of experience and knowledge in online counselling, counselling
psychologists would not pursue understanding this avenue unless there was a demand for it from clients. Anthony (2014) described how traditional core trainings were out of date due to the failure to include the cyberculture concept along with human behaviour theories that emerged online. This seems to leave practitioners out of touch with the realities of current society including “all the mental health issues that accompany what has become an integral part of everyday life for the generations already with us and those to come - the impact that online communication and participation have on our ability to cope with the day-to-day reality of our lives.” (Anthony, 2014, p. 3). The need for training in online counselling as part of core training is a debate that is only just beginning to gain ground (Richards & Viganó, 2013). Leading professional organisations (BACP) see the need for training in transferring skills in therapy to an online setting as strongly recommended (Anthony, 2014).

**Limitations**

There are a number of limitations in the current study. Not reaching saturation in theoretical sampling (a point where no new insights emerge from the data analysis) is the first, as time limitations meant that further interviews could not be conducted. Although the research followed Charmaz’s (2006) methodology for grounded theory, and, arguably, the results further the knowledge base, they can only be considered as a preliminary theory. Secondly, with regard to the recruitment process, one participant was recruited online whereas the other six were recruited by word-of-mouth from colleagues. Although participants stated being comfortable with online technology, how they were recruited could impact their perception of online counselling.

In addition, the sample was composed entirely of women over the age of 39 and, as perspectives were taken from a similar all-female generation, this may have biased the study by not sampling the perspectives of men and those of a younger generation. Finally, as with most qualitative studies, generalisability of the findings are limited to the group studied. Therefore, the results do not represent narratives of counselling psychologists, or therapists in general for that matter. Moreover, the study only represents the perspectives of practitioners; additional research into the perspectives of supervisors and clients is needed.
**Implications**

The theory produced by this research states: counselling psychologists, who identify with a particular generation, recognise that visualisation and temporality are critical to create depth in the therapeutic relationship; without this, counselling psychologists perceive that working online would leave them feeling deskilled. This theory is able to constitute a framework that outlines the need for counselling psychologists and other practitioners of the like to be aware of the theory and skills needed to practice online. Training programmes teach practitioners the skills to work in FtF settings so it is inevitable when there is a lack of visualisation and temporality, counselling psychologists would feel deskilled.

Training needs to be taken up as part of core training programmes so that counselling psychologists are educated in the use of online communication as a therapeutic tool. If counselling psychologists are not equipped then the end users of online counselling will turn to other professionals or even those without training and qualifications. Currently online counselling is offered by other professionals with a lack of CPs involved in this provision of care. It seems that clients are showing a demand for this therapeutic modality and the counselling psychology profession along with other psychology professions is faced with a potential pitfall if they do not address these demands and become part of the growth and regulation of online counselling and psychotherapy (Childress 1998). Therefore this theory aims to bring awareness to the field of counselling psychology so that practitioners can begin to, not only feel equipped to deliver therapy through distance modalities, but also, develop a presence in this field as online counselling develops. Ethically this will help protect online clients and potential clients from deception and harm by others practicing online who are untrained.

The way participants perceived the online counselling relationship was to draw upon what they felt was fundamental to creating a therapeutic relationship in their current FtF practice. Visualisation, non-verbal communication (intersubjectivity, embodiment and immediacy) and temporality were thought by participants to be particular key qualities. The researcher suggests that these factors should be explored, not only in
different modes of online therapy, but also using different models (CBT, psychodynamic, humanistic) online.

As online counselling evolves, counselling psychology needs to begin to grow with it. The current generation and generations to come have the technological expertise to communicate and relate online, and, if counselling psychologists are ill-equipped to respond to such clients, they may reject the idea of providing such services. Hence, continuing research needs to evolve in order for online counselling to be taken up by the counselling psychology profession as part of the core training. It is also important to consider that one participant described her client wanting human-to-human contact because of the increased level of online relationships in that client’s life. Therefore, it seems an opposite effect could be occurring and this could be an interesting area of research to consider.

An important benefit of the current research was that it exposed counselling psychologists to the idea of online counselling, especially as all the participants stated that they had not previously given it much consideration. This could potentially elicit further interest, as participants may have become aware of the existence of mental health services being provided through online computer-mediated communication. Future research may want to explore what are the vested interests of practitioners, if any, in providing online counselling and psychotherapy.
Personal Reflections

Much like the counselling psychologists I interviewed, online counselling is an area of my future profession I had given little attention to prior to embarking on my doctorate just over two years ago. Over such a relatively short space of time my understanding of this area has developed, not just because I merely chose it as a research topic, but because I am naturally curious by this relatively new realm of working within counselling psychology. I have no personal experience of online counselling and psychotherapy, but count myself interested in this area because of my generation and how much the internet and social media influence my communication with friends, peers and professionals. A cyberculture that forms part of my everyday life has developed online in a therapeutic capacity. However, the more I read, the more I question why we have had no discussions or teaching on this subject matter. This led me to consider whether counselling psychologists are involving themselves in online counselling. It seems like those I spoke with were not. Considering how much the therapeutic relationship has been emphasised in my training, my research question began to develop and I wanted to know how counselling psychologists, with no experience of online counselling and psychotherapy, view the online relationship.

Similarly to participants in this research, many of my cohort hold a naive view towards online counselling and therapy simply because they know nothing or little about it. As an area that is growing rapidly, I find this is quite worrying. We are the future practitioners of counselling psychology and I feel it is essential for trainees to acknowledge online counselling and therapy as a therapeutic intervention that could be in demand by prospective clients. Upon reading, I reflect back my own naivety to online counselling when embarking on this project. My presumptions were, “Surely you just talk to someone over Skype like you would do in a normal therapy setting?” Little did I know, firstly, about the different types of interventions offered and, secondly, about the specific online processes that occur during synchronous and asynchronous interventions. Reading Anthony’s (2014) paper on training and transferring skills from face-to-face to the online counselling room being strongly recommended by the British Association of Counselling and Psychotherapy, this is something I strongly advocate and my own place of training will take on board.
During the research, I was careful to remain neutral with participants. However, to a certain degree, it was difficult to maintain this distance because of my own interest in practising in this way and being part of an online counselling and psychotherapy interest group. It was important for me to not let my insights into the online counselling world that I had read from literature inform my interviews or analyses of the data so that potential biases could be avoided. Overall, I feel I was able to remain in an interpretive frame of mind of ‘not knowing’ so that I could maintain a curious stance into the participants’ perspectives.

During the interviews, it was interesting to observe the interaction between the participants and myself. As a 27-year-old trainee counselling psychologist interviewing qualified counselling psychologists (aged 41+) about online communication in therapy, I was aware that this was going to have an impact before the interviews even started. Segregation in generation was already set up and, as participants discussed their values towards online counselling in terms of a generation they aligned with, the segregation became even more apparent. I began to get a sense that participants placed me as belonging to a particular younger generation, and I became wary that the questions I posed could potentially challenge the participants’ training and current way of practising. When the interviews ended, participants were curious as to whether I was going to choose to work this way. It felt as though, when I was asked this, that there was an underlying sense of anxiety of, ‘Is this where counselling psychology is heading?’ This made me consider how participants did answer the questions during the interview and whether, because of my younger age, answers were ‘coloured-in’ for me.

As I have embarked on my psychodynamic year of counselling and psychotherapy, one of the greatest skills I have learnt is to not take narratives at face value. There is always depth, meanings and motivations behind people’s discourse and I feel this has aided in guiding my analyses. I believe my psychodynamic thinking I used in my clinical practice has allowed me to go behind the data to understand what my participants were really telling me from a constructivist epistemology. Albeit sometimes my analyses seemed quite far-fetched, I learnt that, if I could explicitly guide my reader to the statements I was making, they too could listen to the story behind the words. This, initially, was something I had difficulty getting to grips with
as I found myself at almost two ends of the spectrum. However, as I became encouraged to take an intersubjective view, I began to feel more congruent and confident as a researcher and trainee practitioner.
References


Sukthankar, R., & Brown, D. (2013) Where is online counselling and therapy today? *Unpublished literature review* as part of PsychD in psychotherapeutic and counselling psychology, University of Surrey, UK.


Appendices

Appendix A: Information for participants

A Study into therapist’s perceptions of the therapeutic relationship in online counseling

Please read the following information carefully; if there is anything that is not clear or that you would like more information about then please contact me on r.sukthankanr@surrey.ac.uk

What is the purpose of the research?

To explore therapists' views of the therapeutic alliance in online counselling and therapy

Who is carrying out the research?

My name is Ritika Sukthankanar and I am a Counselling Psychologist in Training. I am undertaking this research as a part of my Professional Doctorate in Psychotherapeutic and Counselling Psychology. The project is being supervised by Dr Dora Brown at the University of Surrey

Why have you been invited to take part?
You have been invited to take part because you are an accredited
counselling psychologist (registered with the BPS and HCPC), and have
never practiced online counselling or therapy. I would be very interested
in hearing about your views about the therapeutic alliance in online
counselling and therapy.

**What will happen if you decide to take part?**

If you decide to take part in the study you will be asked to confirm that
you have read this information sheet and to sign a consent form before
taking part. You will be offered an interview at a pre-arranged time at a
suitable location. Your interview will then be transcribed and analysed.
Please be assured that any identifying material will be removed at the
point of transcription as you will be asked to provide a pseudonym.

**What happens if you decide at any point that you do not want to
carry on with the study?**

You may withdraw from the study at any time without giving a reason
and any data collected from you will be destroyed.

**What are the risks of taking part?**

There is no physical harm inherent in the project. There is a minimal risk
that the experience of talking about your thoughts about online
counselling and therapy may evoke some distress. In such instances you
will be signposted to useful organisations.

**Will my participation in the study be kept confidential?**

All information collected for the study will remain confidential; data
stored on paper will be held in locked filing cabinets and data stored on
computers will be password protected. All potentially identifying
information will be removed from transcripts and only anonymised data will be shared with study supervisors or written up.

**What happens at the end of the research study?**

Interview data will be analysed and the findings written-up then submitted as part of my Doctoral thesis. Papers for publication in academic journals may also be written based upon the findings in both cases all identifying features will be removed in order to maintain anonymity.

**What if there is a problem?**

If you have concerns about any aspect of the study you can contact me by e-mail: r.sukthankar@surrey.ac.uk. If you would like to contact my supervisor then you can do so by e-mailing d.brown@surrey.ac.uk
Appendix B: Participant Consent Form

Consent Form.

Title of the Study: Therapist’s perceptions to therapeutic relationship in online counselling and psychotherapy.

· I acknowledge that I have received a full explanation of the study.

· I acknowledge that I have received and understood the information sheet, giving a full explanation of the purpose and likely duration of the study and what is expected of me during the study.

· I have been given the opportunity to ask any questions and have had these questions answered satisfactorily.

· I acknowledge that I understand all advice, information and instruction which have been given.

· I understand that my participation is voluntary and that I can withdraw at any time, without giving any reason or experiencing any prejudice.

· I agree to comply with the instructions and cooperate fully.

· I agree to allow my responses to be recorded for the purpose of this study and understand that all personal data relating to volunteers will be held and processed in confidence, according to the Data Protection Act (1998).

· Having read the above, I agree to take part in the above study

________________________________________________________________________
Name of participant
(Block Capitals)  Signature  Date

________________________________________________________________________
Researcher
(Block Capitals)  Signature  Date
Appendix C: Table of demographics of participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Model</th>
<th>Practice</th>
<th>Years Practicing FtF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>50</td>
<td>White British</td>
<td>CBT</td>
<td>NHS</td>
<td>15</td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
<td>White British</td>
<td>Integrative</td>
<td>NHS</td>
<td>7</td>
</tr>
<tr>
<td>Female</td>
<td>39</td>
<td>British Asian</td>
<td>CBT</td>
<td>NHS</td>
<td>4</td>
</tr>
<tr>
<td>Female</td>
<td>54</td>
<td>White British</td>
<td>Integrative</td>
<td>Charity/Private</td>
<td>5</td>
</tr>
<tr>
<td>Female</td>
<td>40</td>
<td>White British</td>
<td>Psychodynamic</td>
<td>NHS/Private</td>
<td>10</td>
</tr>
<tr>
<td>Female</td>
<td>44</td>
<td>British Asian</td>
<td>Integrative</td>
<td>NHS/Private</td>
<td>6</td>
</tr>
<tr>
<td>Female</td>
<td>57</td>
<td>Swedish</td>
<td>Psychodynamic</td>
<td>Private</td>
<td>11</td>
</tr>
<tr>
<td>Female</td>
<td>40</td>
<td>White British</td>
<td>CBT</td>
<td>NHS</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix D: First interview schedule

1. Would you mind telling me what your understanding of psychotherapy is?

2. Would you mind telling me what you think of online communication?

3. I wonder if you could tell me what you think of psychotherapy and online communication?

4. Currently online counselling and psychotherapy exists as chat, emails, teleconferencing and virtual reality. I wonder if you could share your thoughts on these.

5. Would you mind telling me your thoughts are on practicing online counselling and psychotherapy as a counselling psychologist?
Appendix E: Interview Transcript Verbatim

Pseudonyms have been used and details have been changed to protect confidentiality.

**Bold Font = Researcher**
Regular Font = Participant

**Would you mind telling me what your understanding of psychotherapy is?**

Thats a tricky on isn't it…psychotherapy is therapeutic work…it doesn't need to be done on a one to basis it can be done in group that is thinking about someone is working therapeutically with distress on a psychological level. I think that covers it in a nutshell. But how that it done, the mode of it, whether that is individual or group and I find myself hesitating before I say online but I think the potential for that to happen online…I don’t think the mode matters but you need to be working psychologically and with a therapeutic intent.

**So you’re saying the context of it can vary, you don’t see it specifically as face to face?**

Yes. Though in my gut I have a hesitation but yes I don’t see that it has to be face to face.

**Could you tell me about the relationship in psychotherapy?**

Um you see that’s why I think I hesitated about saying it online because thinking about the therapeutic relationship, because that’s the context of where the work happens you need to have a relationship whether it be a group of people or individual in order for this psychological work to be done…and that in my mind the learning is done, in the relationship…in the…it’s between the client and the therapist or between the group and the client. And yes I don’t think you can work psychologically without some kind of relationship. But people do have online relationships…they do very quickly build up…people can have a relationship online…people can feel understood and get empathy from the written or typed word…but I suppose my concerns about the therapeutic relationship is what gets missed in those types of interactions. You don’t see the body language, people often have time to assess their thoughts, so you’re not getting the sort of here and now interaction…you may get some of that but a process that happens when you're writing that there’s a filter that sometimes you don’t get one to one or in a group and you don’t get to pick up on the cues. When an emotion is coming up it may it difficult to work online. In some modalities, I suppose I’m thinking CBT if you’ve got someone who purely wants to work on a very specific problem and doesn’t want to think emotionally or about process so much it could work quite well.
Appendix F: British Journal of Guidance and Counselling

Notes to Contributors

Instructions for Authors

**SCHOLARONE MANUSCRIPTS**

This journal uses ScholarOne Manuscripts (previously Manuscript Central) to peer review manuscript submissions. Please read the guide for ScholarOne authors before making a submission. Complete guidelines for preparing and submitting your manuscript to this journal are provided below.

The instructions below are specifically directed at authors who wish to submit a manuscript to *British Journal of Guidance & Counselling*. For general information, please visit the Author Services section of our website.

*British Journal of Guidance & Counselling* considers all manuscripts on the strict condition that they have been submitted only to *British Journal of Guidance & Counselling*, that they have not been published already, nor are they under consideration for publication or in press elsewhere. Authors who fail to adhere to this condition will be charged with all costs which *British Journal of Guidance & Counselling* incurs and their papers will not be published.

Contributions to *British Journal of Guidance & Counselling* must report original research and will be subjected to review by referees at the discretion of the Editorial Office. Most articles published will be reports of original research or systematic literature reviews. However, there are several other types of article that we are keen to publish, especially from new or less experienced writers. We encourage submissions of briefer articles (1500-3000 words) entitled ‘In Practice’ or ‘Debate’, which are more reflective pieces, stating opinion and encouraging debate. We also publish ‘Literature review essays’ which are themed critical reviews linking more than one related publications, illuminating theory or practice in novel ways. Finally, we are interested in ideas for interviews with key figures in the field, or someone who offers a unique perspective. Do contact us if you are unsure if your ideas fit with the remit of the journal. These papers must, like all submissions, be contextualised in the literature and be of a high academic standard, and are peer reviewed.

This journal is compliant with the Research Councils UK OA policy. Please see the licence options and embargo periods here.
Please note that British Journal of Guidance & Counselling uses CrossCheck™ software to screen papers for unoriginal material. By submitting your paper to [British Journal of Guidance & Counselling] you are agreeing to any necessary originality checks your paper may have to undergo during the peer review and production processes.

**Manuscript preparation**

1. **General guidelines**

- A typical main article should be 3,000–6,000 words in length inclusive of references/notes/tables; short research reports and notes on practice should be 1,500–3,000 words. Authors should include a word count with their manuscript.
- Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgments; appendixes (as appropriate); references; table(s) with caption(s) (on individual pages); figure caption(s) (as a list).
- All the authors of a paper should include their full names, affiliations, postal addresses, telephone numbers and email addresses on the title page of the manuscript. One author should be identified as the corresponding author. The affiliations of all named co-authors should be the affiliation where the research was conducted. If any of the named co-authors moves affiliation during the peer review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after the article is accepted. Please note that the email address of the corresponding author will normally be displayed in the article PDF and the online article.
- Please supply a short biographical note of approximately 50 words for each author.
- Please supply all details required by any funding and grant-awarding bodies in a separate acknowledgements paragraph.
- **Abstracts** of 60–120 words are required for all papers submitted and each paper should have 5 or 6 **keywords**.
- For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms should not be used.
- **Important note**: care must be taken to disguise the identity of clients. Where case-study material is presented on a particular client which may enable the client’s identity to be recognised by him/herself or by others, written consent must be requested from the client concerned; assurance that such consent has been obtained should be provided to the editor, and should also where appropriate be mentioned within the article as part of the description of the methodology used. Any liability to clients on the grounds of infringing confidentiality belongs to the author(s).

2. **Style guidelines**

- British English spelling (e.g. organise, hypothesise) and punctuation is preferred.
- Follow this guide to prepare your manuscript **Quick guide**
- Description of the Journal’s reference style: **APA guide here**
If you have any questions about references or formatting your article, please contact authorqueries@tandf.co.uk (please mention the journal title in your email).

Word templates are available for this journal. If you are not able to use the template via the links or if you have any other queries, please contact authortemplate@tandf.co.uk

3. Figures

- It is in the author’s interest to provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour.
- Figures must be saved separate to text. Please do not embed figures in the paper file.
- Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).
- All figures must be numbered in the order in which they appear in the paper (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labelled (e.g. Figure 1(a), Figure 1(b)).
- Figure captions must be saved separately, as part of the file containing the complete text of the paper, and numbered correspondingly.
- The filename for a graphic should be descriptive of the graphic, e.g. Figure1, Figure2a.

4. Publication charges

Submission fee

There is no submission fee for British Journal of Guidance & Counselling.

Page charges

There are no page charges for British Journal of Guidance & Counselling.

Colour charges

Colour figures will be reproduced in colour in the online edition of the journal free of charge. If it is necessary for the figures to be reproduced in colour in the print version, a charge will apply. Charges for colour pages in print are £250 per figure ($395 US Dollars; $385 Australian Dollars; 315 Euros). For more than 4 colour figures, figures 5 and above will be charged at £50 per figure ($80 US Dollars; $75 Australian Dollars; 63 Euros).
Depending on your location, these charges may be subject to Value Added Tax.

5. Reproduction of copyright material

As an author, you are required to secure permission to reproduce any proprietary text, illustration, table, or other material, including data, audio, video, film stills, and screenshots, and any supplemental material you propose to submit. This applies to direct reproduction as well as ‘derivative reproduction’ (where you have created a new figure or table which derives substantially from a copyrighted source). The reproduction of short extracts of text, excluding poetry and song lyrics, for the purposes of criticism may be possible without formal permission on the basis that the quotation is reproduced accurately and full attribution is given. For further information and FAQs, please see http://journalauthors.tandf.co.uk/permissions/usingThirdPartyMaterial.asp

6. Supplemental online material

Authors are welcome to submit animations, movie files, sound files or any additional information for online publication.

Information about supplemental online material

Manuscript submission

All submissions should be made online at the British Journal of Guidance & Counselling ScholarOne Manuscripts. New users should first create an account. Once logged on to the site, submissions should be made via the Author Centre. Online user guides and access to a helpdesk are available on this website.

Manuscripts may be submitted in any standard format, including Word and EndNote. These files will be automatically converted into a PDF file for the review process. LaTeX files should be converted to PDF prior to submission because ScholarOne Manuscripts is not able to convert LaTeX files into PDFs directly.

To enable the refereeing procedure to be anonymous and impartial, authors should prepare and upload two versions of their manuscript. One should be a complete text, while in the second all document information identifying the author or specific place or institution should be removed from files to allow them to be sent anonymously to referees. When uploading files, authors will then be able to define the non-anonymous version as ‘File not for review’. Authors should also upload a separate title page including the contact details of all the authors of the manuscript. Please note that failure to anonymise one set of
documents will result in the article being unsubmitted (that is, returned for resubmission, with identifying data removed). To ensure impartiality, it is also necessary to insert the words (reference removed for blind review) when referring to our own previous writing.

Click here for Information regarding anonymous peer review

Resubmission of articles

If, in response to reviewers’ comments, you are required to resubmit your article, you should ensure that you use track changes in the resubmission, so that it is clear what amendments have been made. Additionally, you should resubmit the whole (anonymised) document again, not just parts that have been amended, together with all required files. If you resubmit after the timescale, all documents will need to be uploaded again.

Review process

All articles are sent out for peer review and at least two reviews are required for each paper. If the recommendations differ, a third review may be sought. It is very unusual for any articles to be accepted without some revision, so you should not be disappointed if you are required to make amendments or do further work on your articles. Reviewers voluntarily offer their time and expertise in order to assist you in publishing your best work. You will be informed of the decision when these reviews have been received and the co-editor makes a decision based on the reviews. We hope the feedback from reviewers should be clear and detailed regarding the reasons for rejection or necessary revisions. Any resubmissions are similarly reviewed. Please be aware that the process from original submission to publication can take several months, but we aim to process this as quickly as possible.

Copyright and authors’ rights

It is a condition of publication that all contributing authors grant to Taylor & Francis the necessary rights to the copyright in all articles submitted to the Journal. Authors are required to sign an Article Publishing Agreement to facilitate this. This will ensure the widest dissemination and protection against copyright infringement of articles. The ‘article’ is defined as comprising the final, definitive, and citable Version of Scholarly Record, and includes: (a) the accepted manuscript in its final and revised form, including the text, abstract, and all accompanying tables, illustrations, data; and (b) any supplemental material. Copyright policy is explained in detail at http://journalauthors.tandf.co.uk/permissions/reusingOwnWork.asp.
**Free article access**

As an author, you will receive free access to your article on Taylor & Francis Online. You will be given access to the *My authored works* section of Taylor & Francis Online, which shows you all your published articles. You can easily view, read, and download your published articles from there. In addition, if someone has cited your article, you will be able to see this information. We are committed to promoting and increasing the visibility of your article and have provided guidance on how you can help. Also within *My authored works*, author eprints allow you as an author to quickly and easily give anyone free access to the electronic version of your article so that your friends and contacts can read and download your published article for free. This applies to all authors (not just the corresponding author).

**Reprints and journal copies**

Article reprints can be ordered through Rightslink® when you receive your proofs. If you have any queries about reprints, please contact the Taylor & Francis Author Services team at reprints@tandf.co.uk. To order a copy of the issue containing your article, please contact our Customer Services team at Adhoc@tandf.co.uk.

**Open access**

Taylor & Francis Open Select provides authors or their research sponsors and funders with the option of paying a publishing fee and thereby making an article permanently available for free online access – *open access* – immediately on publication to anyone, anywhere, at any time. This option is made available once an article has been accepted in peer review. Full details of our Open Access programme.

Visit our Author Services website for further resources and guides to the complete publication process and beyond.
Research Report 2

“What is not said”

Practitioners’ Experience of the Loss of Visual and Verbal Clues in the Online Therapeutic Relationship: An Interpretative Phenomenological Analysis

Abstract

Nonverbal clues play a pivotal role in the development of the therapeutic relationship. This qualitative study used Interpretative Phenomenological Analysis to understand the practitioner’s experience of the online therapeutic relationship without nonverbal clues in text-based chat therapy. Eight participants were interviewed and three superordinate themes were identified within the data, which are discussed in relation to existing literature. Practitioners reported adapting to this absence in practical and relational terms. They suggested the absence of physical presence intensifies the therapeutic relationship. Research limitations and clinical implications of the study are discussed.

Keywords

Online counselling, therapeutic relationship, nonverbal clues, interpretative phenomenological analysis, text-based chat.

Prepared according to the British Journal of Guidance and Counselling “Notes for contributors” (Appendix 6)
Introduction

When we consider counselling and psychotherapy we often don’t expect the therapist and client to be separated by a computer screen. Yet, the Internet has been influencing therapy for the last few decades, with client and therapist communicating through email, text-based chat, video-conferencing and virtual reality. The birth of online counselling allowed clients to be involved in therapy if they had difficulty visiting mental health services due to stigma. It can also reach those who may not have access to psychological treatment due to geographical location (Sukthankar and Brown, 2013).

Mallen, Vogel, Rochlen and Day (2005) report online counselling has been well received by clients and prospective clients, more so than practitioners. Clients reported feeling safer to self-express due to anonymity (Leibrith and Archer, 2005), relating to their therapist in a more honest way due to disinhibition (Cook and Doyle, 2002), and feeling as though they had a greater power of control compared with face-to-face (FtF) therapy (Hanley, 2009).

Although these positive attitudes from clients have been documented, VandenBos and Williams (2000) report that such services are not offered by the majority of Counselling Psychologists. A review of the literature (Sukthankar & Brown, 2013) has reflected ambiguity from practitioners in delivering counselling through the Internet. Particular hesitations include legal and ethical concerns as well as skepticism into the capability to form an online therapeutic relationship (Fenichel et al., 2002; Skinner and Zack, 2004).

Counselling psychology’s ethos is centred on the therapeutic relationship. Norcross (2011) defines this as a partnership between client and therapist, involving mutual
collaboration. In traditional FtF psychotherapy, literature has repeatedly documented that in order to achieve psychological growth and successful therapy outcomes, the therapeutic relationship is imperative (Horvath and Luborsky, 1993; Lambert and Barley, 2001; Norcross, 2002).

Recently a constructivist grounded theory study investigated perceptions towards the therapeutic relationship online held by counselling psychologists with no previous experience of online counselling (Sukthankar and Brown, 2014). A preliminary theory was established as follows: counselling psychologists, who identify with a particular generation, recognise that visualisation and temporality are critical to create depth in the therapeutic relationship; without this, counselling psychologists perceive that working online would leave them feeling deskillled. Counselling psychologists debated the depth of the online therapeutic relationship due to non-verbal communication and contextual clues, including the felt sense, experiential and intuitive aspects.

Visual and verbal clues are considered essential to the development of the counselling relationship (Altman and Taylor, 1973). Such contextual clues include: appearance, tone of voice, body language, and facial expressions. Grace, Kivlighan and Kunce (1995) documented that the therapist’s attention to these nonverbal markers emitted by the client are crucial to the therapeutic relationship to aid interpretation of meaning. Also, the therapist’s nonverbal behaviour is influential to therapeutic relationship (Philippot, Feldman and Coats, 2003). As, Rogers (1957) core conditions (empathy, genuineness and unconditional positive regard), which often form the foundation in counselling and psychotherapy, is partly communicated through non-verbal gestures (Coolican and Cassidy, 2001).

The absence of verbal and visual presence in online environments has been considered to impair the therapeutic relationship (Alleman, 2002; Childress 1998). It has been suggested that due to the absence of presence, core conditions could not be developed online (Lago, 1996). In contrast to this, one of the advantages of the lack of visual and verbal clues is the anonymity it offers to both client and therapist known as the “online disinhibition effect” which, triggers freer communication and a greater
willingness to self-disclose (Suler 2004). A lack of physical presence online has been overcome by the suggestion of “telepresence”. Fink (1999) describes that in the absence of client and therapist sharing immediate space, telepresence is the feeling (or illusion) of being in the others presence. It has been proposed that without the distracting elements of visual and verbal presence, therapist and client can have an uninterrupted connection to each other’s psyche (Suler, 2002).

Although the aforementioned apprehensions appear to be justifiable, research has documented the development of therapeutic relationships over email, text-based chat and videoconferencing (Cook & Doyle, 2002, Hanely and Reynolds 2009; King, Bambling, Reid and Thomas, 2006; Simpson, 2001). Much of this has been quantitative studies (Hanley & Reynolds, 2009; Leibert & Archer, 2006; Rochlen, Zack and Speyer, 2013), with limited studies documenting processes of the relationship using qualitative methods, in particular the practitioners experience of online counselling (Dunn, 2012; Fletcher-Tomenius and Vossler, 2009; Haberstorh, Parr, Bradley, Morgan-Fleming and Gee, 2008; Williams, Bambling, King & Abbot, 2009).

Haberstorh et al. (2008) explored the experiences of trainee counsellors using text-based chat in a qualitative study. They reported the slower pace of the online sessions allowed more time for participants to focus and deliberate a response without the interpersonal pressure, common in FtF therapy. Factors that impinged the process included technical problems, as well as the lack of visual and verbal cues, which limited the trainee counsellor’s ability to make comprehensive assessments. However participants consisted of trainees and voluntary clients, limiting the transferability of these findings. Using a consensual qualitative method, Williams et al., (2009) investigated in-session process and found rapport-building processes had weak positive effects for in-session behaviours that rely on verbal and visual clues for accurate interpretation. However, young females predominantly represented their sample, narrowing the generalisability of the findings.

Fletcher-Tomenius & Vossler (2009) explored therapist’s experience of trust and anonymity was reported to influence and enhance trust in the online therapeutic relationship. Only one component of the relationship was researched and the developmental process of trust online appeared to be absent. Another study (Dunn,
2012) investigated the therapeutic relationship over email involving the experience of both client and therapist. Numerous themes were acknowledged including convenience, time for reflection and client empowerment.

**Rationale**

Literature (Sukthankar & Brown, 2013) has documented the recurrent debates around the advantages and disadvantages of online counselling and psychotherapy. However, a limited number of studies have actually explored whether the users of online counselling (therapists and clients) specifically practitioners, perceive these advantages and disadvantages. Therefore such documented pros and cons are largely subjective with little data supporting the claims.

It seems that a therapeutic relationship can be acquired online when physical and verbal clues are not present as highlighted from the findings above. The limitations of these qualitative studies suggest there might be gaps in knowledge as to the process of the development of the therapeutic relationship in the absence of visual and verbal clues. There are still unanswered questions about the quality of the online therapeutic relationship including the experience of non-verbal markers. This study will attempt to expand the current work of online counselling by qualitatively examining the experiences of practitioners who have engaged in therapeutic relationships via text-based chat by asking:

“How do practitioners experience the online therapeutic relationship without visual and verbal presence via text-based chat?”

The research aims to not only offer greater understanding to the growing area of online counselling, but it also hopes to contribute to counselling psychology and other mental health professions by facilitating their understanding to the nuances of online psychotherapy. VadenBos & Williams (2000) have argued it is fundamental for Counselling Psychologists to develop an existence in online counselling. Given that we live in a digital culture and the increasing popularity of online counselling alongside client demand, this study will hope to facilitate Counselling Psychologists
in understanding and/or engaging with this mode of communication by documenting lived experiences of therapists practicing in this way.

**Method**

*Design*

The epistemology suggested by this aim is phenomenology, as it is concentrated on dealing with the lived experiences as the focal point of analysis (Smith, 2004). This implies a qualitative and phenomenological approach would be fitting for investigating and understanding the lived experience of the online therapeutic relationship from the perspective of the practitioner. Interpretative Phenomenological Analysis (IPA) was chosen as the method because it allowed for a deep exploration of an area with the aim of understanding personal experiences through the generation and analysis of narratives (Smith and Osborn, 2007). IPA is an idiographic approach, which places emphasis on the quality and texture of the individual’s experience (Willig, 2008). Having a grounding within a critical realist paradigm (Bhaskar, 1975), IPA recognises that reality exists but there are differences in the experience of reality as individuals experience various elements of reality (Ponterotta, 2005). Using IPA gave the researcher an in-depth understanding of the therapist’s experience of the loss of visual and verbal presence in the online counselling relationship and brought the process to life.

IPA also has its foundations in hermeneutic thinking and is critical of the belief that knowledge can be obtained outside of an interpretative stance (Willig, 2013). The researcher and participant were engaged in a process of co-construction of meaning to obtain insight in the participant’s experience, beliefs and thoughts in relation to the nonverbal processes in the online therapeutic relationship. IPA is therefore a dynamic process that involves a ‘double hermeneutic’ as the participant is seeking to make sense of their experience and the researcher is trying to make sense of the participant trying to make sense of their experience (Smith & Osborn, 2007).
The researcher is positioned within counselling psychology philosophy and followed a critical realist and interpretative-phenomenological paradigm as it aims to produce knowledge of what and how practitioners think about non-verbal processes in the online therapeutic relationship (Willig, 2013). In considering this context, the researchers role is interactive with the personal, cultural and theoretical values and biases acknowledged, reflected and bracketed off (Clarke & Braun, 2013).

Participants

The study employed a homogenous purposive sampling strategy, allowing participants to be chosen based on their similar experiences and characteristics (Smith, Flowers & Larkin, 2009). Participants were recruited through personal emails sent to practitioners publically registered on The Association for Counselling and Therapy Online (ACTO). Inclusion criteria required participants to be (a) UKCP, HCPC, BPS or BACP registered practitioners with at least three years post-qualification FtF experience (this is also a requirement before undergoing online counselling training); (b) Practicing from an experiential modality including person-centred, humanistic, psychodynamic or integrative due to the nature of the research focusing on nonverbal communication. Practitioners practicing from a CBT modality were excluded as it was felt that nonverbal communication does not play a pivotal role in the CBT model; (c) Undertaken a professional training to work online and had been working online for at least two years whilst also working FtF; (d) Using text-based chat within their online counselling practice with clients.

Individuals interested in the study who met the inclusion criteria were emailed a Participant Information Sheet and Consent Form (Appendix 1 and 2). Appendix 3 contains demographic information for the participants. Interviews were conducted either in-person, by Skype or telephone. Interviews that took place face-to-face were at the researchers clinical placement, within a therapy room in an NHS psychology clinic. Interviews lasted between 40 and 60 minutes, were digitally recorded and transcribed verbatim (see Analysis).

Eight participants met the selection criteria mentioned above for the study. Small samples are suitable for qualitative research allowing in-depth engagement with each
participant whilst also examining convergence and divergence (Smith & Osborn, 2007). Using a small sample size correlates with the objective of the study, which aimed to present in detail the meaning, and understandings of this particular group rather than make a general claim representative of a population.

**Interview Procedure**

The method of data gathering utilised semi-structured interviews containing open-ended, non-leading questions as it facilitated an in-depth exploration of the participant’s interpretation of their experience (Lofland and Lofland, 1984). IPA researchers suggest semi-structured interviews are useful when capturing the participants’ experience, whilst also allowing the interviewer to ask additional questions, thus promoting rich data (Smith & Osborn, 2007). The researcher began by asking about the participant’s general experience of text-based online chat therapy before moving on to three specific areas of enquiry (See Appendix 4). This technique is known as “funnelling” (Smith & Osborn, 2007) and allowed participants to give their own views before funnelling into more specific areas of enquiry based on the researchers interest. In line with the research aims and existing literature, an interview schedule was produced (Appendix 4) to guide the interview. In keeping with the principles of IPA, questions and prompts were used flexibly. Questions didn’t always follow the same order or asked in the same way, as the participant and their experience played a strong role in shaping the interview. This adhered to the aim of entering into the world of the client whilst trying to understand their meaning making (Smith & Osborn, 2007).

The first interview acted as a pilot so that the validity of the questions could be tested. During the pilot, the participant was able to go into depth about their experience but also posed useful insights to consider. Therefore the interview schedule was modified by adding more prompts to particular areas (i.e. what do you get from type-face therapy). After this point the interview schedule was not modified. As there were no major changes made to the pilot, the first interview participant was included in the analysis.
Analytic Procedure

The transcription process required the researcher to listen and re-listen to the audio-recorded interview before transcribing verbatim. This allowed the researcher to familiarise herself with the interview. The transcription process then began by typing out the interview using intelligent verbatim where the main essence of the interview is transcribed whilst excluding fillers in speech patterns (ums, abs, ers, etc.) and nonverbal communication (pauses, silences, etc.) The researcher decided to do the transcription herself so that she could recall observations made during the interview and add meaning to the content. Notes were made in the researcher’s diary.

The steps described by Smith et al. (2009) were followed to analyse the interview transcripts for emerging themes. By using this approach the researcher analysed each transcript separately line-by-line, and then across cases. The aim of the analysis was to learn something about the participant’s psychological world; hence, understand the content and complexity of the individual’s meanings rather then measure the frequency of the meanings (Smith & Osborn, 2007).

The first step of analysis involved reading and re-reading each transcript to get an overall idea of the interview. Initial unfocussed notes were made in the left-hand margin, which reflected initial thoughts including significant points, personal reactions, preliminary interpretations, as well as conceptual thoughts, connections and differences. The second step included using the right hand margin to identify and label emergent themes from the initial unfocussed notes. Here, it was important to transform and reflect the participant’s actual words into concise phrases to capture the essence and quality of the text, whilst also considering psychological concepts and interpretations that underlie the data.

During the third step, in a separate document, the initial list of emergent themes was clustered together by looking for patterns between them according to a shared meaning. As the clustering of themes continued it was checked against the transcript to ensure the connections fitted with the primary data. Alongside this, actual phrases
from the transcript were extracted to support the related theme. In the fourth step, the clusters were given names to represent superordinate themes (e.g. Adapting to Absence), which were organised in a table displaying the superordinate themes, the subordinate themes (themes in the cluster) and the supporting quotations. Once all interviews were analysed, the researcher began to look for convergence and divergence across all eight cases and within each case. During the final stage, a final list of superordinate themes and subordinate themes was constructed across cases (see Appendix 5 for Table of Themes). In order to validate the reliability of the themes within the transcripts, supervision was used throughout the analysis process. Only the most applicable themes were included in the final table of themes (Appendix 5) and subordinate themes that were not well supported by the data were dropped.

_Credibility_

Credibility was acknowledged as to whether the results of the data reflect the experience of the participants in a believable way (Lincoln and Guba, 1986). By observing sensitivity to context (Yardley, 2000), the researcher was aware of and has included existing research to psychologically understand and expand the data and interpretations. Interpretations made by the researcher depended on the researchers own knowledge and assumptions, as well as the social context (the setting where the data comes from), the participants, and the relationship between researcher and the participants. Impact and importance was considered as the research aimed to fill an identified gap in the research and report implications for practice. Transparency of the research was reflected through the researcher’s rigour in reporting every aspect of the data collection and analysis by using excerpts so that readers are able to determine the themes for themselves (Yardley, 2000).

_Ethical Considerations_

Participants who agreed to take part in the study were given a consent form (Appendix 2) so that written, informed consent could be gained. Participants were free to decline any questions or withdraw without judgement from the study at any
time and their data would be destroyed. Contact details of the researcher and the supervisor were made available should participants have required further information or to withdraw from the study. After the interview participants were debriefed. Debriefs entailed the researcher thanking the participant for taking part in the research alongside the research being fully explained. As mentioned in the information sheet and consent form, participants were reminded that their data is confidential and should they have any further questions following the interview session they could contact the researcher or the research supervisor. They were told how their data from the interviews would be used whilst acknowledging that any identifying information would be removed. Participants were asked about their experience and perceptions of the interview and research. They were given the opportunity to ask any further questions and asked if any part of the interview or research needed further clarifying. Finally participants were given details of organisations they could contact should they have experienced any distress from the interview.

Confidentiality of participants was upheld by encrypting all data and storing it in a password protected system for ten years at the University of Surrey before being destroyed. Participants’ autonomy was respected by making reasoned judgement about any actions that may have an impact on the autonomy of the participants. Before data collection, participants were informed of the full aims of the research. For these reasons and as the study did not involve safety issues, deception or recruiting a vulnerable group of participants, ethical approval was not required to be sought. However as a member of the British Psychological Society, applicable ethical guidelines were followed.

Analysis

The results will discuss three superordinate themes with their corresponding subthemes of how therapists experienced the loss of visual and verbal presence in the online therapeutic relationship. A table of superordinate and subordinate themes along with a corresponding participant quote can be found in Appendix 5. Each theme will be discussed using direct quotations from all eight participants. It is important to note that the subthemes below at times interrelate and this has been highlighted in the results. Previous IPA studies have reported how themes can interrelate and should not
be considered distinct and independent from each other (Fletcher-Tomenius & Vossler, 2009). This appeared to fit with this study as during the analysis stage the researcher at times felt the themes and quotes overlapped.

**Theme 1: Adapting to Absence**

When discussing online chat therapy all participants expressed that due to the absence of physical presence they needed to adapt their skills in order to build a therapeutic relationship online. ‘Adapting to absence’ explores the practical aspects that participants used which included: ‘being transparent’, ‘coming up with my own guidelines’, ‘conveying the non-verbal’ and ‘looking for other clues’.

**Being Transparent**

The sub-theme ‘being transparent’ highlighted how participants practically adapted to the absence of physical presence. Participants often talked about being explicit or spelling things out because the absent non-verbal cues that usually went with verbal dialogue in FtF counselling. Being transparent appeared to not only be for the clients benefit but also for the therapist in terms of being able to work therapeutically online. All participants appeared to use transparency as a way of gathering or conveying information because it was not immediately available to them or their clients. Jill described how she approached this at the start of therapy:

“I often find I ask immediately what they’re [client] feeling about actually not being able to see each other and what that does to their sense of contact with me. I’m much more explicit, always, I think, when I work online with people, about actually asking them for feedback.”

Jill appears to not want hide from the fact that physical presence is lacking and is upfront about acknowledging this with her client. She highlights a transparent directive manner where she is seeking to understand the clients experience around the pervasive feeling of a lack of contact. As she is seeking this from the client rather than it being available to her, the transparency she exerts is speculative because she has to
explicitly ask. She also appears to be hoping for the client being transparent in their response. Considering Jill’s language, she uses the phrase “much more” which emphasises the difference between online and FtF. In FtF counselling feedback forms a vital part of the therapeutic relationship so that understanding and interpretations can be checked out between the client and therapist; in the online counselling relationship Jill appears to experience herself as placing greater emphasis on this skill because of the lack of cues. Other participants described using this on an ad hoc basis when they sensed they maybe missing out on body cues and would be transparent and “just have to ask them [client]” (Anita).

By contrast, some participants commented on being transparent in sharing their own experiences with the client that could normally be picked up by visual clues in the therapy room. For example Lydia commented:

“Sometimes I tell them what I am doing – ‘That makes me laugh,’ or, ‘that makes me smile,’ or, ‘I’m smiling as I’m writing,’”

Lydia appears to express herself to clients in a transparent way that her words become symbolic so the client can identify with it. The transparent quality of the interaction seems to get wrapped up in vocabulary that is used to express this. This level of transparency may reflect an attempt to build a therapeutic relationship by sharing with the client and allowing them to “see” the therapist. Some participants took this further and explained how they would use square brackets to represent their actual body language i.e. Trish defined how she would “reflect back with square brackets normally [shakes head sadly]”. Sam was aware of this skill but this didn’t form part of his repertoire as he reported he “rarely put things like [shrugs]”. It appears that a question of self-disclosure comes into play. Through chat-based therapy, therapists have the choice whether to share nonverbal communications and this could be reflected in the therapist’s modality. For example a therapist practising FtF may choose to practice using traditional psychoanalytic concepts such as appearing as a “blank screen” to allow the clients projections. If this was to be reflected online then the therapist’s modality may mirror their willingness to share (or not) emotions or bodily gestures.
Other participants described using transparency in the delivery of a response as Kirsten explained:

“I have said, ‘Imagine me saying this in a gentle way,’ if I think it is something that could be heard in more than one way.”

Here, she appears to be alluding to the nature of written communication having an ambiguous nature, which is open to interpretation. A directive tone appears to be exerted here to eliminate the risk of the client’s meaning of the content to differ from her true meaning of expression. This could also reflect the level of ethical and legal issues that comes with online counselling and the high level of accountability therapists have. For example if Kristen is not transparent in her delivery of a response, due to the verbatim records of text-based therapy, this could potentially become a legal or ethical issue for her.

**Coming up with my own guidelines**

As well as being transparent, participants described other skills and guidelines they had developed in order for them to adapt in the therapeutic relationship when in FtF non-verbal clues may have played a part. This could allude to a compensation strategy acknowledging that something extra needs to be done. Participants expressed the rhythm and pace of the session as something that non-verbal markers often played a big part in. Rachel described how she adapted to this:

“I guess I would allow two, three or four bits of paragraph to come over before jumping in... once you know your client and you know what their stuff is... The proportion should be maybe me one part and them four parts, that sort of thing.”

Where normally non-verbal communications such as body language might set the rhythm of communication between the client and the therapist, Rachel highlighted a practical guideline she utilises. It appears at first she needs to test the water in getting to know the client and how much content they give. But once she has an idea of this, her response appears to be reflected in a proportional part to a client therapist ratio.
Rachel appears to be suggesting how she uses these guidelines to engage with her client therapeutically. For her it is not as simple as reeling of bits of text but rather taking the time to understand her client’s communication patterns and how she can fit herself into this.

Most therapists expressed how because there wasn’t a physical meeting occurring they felt able to ask more questions than when FtF. Jill stated:

“‘How are you feeling’ is a question I ask quite a lot and I often say to people at the outset, ‘I may ask you a few more questions about what’s going on for you because we don’t have the visual cues, if it’s OK to do that?’”

Jill appears to set up a request for permission to be sought from the client. She appears to want confirmation of her guideline of asking more questions to illicit visually unavailable information. This could potentially leave therapists feeling deskilled to not have visual and verbal aids that FtF settings bring. However, Jill appears to rise to this challenge by acknowledging a lack of visual clues and collaboratively sharing that something extra needs to be done about it.

Calum also agreed that he would be “asking them a bit more than I might do face-to-face, ‘How’s it going?’ ‘What’s going on for you’. There appears to be two possible things occurring, firstly that the participants are adjusting their usual therapeutic stance in terms of questioning the client more and secondly that they are heavily reliant on the client to fill in the gaps that they cannot see and would usually judge for themselves.

In considering working with silence participants expressed varying guidelines. Rachel said:

“One of the things I say to my client in the first session is, ‘If I haven’t heard from you, if there ever seems to be quite a lot of silence in the room, I’ll put some dots,’... So I would generate a couple of dots, just so they know that I’m still there.”
Silence when separated by a screen appears to be intensified when the other can’t be seen. It seems that the use of symbols (e.g. …) signifies nonverbal contact to the client. It seems that Rachel seeks to contain the silence by letting the client know from the get go how this containing will take place by the use of symbols (…). This may not just be containing for the client but also for her to keep the contact intact without visual clues. Rachel also highlights the importance of client awareness of therapist attunement in FtF during periods of silence and how to adapt to this online.

Anita discussed her comfortable limit when working with silence and defined this as a timeframe:

“Silence online can be quite ambiguous; it can mean lots of different things. My breaking point is probably about a minute and a half to two minutes. Then I will give them a prompt”

Anita highlights how silence can conjure up varying interpretations and this appears to have a slippery quality to it. She possibly finds silences a tricky experience because of the lack of nonverbal clues that could give meaning to silent communication. Whereas an FtF setting may give Anita some comfort when working with silence, online she appears to find herself tested. However, she finds a way to tolerate her discomfort by paying attention to a time limit before intervening. The fact that silence can mean various things online could also hint at the perceived lack of control Anita thinks she has online. Her way of coming up with a timeframe could be an attempt to retrieve some of that control back.

Conveying the Non-Verbal

Conveying the non-verbal is used to describe how participants needed to adapt to the absence of physical presence to deliver non-verbal communications. At times this overlapped with the subtheme ‘coming up with my own guidelines’ Lydia summarised:
“You don’t have any visual cues and you don’t have tone of voice, so you have to work harder at expressing things like empathy and compassion. You have to use words to say that, whereas, when you are sitting in a room with someone, you can rely heavily on facial expression and body language and gentle tone of voice.”

Lydia appears to suggest that working therapeutically online is not as natural as the FtF setting. When non-verbal factors are taken away it seems that therapists truly understand the utility of them, as Lydia states relying heavily on them. Her experience highlights that she it not equipped with what she might have in the FtF therapy room and so must “work harder” and utilise more effort to instil the therapeutic quality of the core conditions into the online relationship. This overlaps with the subtheme ‘being transparent’ and the therapist having to do more. It seems that she experiences language as her main tool for communication, exerting herself to ‘do more’ and think about what she is going to type, rather than naturally allow her words to flow as they might do in an FtF context.

Trish agreed and stated that she communicated the nonverbal by “modelling expressive language & using metaphor”. The utilisation of a specific type of language appears to be pertinent in conveying meaning of the content to the client. Trish appears to add further to this by the use of metaphors, which other participants also suggested. It could be that metaphors are applied to convey a linguistic imagery the client can connect to. It could be interpreted that by using metaphor Trish has found a way to bridge the gap between two physically separate people, by allowing a new relationship to develop with linking it to something familiar.

Other participants described how they adapted to working online by using welcoming language to reflect non-verbal communications such as the core conditions. For example Calum described:

“I suppose, instead of me leaning in and nodding, I will represent that in text, saying, ‘Tell me more about that?’”
Calum seems to consider what his body language in FtF therapy might be communicating and translating that as accurately as possible into text speech. Rachel agreed with this and stated:

“What I will always try to be doing is be inviting in my tone and writing to allow them [client] to go further.”

Both Calum and Rachel along with other participants acknowledge that they do more to make up for the lack of visual and verbal clues that might trigger a client to share their story further. Participants appear to set up open non-verbal communications through their choice of language. They seemed to experience this as enabling the client to recognise and connect to the communication as welcoming. Participants appeared to adapt in this way to build up a therapeutic relationship with their clients that greets them softly mirroring a human-to-human contact. This possibly enables the client to have an experience of sharing more and going deeper into the therapeutic process.

**Looking for other clues**

When non-verbal clues given off by physical presence weren’t available participants described how they would look for other practical clues online. This differs from the previous subtheme where participants were doing more; here they appear to be seeking more. All participants described how some computer software would indicate when the other was typing and found this an instrumental way of knowing they were present. For example Kirsten said:

“You can see when someone is typing and when they are deleting, it gives you an idea if the person is engaged with the conversation or the person is doing something else at the same time”

Kirsten seems to suggest a physical engagement with the keyboard brings an engagement with the conversation and when this isn’t occurring something else may be going on. Calum reflected on his experience of ‘something else going’ on when the practical clue was informing him that clients weren’t typing or deleting. This clue led
him to be curious of what the client might be doing and was later informed by his client that they had been "been making a cup of tea or watching TV".

Both participants highlight how much they don’t know what the client is physically doing in a therapy session as they are not confined to the same room and there is no visual presence. This is such a different experience to the FtF setting and could be a reason why other therapists choose not to engage in distance therapy without physical presence. It seems that attention can easily be diverted which brings into question how the therapist makes sense of pauses in typing. Participants might also question how much attention is towards the therapist and the therapy, how much is elsewhere, and how that leaves them feelings as therapists as well as the impact that has on the therapeutic relationship. If the client is “doing something else” it seems however that that could be used as a valuable tool to consider why might the client be doing that during a therapy session – what is that behaviour reflecting or what is the client avoiding?

Other participants discussed how they also drew on this engagement to judge how much reflection is going into a message. Sam stated:

“You can tell when someone is writing or deleting so that gives an idea of the consideration that is being put into each message”

Here, he seems to use the clue of the client writing or deleting as a clue into the non-verbal communication that comes before the content. How much writing and deleting occurs may seem to give an indication into the clients thought process. For example, whether the client may be unsure and mirroring this by writing something, deleting it and writing again, or when there are pauses between writing could indicate that writing and reflecting are co-occurring. This also starts the basis for how the client becomes conceptualized without physical presence. It appears that Sam makes sense of the consideration of the message to contemplate whether it is spontaneous and from the gut or given special attention, almost like he is sat next to his client observing the thought process. By making sense of this could be a way of Sam therapeutically formulating his client (see theme: Conceptualizing the Client). This contrasts with Rachel’s use of dots as showing engagement as here Sam is looking for engagement.
Theme 2: Conceptualising the Client

In FtF therapy therapists draw on visual and verbal clues to conceptualise (get a sense of) the client. This theme highlights how therapists adapt to the lack of such clues in order to generate an idea of the client. Participants appeared to experience what was termed a ‘fantasy’ of a client that gets developed online. Calum summarised it as follows:

“You, inevitably, create a fantasy of who that person is...you can’t really know that so you tend to fill in the gaps”

Along with the content of the message, participants discussed these “gaps” in relational terms of what they looked for from the client such as ‘use of language’ and ‘the delivery of the message’ that gets projected as part of the client’s identity. Alongside this, participants also discussed what they drew on in themselves such as ‘using the body as an instrument’ and ‘a sixth sense’. Participants utilised these four aspects to ‘conceptualise the client’.

The role of language

The sub theme ‘the role of language’ refers to how participants would play close attention to the client’s use of language to aid in the conceptualisation of them. All participants described how the role of language played particular importance in conceptualising how the client may be projecting their identity as Rachel described how “in every single thing we write down, we give a bit of ourselves anyway”. She almost appears to experience herself as a detective looking for clues about her client that may not be intentionally written in the text. Kirsten took this further and explored how clients might be ‘giving themselves away’ when there is an absence of physical and verbal presence:

“Giving a lot of abbreviations and acronyms, where you use letters instead of a phrase. So you quite often get a big clue, then, that you are talking to a young person rather than an older person or an older adult.”
Kirsten appears to be referring to a connection between linguistics and age. Whereas in FtF settings physical presence would reflect the client’s age, here she seems to associate a specific abbreviated language style with a younger client group. Although this might appear like a big leap to make, it seems that practitioners might draw on their previous communication experiences or culture within the lifespan and apply that online to whom they may be working with.

Jill explored how she is observant to language and spelling:

> “Whether they choose to write in a very corrected way; so they might correct their spelling mistakes and want to present themselves as very articulate and, perhaps, yes, educated in a certain way or whether they are really happy just to let it flow and send whatever comes.”

Here, Jill seems to use this information to get an understanding of the client. It could be speculated that this information could be considered to understand their personality style, i.e. “corrected” may suggest careful and controlled personality traits. However this would vary from practitioner to practitioner, each coming with their own interpretation. Other participants described how they observed the language to gauge where the client stood in terms of the therapeutic relationship, Sam stated:

> “They [client] weren’t engaging, and that was just clear through their single words – ‘Nope,’ ‘Yeah,’ ‘No.’”

The choice to communicate through single words appears to convey a message to Sam. He appears to interpret this as saying something about the therapeutic relationship; the client wasn’t engaged. Other participants also described getting to know their client in this way was part of the therapeutic relationship as Calum explored:

> “So it was about becoming equated with his way of working…that is not about the immediate ‘I can see he’s upset’. That kind of came through in his messages once the relationship had built up. So I think part of it with him and with other online clients is actually building the relationship up and getting to grips with how they work online.”
Calum highlights how by using his attention to focus on the clients way of speaking and their use of language he is able to notice non-verbal clues through the messages. This appears to not only aid him in conceptualising the client without physical and verbal presence but also doing so appears to build a therapeutic relationship. Calum almost describes a letting go of what he knows and has previously experienced, and letting himself become absorbed to the communication style of the client’s “way of working”. He appears to suggest that this might take time to make this adjustment just as one would give time to build contact and develop the therapeutic relationship. There appears to be something about not knowing the client immediately but talking the time to get to know them and their way of working online.

**Delivery of the message**

How clients delivered their message or response to therapists appeared to be another vital clue that participants used to conceptualise their clients online. Trish summarised that “their (client) methods of communication give me a good idea of them…the space, pauses and emphasis/emoticon/punctuation use can communicate a lot.”

Although visual and verbal clues to aid in conceptualising the other are not available, Jill saw an alternative way of going about this:

“I find I get an awful lot from the behaviour of how quickly they leap in to respond, whether they feel OK about typing when I’m typing, whether they feel that they have to have a courteous and respectful kind of ‘your turn, my turn’ process or whether things start flying out.”

Jill highlights how a non-verbal behaviour from the client gets communicated through the speed of delivery of a response. Again this requires a focused attention as she appears to watch not only each word get delivered but also the pace of the clients message and how they pace themselves against the therapist’s message. It seems there is a sense that the communication between the therapist and client can become visualised and Jill appears make sense of this to conceptualise the client in terms of
their etiquette. This could be a clue into their character style, or what may be going on for them.

Rachel also agreed that when observing responses she looked for other clues such as “the metre of the words, how quickly the words come out, how big the words are, how little the words are, how staccato” to consider her client in a relational way. Lydia took this a step further and reflected on an example with a client:

“He found it much more difficult when he was talking about his mum... And then there were much more pauses in it, and, I didn’t ask him this, but I imagined that, I’m not sure he was crying, but there would have been emotion in his eyes or there would have been emotion in his face.”

Here, she appears to pick up on the delivery of no response (pauses) to conceptualise what may be occurring for the client. It seems that in order to make sense of this experience the content of what comes before the pause gives Lydia access into her client’s world. Lydia seems to shape this information and create a fantasy of her client and what the message of a pause might symbolise in that moment. She could be drawing on her own experience, experience of others or even common sense.

Anita explored how because she is unable to see (physical presence) and hear the message from the client, she is having to put more emphasis on the information she does receive:

“I guess you are giving a lot of weight to a small amount of evidence. So, how long you are waiting, you will be reading a lot into that; or how fast they are typing, you would be reading into that...things that, normally, you would hold a bit more lightly because you have got so many other things to consider, when you are face-to-face.”

Anita highlights a difference from FtF counselling in that she is reading into more things than usual. This could be speculated in two ways. Firstly that maybe because there aren’t other (visual and verbal) things to consider her attention naturally focuses more on the process such as the delivery of a response. Secondly because visual and
This subtheme concerns getting an understanding of the here and now sense of the client. The previous subtheme ‘the role of language’ is to do with a more general sense of who the client is i.e. class/ age etc. Both appear to give the therapist an understanding of the clients experience without visual or verbal clues.

Using the body as an instrument

Most participants appeared to experience the sub-theme ‘using the body as an instrument’ to highlight how they use their body to pick up processes and feelings which assist to conceptualise the client. Rachel described this as “our body tells us a lot about what’s going on in the room”. She appears to be able to draw on her body to consider what may be occurring and what is not said in the message. Although physically separated by space participants described that they were able to experience physical sensations by reading the client’s message. Jill stated:

“I think that is thing that has really astonished me about working online is that I still respond physically myself to what is happening on a screen. I have learnt to read that in a very similar way, perhaps to the way I would read my own responses even when I am in the room with somebody.”

Jill appeared to come to working online with the assumption that she wouldn’t be physically impacted by her clients; possibly due to physical separation and assuming that bodily physically sensations may not be able to permeate the online instant messaging setting. She almost appears taken aback that her client work has proved her wrong, as though she wasn’t expecting sensations to be conjured up in her. There seems to be an excitement about this as she discusses using her body as an instrument likewise to the way she would do in an FtF setting.

Participants also described how they would use this physical response, for example Sam said:
“I can certainly relate to having physical feelings in response to something I have read...I would just reflect on it myself and it would inform the response that I give, but I wouldn’t necessarily tell the client that that is what I am feeling”

Sam appears to acknowledge a physical feeling and then uses it to respond. He does this in a very private way by talking from the experience rather than about the experience. This appears similar to psychodynamic and intersubjective ways of relating to clients therapeutically. In contrast, others such as Lydia reflected on sharing such an experience with a client and had previously typed:

‘My tummy feels all tight; I can feel the anxiety for you.’

Lydia appears to take it a step further by sharing a level of self-disclosure in terms of using this bodily response and then connecting it with the client’s experiencing. There seems to be something humanistic about her doing this, possibly by using it as an opportunity to make contact with the client. Jill also agreed on this and expanded on the clients reaction to this self disclosure:

“The thing that then comes back...is so often a sort of, ‘Oh my gosh, yes, that’s exactly what I’m feeling. I’m really surprised you can pick up on that,’”

Here, Jill appears to making sense of her client’s enthusiastic experience, which she possibly experiences as a connection between the client and herself. It seems the sensation of bodily feelings not only acts as detection to connect to the clients experience and conceptualise them, but also possibly enhancing the therapeutic relationship.

It appears that therapists read their own response to what is being read on screen to conceptualise the client. This differs from ‘the role of language’ and ‘the delivery of response’ where therapists were information gathering from reading text style etc.

_A Sixth Sense_
As well as using physical sensations in the body participants also described a ‘sixth sense’, which they use to conceptualise the client and what may be going on for them. Participants appeared to experience this as a difficult sensation to describe, which could highlight the elusiveness of such an experience. Kirsten summarised:

“You do manage to, often, get a bit of a sixth sense – it sounds like a sixth sense, but you are obviously getting it from information that people are giving you.”

Kirsten highlights how something is occurring which isn’t getting picked up by the five usual senses but by another sense. Her experience reflects that even though something is occurring inside of her it seems to be coming from outside of her, possibly from the client.

Rachel stated how it gets triggered:

“When you’re working by chat, it’s reading between the lines, literally”

Rachel’s use of the phrase “reading between the lines” reflects a contrast to the previous subthemes, which relate to reading the lines directly. Here, she speaks of a sense that lies between the lines. There appears to be quite an interpretative element occurring with Rachel using her ‘sixth sense’ to look for the implicit meaning underneath the explicit content. Anita commented on this further when reflecting about a client:

“I suppose when he is saying things, it is also noticing my own reaction; I know I am not him, but I am reading what he has written and then noticing what happens in me and wondering if some of those feelings are happening in him”

There is almost a blurring of self other boundaries happening in Anita’s experience. She highlights how there is something occurring in her, which is created by the clients message. She acknowledges that she is separate from her client, but it could be that Anita, like other participants, is experiencing a shared feeling that gets created between them in that moment. This sense she gets appears to leave her curious as to whether her subjective experience is mirroring that of the clients. This could possibly
be because she might use this experience to understand whether this is her “own stuff” or holds therapeutic value to be used in this interaction.

Jill expands on this further:

“They are able to transmit, without meeting, a sense of themselves that is so powerful”

It seems that without physical and verbal presence the client, in such a mighty way, is able to communicate their subjective experience. It could be speculated that this powerful transmission is either picked up on by the therapist knowingly or ‘put inside them’ in a projective identification type of way. Again, how participants describe such sixth sense experiences appears to reflect an astonishment of being impacted whilst physically separated.

The sixth sense appears to reflect how therapists read the clients messages between the lines in a more vague general sense. This sense is often hard for the therapist to put their finger on and at times therapists consider whether these feelings are also resonating within the client. It could be speculated that a shared space of feelings gets created online in the therapeutic relationship, which mirrors that of an intersubjective type space.

**Theme 3: Stripping Back – The Therapeutic Relationship**

When the FtF visual and verbal aspects are removed from the online chat setting all participants described how they experienced a deep and powerful therapeutic relationship. This more intensive interaction seemed to be uniquely to do with the components of chat outlined below: Rachel stated:

“You strip away all the extraneous stuff, in a way, and, so, actually, you’re in quite an intense relationship”

What appeared to allow the development of such an intense therapeutic relationship was “stripping back” resulting in an experience of anonymity for the client. Stripping
back appeared to be defined as the removal of exterior features (visual and verbal presence) thereby leaving the essence of that person. This appeared to lead to the ability to ‘feel freer’, ‘an equalised power dynamic’, ‘the power of just using words’, ‘the removal of a prejudgement’ that comes with physical presence, and the ‘speed at which the therapeutic relationship develops’ appearing to occur for both the client and the therapist.

*Feeling freer*

This sub-theme describes how participants experienced their clients using the online screen to trigger disinhibition, which allowed a freer expression from the client. Most participants often discussed this in relation to the FtF therapeutic encounter and how they noticed a difference with clients appearing freer online to disclose worries and issues. Trish stated:

> “Well, I think it allows people to talk about things that they might find difficult face-to-face...mostly sexual issues”

Trish highlights how subjects that may seem taboo in the FtF domain appear easier to talk about online, almost alluding to getting an insight into what happens behind closed doors. It appears from Trish’s language that verbal and visual anonymity grants permission to be freer than when FtF. Kirsten also agreed with this:

> “Some clients find it easier to take the step of trust when you can’t see the person. So it can be easier to say things that maybe might feel too embarrassing to say face-to-face... It is amazing how much you will expose of yourself when you can’t be seen.”

Kristen further acknowledges a freedom that comes from being hidden, and the breadth of disclosure that comes from this, she almost appears surprised at what her clients have shared when using text-based chat for therapy describing it as an exposé. However this exposé appears to add another dimension to the therapeutic relationship; depth and intimacy that comes from exposing oneself to another which, enables the client to project a freer version of themselves. This change in behaviour is also apparent when participants have observed client etiquette online. Rachel shared:
“If I was in the same room as a client, they might not like something I say, what might they do online that might be different? They might go, ‘Fuck you,’ or they might hit ‘delete’. In the social niceness of the consulting room, they might have contained themselves until they’d gone and never come back again”

The way Rachel chooses to express this in quite a powerful way using profound language appears to highlight the need to differentiate between the social etiquette she has experienced in the consulting room and online. She appears to be impacted by this and wants to share such an experience; possibly so that other’s potential online practitioners are also impacted. It appears as though clients feel freer to express a behaviour online that may not be seen as “acceptable” in FtF settings. There is a real honesty that comes through in client behaviours but also in their expressions of the therapeutic relationship. Rachel’s sense of it almost feels as though the client is empowered (see The Power Dynamic). Sam stated:

“Other clients have demonstrated the disinhibition phenomena, in which they’re honest about their worries how they’re finding the therapy – often more so than the people I see face-to-face.”

It could be considered that where in FtF settings clients may have held back on their experience of therapy to the therapist, Sam has experienced something different online. He seems to suggest that disinhibition not only triggers honesty in revealing issues but also honesty in discussing the therapeutic experience and inevitably the therapeutic relationship that comes with that. It seems that disinhibition allowed a freer expression of self, behaviour and honesty from the client that intensifies the therapeutic relationship.

The power dynamic

The power of feeling freer (anonymity) by the client changed the dynamic in the therapeutic relationship as Jill described:
“They expressed something around feeling that there was less of a sort of power relationship that was biased towards the therapist, and it came from something to do with neither party being seen”

Jill appears to be implying that a power dynamic in the therapists favour happens in FtF settings, however when physical presence was no longer available this power dynamic shifted. Jill appeared to experience that the client took over some of this power as they were able to “keep some control over how much they reveal and when” due to the element of stripping back and not being seen. Trish commented on this further:

“I think there’s much more engagement between the therapist and the client and it’s a much more equal relationship”

As the perceived power moves away from the therapist it seems that this allows the client to come forward and shift the scale for a equal relationship, allowing for a deeper engagement and thereby intensify the therapeutic relationship. The way Trish and Jill describe their experiences appeared to be in a manner where they didn’t feel threatened but rather embraced the equality. It could be speculated that not having power might mean not being in control. However, participants here appeared to experience control on the clients part as allowing them to step forward deeper into the therapeutic relationship.

Similarly Anita commented on the impact that comes from the freedom of visual and verbal clues. She stated:

“The lack of non-verbal aspects means that clients often feel less exposed and disinhibited – I guess that’s an empowering factor and something that brings a little more equality to the online therapeutic relationship...”

Anita appears to agree with her colleagues that she experiences clients online as engaging more in the relationship, which balances out the power dynamic more so than FtF. What is interesting to note is that Anita describes clients as feeling less exposed due to anonymity whereas Kristen previously described clients as more
willing to expose because of anonymity. It could be that because there is no obligation or pressure to be exposed that comes with physical presence, clients feel freer to do so when it is in their hands, as Calum summarised “online clients seem to be very much in the driving seat... how much they disclose etc.”

Just words

As visual and verbal clues are stripped back in the online therapeutic relationship, the participants are left with “just words”. However, participants experience this as being ‘less is more’ as Sam said how “ the power of the words can be quite dramatic”, which seems to intensify the therapeutic relationship. Rachel also agreed with this stating:

“I could show you scripts from my various clients in which you could see the power and the intensity of the moment”

Here, Rachel appears eager to provide evidence to support her experience of the intensified therapeutic relationship. Her willingness to do this could suggest the current status of text-based therapy and her enthusiasm to prove its worth. Rachel appears to be suggesting that when words are ‘stripped back’ they are able to send across a powerful message to the reader. Lydia also echoed this:

“There is something quite powerful about seeing words right in front of you... Well, because they can stay with you.”

It appears that just seeing words has a powerful emphasised lasting impact. Although Lydia is not responding to physical and verbal presence she still affected by the words in front of her. She reflected on this further to highlight what she does with the lasting impact:

“You have that bit of time to reflect on them. I am much more immediate when I am face-to-face.”
Lydia underlines a difference from FtF counselling in that working with ‘just words’ gives her more time to reflect on what the client is saying rather than responding straight away. Lydia appears to almost experience herself confined to the instant messaging box the therapy takes place in. She seems to zoom out of everything else and it utterly focused on the words in front of her, allowing them to take effect and contemplate this. Other participants also agreed with this as Trish stated:

“The fact that it is not actual speech and actual dry contact no bodily presence, that allows for a little bit more consideration, instead of jumping straight in.”

It seems that participants could be suggesting that they go into a Zone of Reflection (Suler, 2002), where participants are engaged in a dialogue but also reflect on the process and allowing their response to come from that. It seems the headspace to reflect comes from the stripping back of verbal and visual clues that the participants would also be processing in FtF settings. Interestingly, Kirsten’s comments contrasted:

“It’s really important to be scanning up and down and making sure that, first of all, you haven’t missed all major things, because it’s so easy to miss a major thing; you’re so busy writing that you can miss a thing”

Kirsten highlights how instead of reflecting she is on the constant look out for anything that she may have missed. She appears to suggest a lot is happening at once. It could be that in FtF settings where she is also able to rely on her sense of hearing, all her attention gets focused on her sight and what she is reading in front of her. There also seems to be a fear in Kirsten’s experience, almost as if she is afraid of missing something and doing a disservice to her clients. There may not only be a willingness to prove that text-based therapy is worthy but also that the therapist delivering it is good enough.

It seems that experiences captured by ‘just words’ are quite diverse as there appeared to be positions set up between having more time to reflect versus scanning the text constantly.
**Speed of the relationship**

As well as how much participant’s experienced clients as willing to discuss issues over text-based therapy, participants also experienced how quickly clients came to discuss such issues and how that intensified the therapeutic relationship. Calum stated:

“This disinhibition seems to come through really strongly at the beginning, whereas there is less weighing each other up”.

This appears to happen right from the start and he seems to imply that with anonymity comes trust and there is a decrease in testing the other out which may occur at the beginning stages of FtF therapy. Sam echoed this “in terms of the rapid building of trust – often because clients can’t see me, they feel able to chat with a high degree of intimacy...” He highlights the speed at which trust develops due to ‘stripping back’ and the higher level of intensity that brings to the therapeutic relationship. Anita reiterated this:

“I suppose it is an accelerated intimacy... Just that people will... get to the point more quickly. They just seem to feel able to trust more quickly or feel that they don’t need to go through such a process to get to that trust.”

Again, Anita is picking up on the development of an intimate therapeutic relationship and comparing the development of it as being faster than FtF. She also appears to describe a process which client’s knowingly go through in FtF therapy similarly to how Calum described “weighing each other up”. It could be considered that anonymity wipes part of this process out which aids in the development of trust. Anita’s suggestion of it as an accelerated intimate relationship appears to come across as her way of highlighting the advantage and specificity of text-based therapy. It could even be speculated that this advantage leaves Anita not waiting around for clients to get to the nub of their distress as she experiences clients ‘getting to the point more quickly’.
How quickly the therapeutic relationship develops appeared to challenge participants previous assumptions of working therapeutically using online instant messaging as Rachel stated she was “staggered by the speed at which people start to work seriously”. It could be that participant’s before working in this way had not considered how this environment could impact the client’s willingness to disclose. Trish appeared to suggest that this environment offered safety as she felt the therapeutic relationship “deepens quicker & I wonder if it feels safer due to the anonymity”. Trust isn’t something that the therapist does or offers but rather is an impact of the environment. It could be that the therapist is a bystander of the impact of anonymity yet is able to harness and use it in a therapeutic way in the online relationship.

Interestingly, although the speed of the therapeutic relationship develops quicker, participants didn’t seem to think this was the same for the amount of therapeutic work that could get done in a session compared with FtF therapy. Lydia stated:

“In one sense, you don’t get as much done, because there is a limit, not just to my ability to type, but the client’s.”

Lydia appears to be reflecting on the skill set of typing that can hold back how much can be achieved in a session. Kirsten appeared to agree and discussed the portion of work she felt was achievable in an online chat therapy session compared to FtF:

“It is about a quarter or a third of a face-to-face session that we get through online, because the massive slowed down speed of the communication.”

It appears Kirsten could be talking about the skill set that could slow down the speed of communication. But, this could also be due to therapists and clients using the environment to reflect more than they would in FtF settings thus slowing down the amount of dialogue that gets communicated. Although that may come across as a disadvantage of this modality it seems, participants experienced it more as just a different way of being and utilising a session.

Diluting the Prejudgement
Participants discussed how ‘stripping back’ online diluted a prejudgement in the therapeutic relationship that comes from visual and verbal clues when working FtF. Kirsten stated:

“You might have fewer prejudices or preconceptions about a person if you can’t see them. So you can’t see how old they are, you don’t know their gender, you don’t know their race…you don’t bring that to the interaction, whereas, inevitably, you always will otherwise.”

Kirsten discusses how in FtF therapy the client brings into the room not only their problem but also their physical identity. She appears to suggest that when observing someone’s identity, preconceptions and prejudices get conjured up which automatically form part of the communication that gets projected. It could be that in the online chat setting, the prejudices and the preconceptions are under the surface. Hence, as the participant doesn’t have a visual image to respond to, the prejudgement doesn’t get triggered in the therapeutic relationship. Rachel expanded on this:

“It gets away from that issue about a prejudgement. That, in itself, is extremely valuable, because you are just dealing with the essence of the person. You don’t see the bits that make up the person”

Rachel appears to experience her interactions online are somewhat filtered from prejudgement. This seems to be because she is working with what is going on inside the client rather than the exterior they are presenting with and her reaction to that. By “dealing with the essence of the person” it could be considered that Rachel is working deeper in the therapeutic relationship. At the same time this contradicts where participants have previously looked for clues to conceptualise and experienced a fantasy of who their client, which could be considered a judgement.

Calum stated:
“Also, the lack of physical presence sometimes means that the content and information supplied by clients is in quite a ‘pure’ form – whilst text may be detached from the emotion and physical nuances, the message is almost ‘undiluted’.”

In contrasting with FtF therapy, Calum highlights how the communication received from the client may be tainted. However, removing physical presence online appears to leave Calum with a ‘cleaner’ interpretation of the message. Calum appears to acknowledge his experience in a way that is quite precious. As though something new has been born without anything else touching it. Interestingly, Jill highlights that even though physical presence is absent, the message from the client has its own ‘presence’, which appears to be able to make a powerful impact on her:

“Obviously, the physical presence impacts…but, whatever the presence is that is communicated without the physical presence, it has a life of its own.”

Jill appears to experience her messages as very much alive rather than dry contact. She describes this life individual of her own interpretations, experiencing it to have “a life of its own”. All participants appeared to agree the power of “stripping back” the physical and verbal presence could intensify the therapeutic relationship. It could be speculated that because online chat therapy is not as well known, participants are trying to emphasise how powerful it can be.

Discussion

This study is the first to conduct a qualitative investigation documenting online practitioners experience of the loss of verbal and visual clues in the therapeutic relationship when working therapeutically via the text-based chat. During this study, participants described how they adapted to this loss both in practical and relational terms and how this loss intensified the online therapeutic relationship. Preconceptions appeared to shape the narratives as therapists often talked about their online counselling experience in relation to FtF therapy. This discussion will situate the aforementioned results of the study within the extant literature whist also considering limitations of the research and the implications for practice.
One of the biggest challenges, which have been documented frequently in online counselling, is the loss of nonverbal cues during online counselling (Sukthankar and Brown, 2013). In this study, participants adapted to this loss, in a practical sense, by looking for other nonverbal clues, coming up with their own guidelines, conveying the nonverbal and being transparent. Therapists discussed how they found themselves to be more transparent online than in FtF therapy and were explicit in their messages to overcome the possibility of misunderstanding the text. Rochlen et al. (2004) has discussed how misreading in online counselling is a limitation, however participants in this study reported being able to adapt to this by explicitly spelling things out to the client in a way that could not be misconstrued thereby strengthening the therapeutic relationship.

Therapists also reported asking more questions to elicit feedback more so than they would do in FtF therapy. It seems because such clues aren’t there therapists have to ask the client. This is similar to the study of Williams et al. (2009) who reported trainee counsellors asking information-seeking questions. However it also contrasts in that participants in this study asked emotion-orientated questions too whereas participants in the Williams et al. (2009) study reported using these types of questions less so.

Previous research considering the perceptions clients held towards the online therapeutic relationship reported that practitioners perceived that it would be difficult to express nonverbal communications such as warmth and empathy in a text based setting online (Sucala, Schnur, Brackman, Constantino and Montgomery, 2013; Sukthankar & Brown, 2014). This contrasts with the current study as participants postulated being able to convey nonverbal communications through their choice of expressive language, bracketing emotional content using square brackets and the use of metaphors. These skills appear to be similar to those outlined as helpful in writing therapy (Wright, 2002).

In FtF counselling, therapists often draw on nonverbal clues to get a better understanding of their client (Grace et al., 1995). Critics have highlighted how experiential therapeutic modalities that require verbal and visual presence may be eliminated from utilising chat-based counselling, as they perceived the loss of
nonverbal clues as a limitation (Alleman, 2002). Participants in this study from psychodynamic, humanistic and integrative modalities expressed how even though there is no F2F presence online they were still able to generate an idea of their client. Participants described how they adapted to this in a relational manner by drawing not only on content but also the clients use of language and delivery of response as well as using their body and a sixth sense to read their own response. When therapists talked about their own response they often discussed speaking from this experience rather than about it. This appears to echo Ogden’s (1994) “intersubjective analytic third” where he discusses an experience being created between client and therapist, which can be used to talk from the experience rather than about it. In this current study clients could be alluding to an intersubjective type space, which appears to get created when physical presence is lacking. However, this requires further investigation.

A frequently cited criticism of online chat counselling is the perceived difficulty of forming a deep therapeutic relationship (Alleman, 2002; Childress 1999; Fenichel et al., 2002; Skinner & Zack, 2004; Sukthankar, 2014). Participants in this study reported that not only could the therapeutic relationship be formed but they also expressed it as being more intense online than the F2F due to anonymity and what that brought to the relationship. This is supported by other research, which has highlighted that anonymity influenced and enhanced trust in the online therapeutic relationship (Fletcher-Tomenius & Vossler, 2009).

Therapists in this study expressed how they experienced clients as feeling freer due to being able to disclose worries, bypass a social etiquette of the consulting room and be honest about how they felt about therapy in the therapeutic relationship. They believed this to be due the anonymous environment, which is a frequently cited advantage of online counselling (Richards, 2009: Richards & Vigano, 2013; Skinner & Latchford, 2006; Sukthankar and Brown, 2013).

Participants experienced client’s having a sense of invisibility mirroring what Suler (2004) termed the disinhibition effect. In this research participants reported this intensifying the therapeutic relationship. Supporting this, previous research has also found how clients appreciated the loss of nonverbal communication online as they
reported feeling freer to self-express due to anonymity (Leibrith & Archer, 2006), and clients also reported feeling they could relate to the therapist more openly and honestly due to disinhibition (Cook & Doyle, 2002).

The loss of nonverbal markers was also experienced as diluting the prejudgement in the therapeutic relationship. Participants described how they felt they were making psychological contact with the essence of the client rather than the exterior they were made up from. This is supported by Suler (2002) who describes how in text-only communication the therapist and client can connect more directly to each other’s psyche without the distracting aspects of physical presence. It is also interesting to note that although therapists reported suspending the prejudgement as a benefit they also described in contrast to this how they sought to identify markers of client identity. It could be postulated that this contrast is due to therapists appreciating that bias’s are somewhat removed from the therapeutic relationship but also that aspects of identity may be needed in order to make a psychological assessment of the client.

Practitioners described making psychological contact online with their clients and reported feeling able to communicate empathy and warmth without visual or verbal presence. This support Roger’s (1957) core conditions, which describe how psychological contact and empathy are elements in the therapeutic relationship, required for psychological growth. The results of this study therefore contrast Lago’s (1996) claim that the core conditions are not achievable in online counselling.

Previous studies have reported how in the absence of visual and verbal presence, clients feel they have increased control or equal power balance which appeared to influence the ability to develop the therapeutic relationship (Williams et al. 2009; Hanley & Reynolds, 2009). Research has reported that therapists perceive this as a worry in online counselling due to not being in control of the setting (Savege-Sharff, 2013; Sukthankar & Brown, 2014). In contrast this study reported how therapists appreciated that there was a more equal power dynamic as they felt this empowered the client in the therapeutic relationship thereby developing it to go deeper.

The power that comes from just seeing words without the physical and verbal counterparts was reported by participants to have a lasting impact on them thereby
intensifying the therapeutic relationship. It seems that practitioners experienced this strong impact, as less is more. This could be linked to Walther’s (1996) notion of hyperpersonal interaction where levels of affect are experienced as stronger than in FtF settings.

Finally, IPA is considered to encompass a double hermeneutic with the participant seeking to make sense of their experience and the researcher trying to make sense of the participant trying to make sense of their experience (Smith & Osborn, 2007). However, in this research and possibly other qualitative research in understanding therapists experience of the therapeutic relationship a further dynamic is created: a triple hermeneutic. During interviews, therapists often reported interpreting their client’s experience to make sense of their own experience. The researcher was then attempting to make sense, of the therapist making sense, of the client’s experience. Cromby (2002) describes it as re-interpreting an interpretation. This is because a hermeneutic circle already exists between the therapist and client, and the researcher develops a hermeneutic around this pre-existing hermeneutic circle. Therefore, as discussed above, further research should investigate if the claims of practitioners match those of the client.

**Limitations**

Although this study has added new knowledge to the online counselling literature, it also comes with its limitations. Participants in this study were practitioners who had online therapy experience ranging from 2 to 10 years. This was considered homogenous for the purpose of the current IPA study, but potential diverse experiences are highlighted. For example, how practitioners experienced working in the therapeutic relationship online may have been impacted on how experienced or novice they were. Also as all practitioners identified as coming from integrative humanistic or integrative psychodynamic backgrounds this could have impacted on how much emphasis they put on the therapeutic relationship compared with practitioners using CBT models. Future studies could consider researching practitioners who are not only equally experienced, but also those from a CBT or psychoanalytic modality. Furthermore, this study employed practitioners using text-
based chat therapy; other studies may want to research the experience of verbal and visual loss in the online therapeutic relationship using other modalities such as email.

Interpretations made in this study are by the researchers own unique outlook and may have missed interpretations that participants may have picked up on. However, these attempted to be validated through the use of supervision. Finally, this study only presents the view of therapist’s; further research may want to investigate the client’s experience of the loss of contextual clues.

Implications

Online counselling is becoming more and more prevalent and counselling psychology needs to begin to build a presence. This study contributes to existing knowledge, as it has been able to show that an intense therapeutic relationship can develop when using chat-based text for psychotherapy when there is a lack of physical and verbal clues.

As counselling psychology and the internet combine, counselling psychologists and practitioners are in a unique position to begin to think critically about how clinical skills can be applied online. This could be through thinking about existing counselling skills and transferring them to the online setting or developing original skills. Previous research has already begun to identify a distinct skill set, such as emotional bracketing, and this research is also able to further recommend such skills.

This study was able to generate novel ideas about how practitioners compensate when there is an absence of physical presence. This was done so using both practical and relational skills. These could potentially go on to form the basis of a training device i.e. using dots (…) to show presence that the therapist is still there. Or, formulating a client to therapist instant message response ratio i.e. four parts client, one part therapist. The information that has been provided from the research will hope to aid in the development of online counselling guidelines, competencies and ethics, as well as contribute to clinical practice and the development of online training programmes.

Finally this research is able to feedback queries about the online therapeutic relationship held by counselling psychologists and other professionals. This is done
through documenting how practitioners compensate when there is a lack of nonverbal clues and how this intensifies the online therapeutic relationship.

This study did not set out to generate results that could be generalized to online therapists as a whole or give a list of applicable suggestions. Rather as a qualitative study it attempted to capture and produce rich experiences that gave an insight into how practitioners experienced the therapeutic relationship and practicing online. It is hoped that this will add to the existing body of knowledge by documenting the end users (therapist) experience of benefits and challenges of working therapeutically online to support existing claims. It also hopes to engage online practitioners into a process of self-reflection to consider their own experience of the online therapeutic relationship without visual or verbal presence.

As practitioners discussed how they adapted to visual and verbal absence in both a practical and relational manner, insight was obtained into how they practice online. This could provide a framework for future research, which could consider developing recommendations and guidelines for adapting techniques and interventions for mental health services and therapists providing online therapy.

This study is able to conclude that therapists in this research have experienced deep, powerful and intense therapeutic relationships online when visual and verbal clues are absent. In text-based chat it seems that nonverbal clues are missing but existing and new clues remain in other places such as text, language, delivery content and software. Although future research it needed to build on this, as well as research into the clients perspective, it is hoped this will make a significant impact in the world of counselling psychology and related professions who emphasise the use of the relationship in the therapeutic work.
**Personal Reflections**

Researchers play an active role in the qualitative research process (Clarke & Braun, 2013). It is therefore essential for the researcher of this study to transparently position themselves as the researchers attitudes, experiences and feelings have moulded the research question, constructing and interpreting themes and recommendations. The researcher has attempted to acknowledge, reflect and bracket off such values and biases, which will be discussed below.

As I completed the Research Report 1 and came to the end of psychodynamic training I grasped onto counselling psychologists perceptions of questioning what happened to the intersubjective type space that occurs in the FtF setting online. This initially guided this research project. I was interested to find out how therapists experience the quality of the therapeutic relationship when there was a lack of visual and verbal clues.

Initially I struggled to bracket off my own preconceptions. Due to conceptually laden basis of intersubjectivity I agreed with my supervisor’s suggestion that this might be a too vast a project to undertake in nine months. However, I realised in my first interview how interested I was in asking more questions about this area when the participant discussed her experiences with her clients. On reading the pilot verbatim I became aware that at times when this area became illuminated I was driving the interview more in this direction more than I had anticipated. However, these experiences those therapists shared about sensing their client’s subjective feelings have been an interesting process to explore, as there is little research into how someone senses the other in text-based chat therapy.

The more I interviewed participants the more I became interested in myself as a practitioner to work in this way integratively. I became aware of this quickly so not to only report the benefits of a mode of therapy I hope to one-day work in myself. Therefore as I went through the transcripts attempting to do a rigours analysis I remained vigilant of myself to let the data speak to me rather than interpret the data in whichever way I wanted it to fit. Supervision has been an invaluable way of keeping this in check, allowing my supervisor to either understand where my interpretations
have come from or challenge me to consider if I am attempting to force something that isn’t there.

I was excited to use IPA as a method of analysis because although it did have a set of guidelines to follow, Jonathan Smith acknowledges that researchers will adapt to their own way of using this method. This felt more freeing than using the constructivist approach of grounded theory that had been utilised last year. I appreciated the double hermeneutic of me trying to make sense of the therapist making sense of their experience. However, at times the analysis became an even more dynamic process as a triple hermeneutic may have been occurring; therapists often reported making sense of their client’s experience of distress, as they were describing their own experience. I then as the researcher was attempting to make sense of the therapist making sense of the client’s experience. Therefore as mentioned in the discussion I do feel research does need to go back to the client to investigate if my reported claims from the therapists perspective match those of clients.

I came to this research as a young woman who is part of a digital culture. This informs part of my life socially and professionally everyday. Therefore the lens I viewed the participant’s narratives from was one where I already had an experience and understanding of using text-based chat whether it is via phone or computer. I have had experiences of having relationships over this medium; often with people I haven’t seen FtF for months or even years. I have found myself not only being emotionally touched by the messages I have received without verbal communication, but also being able to communicate my nonverbal responses across. Although this is not done in a therapeutic capacity it allowed me to be able to position myself to grasp and appreciate the experiences that therapists were talking about.

As I come to the end of this research chapter I have noticed a confidence in myself has developed (as you have read in the final clinical paper). Whereas in Research Report 1 I was hesitantly analysing and theorising I feel I have made a shift towards being more critical and interpretative; trusting not only in myself but also the research process.
References


Dunn, K. (2012). A qualitative investigation into the online counselling relationship: To meet or not to meet, that is the question. *Counselling and Psychotherapy Research, 12*(4), 316-326.


Sukthankar, R., & Brown, D. (2013) Where is online counselling and therapy today? *Unpublished literature review* as part of PsychD in psychotherapeutic and counselling psychology, University of Surrey, UK.

Sukthankar, R., & Brown (2014) Perceptions of the online therapeutic relationship - What do Counselling Psychologists think? *Unpublished research project* as part of PsychD in psychotherapeutic and counselling psychology, University of Surrey, UK.


Appendix 1: Information Sheet

A Study into how practitioners experience the loss of visual and verbal cues in the online therapeutic relationship using text-based chat

Please read the following information carefully; if there is anything that is not clear or that you would like more information about then please contact me on r.sukthankar@surrey.ac.uk

What is the purpose of the research?

To explore practitioners experience of the quality of non-verbal markers in the online therapeutic relationship.

Who is carrying out the research?

My name is Ritika Sukthankar and I am a Counselling Psychologist in Training. I am undertaking this research as a part of my Professional Doctorate in Psychotherapeutic and Counselling Psychology. The project is being supervised by Dr Ben Rumble at the University of Surrey

Why have you been invited to take part?

You have been invited to take part because you are an accredited practitioner (UKCP, BACP, HCPC or BPS), and have practiced online counselling or therapy for at least 3 years. I would be very interested in hearing about your experience of the therapeutic relationship in online counselling and therapy.

What will happen if you decide to take part?

If you decide to take part in the study you will be asked to confirm that you have read this information sheet and to sign a consent form before taking part. You will be offered an interview at a pre-arranged time at a suitable location. Your interview will then be transcribed and analysed. Please be assured that any identifying material will be removed at the point of transcription as you will be asked to provide a pseudonym.
What happens if you decide at any point that you do not want to carry on with the study? You may withdraw from the study at any time without giving a reason and any data collected from you will be destroyed.

What are the risks of taking part?

There is no physical harm inherent in the project. There is a minimal risk that the experience of talking about your thoughts about online counselling and therapy may evoke some distress. In such instances you will be signposted to useful organisations.

Will my participation in the study be kept confidential?

All information collected for the study will remain confidential; data stored on paper will be held in locked filing cabinets and data stored on computers will be password protected. All potentially identifying information will be removed from transcripts and only anonymised data will be shared with study supervisors or written up.

What happens at the end of the research study?

Interview data will be analysed and the findings written-up then submitted as part of my Doctoral thesis. Papers for publication in academic journals may also be written based upon the findings in both cases all identifying features will be removed in order to maintain anonymity.

What if there is a problem?

If you have concerns about any aspect of the study you can contact me by e-mail: r.sukthankar@surrey.ac.uk. If you would like to contact my supervisor then you can do so by e-mailing b.rumble@surrey.ac.uk
Appendix 2: Consent Form

Title of the Study: How do practitioners experience the loss of visual and verbal cues in the online therapeutic relationship using text-based chat?

· I acknowledge that I have received a full explanation of the study.

· I acknowledge that I have received and understood the information sheet, giving a full explanation of the purpose and likely duration of the study and what is expected of me during the study.

· I have been given the opportunity to ask any questions and have had these questions answered satisfactorily.

· I acknowledge that I understand all advice, information and instruction which have been given.

· I understand that my participation is voluntary and that I can withdraw at any time, without giving any reason or experiencing any prejudice.

· I agree to comply with the instructions and cooperate fully.

· I agree to allow my responses to be recorded for the purpose of this study and understand that all personal data relating to volunteers will be held and processed in confidence, according to the Data Protection Act (1998).

· Having read the above, I agree to take part in the above study

________________________  _______________  _______________
Name of participant  Signature  Date
(Block Capitals)

________________________  _______________  _______________
Researcher  Signature  Date
(Block Capitals)
### Appendix 3: Table of demographics of participants

<table>
<thead>
<tr>
<th>Gender</th>
<th>Age</th>
<th>Ethnicity</th>
<th>Model</th>
<th>Years Practicing FfF</th>
<th>Years Practicing Online</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>58</td>
<td>White-British</td>
<td>Psychodynamic-humanistic</td>
<td>29</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>61</td>
<td>White-British</td>
<td>Psychodynamic-Integrative</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Female</td>
<td>36</td>
<td>White-British</td>
<td>Integrative</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Female</td>
<td>52</td>
<td>White-British</td>
<td>Humanistic-Integrative</td>
<td>16</td>
<td>9</td>
</tr>
<tr>
<td>Female</td>
<td>48</td>
<td>White-British</td>
<td>Integrative-psychoanalytic</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Female</td>
<td>41</td>
<td>British-Asian</td>
<td>Integrative</td>
<td>17</td>
<td>10</td>
</tr>
<tr>
<td>Male</td>
<td>43</td>
<td>White-British</td>
<td>Integrative-Person-centred</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Male</td>
<td>50</td>
<td>White-British</td>
<td>Integrative</td>
<td>15</td>
<td>2</td>
</tr>
</tbody>
</table>
Appendix 4: Interview schedule

1. What is it like being a therapist using chat can you tell me about your experience.
   • What it is like to be writing in type face – what do you get from it
   • How is it difference from F2F therapy
   • Absent?
   • Helpful?

1. I’m aware that the body isn’t available when using chat how does that impact the therapeutic relationship?
   • How do you adapt to the absence of the clients body? How do you pick up non-verbal communication
   • What’s the quality of the relationship like when things are face, posture, tone and voice aren’t available? Can you describe the depth of the therapeutic relationship
   • How do you use your body? – pick up things? How do you communicate non-verbal messages

2. How do you get a sense of your client?
   • Presence – imagined sense of physical presence?
   • How do you feel in contact with your client
   • What other clues do you look for when non-verbal aspects are not available
   • What do you draw on (how do you use yourself in relation to the relationship with the client?)
     - Embodiment
     - Felt sense
     - Intersubjectivity
     - What is Helpful/ missed/ different from F2F chat
## Appendix 5: Table of Theme

<table>
<thead>
<tr>
<th>SUPERORDINATE THEME</th>
<th>SUBORDINATE THEME</th>
<th>EXAMPLE QUOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapting to absence</td>
<td>Being Transparent</td>
<td>“I have said, ‘Imagine me saying this in a gentle way, ’ if I think it is something that could be heard in more than one way. ”</td>
</tr>
<tr>
<td>Coming up with my own guidelines</td>
<td></td>
<td>“One of the things I say to my client in the first session is, ‘If I haven’t heard from you, if there ever seems to be quite a lot of silence in the room, I’ll put some dots.’... So I would generate a couple of dots, just so they know that I’m still there.”</td>
</tr>
<tr>
<td>Conveying the nonverbal</td>
<td></td>
<td>“I suppose, instead of me leaning in and nodding, I will represent that in text, saying, ‘Tell me more about that?’”</td>
</tr>
<tr>
<td>Looking for other clues</td>
<td></td>
<td>“You can tell when someone is writing or deleting so that gives an idea of the consideration that is being put into each message”</td>
</tr>
<tr>
<td>Conceptualising the client</td>
<td>The role of language</td>
<td>“In every single thing we write down, we give a bit of ourselves anyway”.</td>
</tr>
<tr>
<td>Delivery of the message</td>
<td></td>
<td>“Their (client) methods of communication give me a good idea of them...the space, pauses and emphasis /emoticon/punctuation use can communicate a lot.”</td>
</tr>
<tr>
<td>Using the body as an instrument</td>
<td></td>
<td>‘My tummy feels all tight; I can feel the anxiety for you.’</td>
</tr>
<tr>
<td>A sixth sense</td>
<td></td>
<td>“You do manage to, often, get a bit of a sixth sense – it sounds like a sixth sense, but you are obviously getting it from information that people are giving you.”</td>
</tr>
<tr>
<td>Stripping back – the therapeutic relationship</td>
<td>Feeling freer</td>
<td>“Other clients have demonstrated the disinhibition phenomena, in which they’re honest about their worries how they’re finding the therapy – often more so than the people I see face-to-face.”</td>
</tr>
<tr>
<td>The power dynamic</td>
<td></td>
<td>“I think there’s much more engagement between the therapist and the client and it’s a much more equal relationship”</td>
</tr>
<tr>
<td>Just words</td>
<td></td>
<td>“There is something quite powerful about seeing words right in front of you... Well, because they can stay with you.”</td>
</tr>
<tr>
<td>Speed of the relationship</td>
<td></td>
<td>“I suppose it is an accelerated intimacy... Just that people will...get to the point more quickly. They just seem to feel able to trust more quickly”</td>
</tr>
<tr>
<td>Removing the prejudice</td>
<td></td>
<td>“You are just dealing with the essence of the person. You don’t see the bits that make up the person”</td>
</tr>
</tbody>
</table>
Appendix 6: Interview Transcript Verbatim

R = Researcher
P = Participant

R: So, what is it like being a therapist using Chat? Can you tell me about your experience?

P: Yes. It’s an interesting one because I think it was influenced quite a bit by my own, again, I think probably prejudices that were based on my more social use of online communication, prior to using it therapeutically, where I hadn’t used Chat a lot. So I felt quite anxious about the immediacy of it and the lack of visual cues. I had experienced the difficulty of when two people are typing at the same time and the thread gets a bit confused. I just felt that not enough time would be available to cover what needed to be covered. So those were all my first doubts that I had about it. So I came to it with quite a lot of anxiety.

I was encouraged to try it because I had an online supervisor who said that it would be good for me. So I had some supervision using Chat as a way of trying to get a bit of a taste of what it would be like in the therapeutic sense but without it being actually directly with a client. I’m trying to remember what was the other half of your question.

R: I guess I’m getting towards what it is like to be writing in typeface and what do you get from it. Also, how is it different from face-to-face therapy for you?

P: Yes, it is very different from face-to-face in many ways. On the other hand, in many ways it isn’t. It is a strange one to have to try and explain. I think there is a real difficult starting point just getting going, but that is hugely influenced by the attitude of the person on the other side of the interaction; by the client or the patient. If they are at ease with the process, it is almost as though they bring to it any prejudices or not that they have, just as happens in face-to-face, really. Some clients will come in and immediately launch into their story and get going and not be phased by having a therapeutic contact, others will be much more reticent. If there is a major difference, I think we address it straightaway. I often find I ask immediately what they’re feeling about actually not being able to see each other and what that does to
Appendix 6: British Journal of Guidance and Counselling Notes to Contributors

Instructions for Authors

SCHOLARONE MANUSCRIPTS™
This journal uses ScholarOne Manuscripts (previously Manuscript Central) to peer review manuscript submissions. Please read the guide for ScholarOne authors before making a submission. Complete guidelines for preparing and submitting your manuscript to this journal are provided below.

The instructions below are specifically directed at authors who wish to submit a manuscript to British Journal of Guidance & Counselling. For general information, please visit the Author Services section of our website.

British Journal of Guidance & Counselling considers all manuscripts on the strict condition that they have been submitted only to British Journal of Guidance & Counselling, that they have not been published already, nor are they under consideration for publication or in press elsewhere. Authors who fail to adhere to this condition will be charged with all costs which British Journal of Guidance & Counselling incurs and their papers will not be published.

Contributions to British Journal of Guidance & Counselling must report original research and will be subjected to review by referees at the discretion of the Editorial Office. Most articles published will be reports of original research or systematic literature reviews. However, there are several other types of article that we are keen to publish, especially from new or less experienced writers. We encourage submissions of briefer articles (1500-3000 words) entitled 'In Practice' or 'Debate', which are more reflective pieces, stating opinion and encouraging debate. We also publish 'Literature review essays' which are themed critical reviews linking more than one related publications, illuminating theory or practice in novel ways. Finally, we are interested in ideas for interviews with key figures in the field, or someone who offers a unique perspective. Do contact us if you are unsure if your ideas fit with the remit of the journal. These papers must, like all submissions be contextualised in the literature and be of a high academic standard, and are peer reviewed.

This journal is compliant with the Research Councils UK OA policy. Please see the licence options and embargo periods here.

Please note that British Journal of Guidance & Counselling uses CrossCheck™ software to screen papers for unoriginal material. By submitting your paper to British Journal of Guidance & Counselling you are agreeing to any necessary originality checks your paper may have to undergo during the peer review and production processes.

Manuscript preparation

1. General guidelines

- A typical main article should be 3,000–6,000 words in length inclusive of references/notes/tables; short research reports and notes on practice should be 1,500–3,000 words. Authors should include a word count with their manuscript.
• Manuscripts should be compiled in the following order: title page; abstract; keywords; main text; acknowledgments; appendices (as appropriate); references; table(s) with caption(s) (on individual pages); figure caption(s) (as a list).

• All the authors of a paper should include their full names, affiliations, postal addresses, telephone numbers and email addresses on the title page of the manuscript. One author should be identified as the corresponding author. The affiliations of all named co-authors should be the affiliation where the research was conducted. If any of the named co-authors moves affiliation during the peer review process, the new affiliation can be given as a footnote. Please note that no changes to affiliation can be made after the article is accepted. Please note that the email address of the corresponding author will normally be displayed in the article PDF and the online article.

• Please supply a short biographical note of approximately 50 words for each author.

• Please supply all details required by any funding and grant-awarding bodies in a separate acknowledgements paragraph.

• Abstracts of 60–120 words are required for all papers submitted and each paper should have 5 or 6 keywords.

• For all manuscripts non-discriminatory language is mandatory. Sexist or racist terms should not be used.

• Important note: care must be taken to disguise the identity of clients. Where case-study material is presented on a particular client which may enable the client's identity to be recognised by him/herself or by others, written consent must be requested from the client concerned; assurance that such consent has been obtained should be provided to the editor, and should also where appropriate be mentioned within the article as part of the description of the methodology used. Any liability to clients on the grounds of infringing confidentiality belongs to the author(s).

2. Style guidelines

• British English spelling (e.g. organise, hypothesise) and punctuation is preferred.
• Follow this guide to prepare your manuscript Quick guide
• Description of the Journal’s reference style: APA guide here

If you have any questions about references or formatting your article, please contactauthorqueries@tandf.co.uk (please mention the journal title in your email).

Word templates are available for this journal. If you are not able to use the template via the links or if you have any other queries, please contact authortemplate@tandf.co.uk

3. Figures

• It is in the author’s interest to provide the highest quality figure format possible. Please be sure that all imported scanned material is scanned at the appropriate resolution: 1200 dpi for line art, 600 dpi for grayscale and 300 dpi for colour.

• Figures must be saved separate to text. Please do not embed figures in the paper file.

• Files should be saved as one of the following formats: TIFF (tagged image file format), PostScript or EPS (encapsulated PostScript), and should contain all the necessary font information and the source file of the application (e.g. CorelDraw/Mac, CorelDraw/PC).

• All figures must be numbered in the order in which they appear in the paper (e.g. Figure 1, Figure 2). In multi-part figures, each part should be labelled (e.g. Figure 1(a), Figure 1(b)).

• Figure captions must be saved separately, as part of the file containing the complete text of the paper, and numbered correspondingly.

• The filename for a graphic should be descriptive of the graphic, e.g. Figure1, Figure2a.
4. Publication charges

Submission fee

There is no submission fee for *British Journal of Guidance & Counselling*.

Page charges

There are no page charges for *British Journal of Guidance & Counselling*.

Colour charges

Colour figures will be reproduced in colour in the online edition of the journal free of charge. If it is necessary for the figures to be reproduced in colour in the print version, a charge will apply. Charges for colour pages in print are £250 per figure ($395 US Dollars; $385 Australian Dollars; 315 Euros). For more than 4 colour figures, figures 5 and above will be charged at £50 per figure ($80 US Dollars; $75 Australian Dollars; 63 Euros).

Depending on your location, these charges may be subject to Value Added Tax.

5. Reproduction of copyright material

As an author, you are required to secure permission to reproduce any proprietary text, illustration, table, or other material, including data, audio, video, film stills, and screenshots, and any supplemental material you propose to submit. This applies to direct reproduction as well as ‘derivative reproduction’ (where you have created a new figure or table which derives substantially from a copyrighted source). The reproduction of short extracts of text, excluding poetry and song lyrics, for the purposes of criticism may be possible without formal permission on the basis that the quotation is reproduced accurately and full attribution is given. For further information and FAQs, please see [http://journalauthors.tandf.co.uk/permissions/usingThirdPartyMaterial.asp](http://journalauthors.tandf.co.uk/permissions/usingThirdPartyMaterial.asp)

6. Supplemental online material

Authors are welcome to submit animations, movie files, sound files or any additional information for online publication.

Information about supplemental online material

Manuscript submission

All submissions should be made online at the *British Journal of Guidance & Counselling ScholarOne Manuscripts*. New users should first create an account. Once logged on to the site, submissions should be made via the Author Centre. Online user guides and access to a helpdesk are available on this website.

Manuscripts may be submitted in any standard format, including Word and EndNote. These files will be automatically converted into a PDF file for the review process. LaTeX files should be converted to PDF prior to submission.
because ScholarOne Manuscripts is not able to convert LaTeX files into PDFs directly.

To enable the refereeing procedure to be anonymous and impartial, authors should prepare and upload two versions of their manuscript. One should be a complete text, while in the second all document information identifying the author or specific place or institution should be removed from files to allow them to be sent anonymously to referees. When uploading files, authors will then be able to define the non-anonymous version as ‘File not for review’. Authors should also upload a separate title page including the contact details of all the authors of the manuscript. Please note that failure to anonymise one set of documents will result in the article being unsubmitted (that is, returned for resubmission, with identifying data removed). To ensure impartiality, it is also necessary to insert the words (reference removed for blind review) when referring to our own previous writing.

Click here for Information regarding anonymous peer review

Resubmission of articles

If, in response to reviewers’ comments, you are required to resubmit your article, you should ensure that you use track changes in the resubmission, so that it is clear what amendments have been made. Additionally, you should resubmit the whole (anonymised) document again, not just parts that have been amended, together with all required files. If you resubmit after the timescale, all documents will need to be uploaded again.

Review process

All articles are sent out for peer review and at least two reviews are required for each paper. If the recommendations differ, a third review may be sought. It is very unusual for any articles to be accepted without some revision, so you should not be disappointed if you are required to make amendments or do further work on your articles. Reviewers voluntarily offer their time and expertise in order to assist you in publishing your best work. You will be informed of the decision when these reviews have been received and the co-editor makes a decision based on the reviews. We hope the feedback from reviewers should be clear and detailed regarding the reasons for rejection or necessary revisions. Any resubmissions are similarly reviewed. Please be aware that the process from original submission to publication can take several months, but we aim to process this as quickly as possible.

Copyright and authors’ rights

It is a condition of publication that all contributing authors grant to Taylor & Francis the necessary rights to the copyright in all articles submitted to the Journal. Authors are required to sign an Article Publishing Agreement to facilitate this. This will ensure the widest dissemination and protection against copyright infringement of articles. The ‘article’ is defined as comprising the final, definitive, and citable Version of Scholarly Record, and includes: (a) the accepted manuscript in its final and revised form, including the text, abstract, and all accompanying tables, illustrations, data; and (b) any supplemental material. Copyright policy is explained in detail at http://journalauthors.tandf.co.uk/permissions/reusingOwnWork.asp.

Free article access
As an author, you will receive free access to your article on Taylor & Francis Online. You will be given access to the My authored works section of Taylor & Francis Online, which shows you all your published articles. You can easily view, read, and download your published articles from there. In addition, if someone has cited your article, you will be able to see this information. We are committed to promoting and increasing the visibility of your article and have provided guidance on how you can help. Also within My authored works, author eprints allow you as an author to quickly and easily give anyone free access to the electronic version of your article so that your friends and contacts can read and download your published article for free. This applies to all authors (not just the corresponding author).

Reprints and journal copies

Article reprints can be ordered through Rightslink® when you receive your proofs. If you have any queries about reprints, please contact the Taylor & Francis Author Services team at reprints@tandf.co.uk. To order a copy of the issue containing your article, please contact our Customer Services team at Adhoc@tandf.co.uk.

Open access

Taylor & Francis Open Select provides authors or their research sponsors and funders with the option of paying a publishing fee and thereby making an article permanently available for free online access – open access – immediately on publication to anyone, anywhere, at any time. This option is made available once an article has been accepted in peer review. Full details of our Open Access programme

Visit our Author Services website for further resources and guides to the complete publication process and beyond.